

26% about dementia and driving; these appreciated to 80% and 53% respectively. 16% of patients were given information in readily accessible formats as leaflets, increasing to 50% in the re-audit.

In both audits a carer's assessment was not offered up to the recommended standard, being (26% and 18% respectively).

Conclusion. This study has demonstrated a measurable improvement in the conduct of diagnostic assessments when local and national standards guiding dementia assessments are followed, and when identified action plans on areas needing improvement are implemented. It however shows that for such improvements to be sustained, the Trust and national guidelines and all identified action plans need to be consistently applied in practice. The findings also suggest that the COVID-19 lockdown restricted opportunities for sharing readily accessible information leaflets to patients, as borne out by the relatively poorer compliance of 16% in the first audit.

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Intensive Home Treatment Team (IHTT) Antipsychotic Initiation Baseline Physical Health Investigations Audit

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Aims. The aim of the audit is to measure performance against Bradford District Care Foundation Trusts (BDCFT's) 'Antipsychotic Physical Health Monitoring Shared Care Guidelines'.
Methods. In September 2022, the audit project lead retrospectively reviewed the patient's electronic care record to establish their compliance to the standards.

The sample was drawn from the caseload of patients managed by the Intensive Home Treatment Team (IHTT) Bradford in September 2022. All patients who were initiated on antipsychotics by the IHTT were included in the audit. Patients who were initiated on antipsychotics by other teams such as Community mental health team (CMHT), Inpatient teams, etc, were excluded. A total sample size of 25 was used

All relevant areas of the record were checked, and data were collected on a data collection tool designed in Microsoft Excel and once collected these data were passed to the Clinical Audit team who completed the analysis using the same programme.

Results. Demographics: 15 patients (60%) were male and 10 (40%) were female. Their ages ranged from 18 years to 55 years with a mean age of 37 years.

The results of the audit highlight that only 32% of patients had a full physical health check prior to the initiation of antipsychotics. A further 56% had an incomplete physical health check. None of the individual investigations were fully compliant, as identified in the table above. BMI/weight was the investigation completed the least even though all antipsychotics are known to carry a risk of weight gain. HbA1c was the least completed blood test. Only 40% of all patients had their physical health checks reviewed by a relevant professional after they had been completed.

Conclusion. It is important that all patients prescribed antipsychotic medication have the necessary baseline investigations completed to ensure that the medication is safely prescribed,

and the results of this audit was shared within the team for their consideration and review.

In cases where antipsychotics was started without the baseline monitoring, It is assumed that this decision was taken on a balance of risks. General lifestyle factors such as diet and physical activity can have a significant impact on the patient's physical health, yet this investigation was completed less frequently than determining any illicit drug use and identifying the patient's smoking status.

Following physical health checks, results of these need to be reviewed by relevant clinicians with documented evidence to this.

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Audit: Medical Seclusion Reviews at Derbyshire Healthcare NHS Foundation Trust

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Aims. Seclusion is a psychiatric treatment that is used as a "last resort" in light of deteriorating mental state. It involves the supervised confinement and isolation of a patient, away from other patients, in an area where the patient is not allowed to leave due to possible risk they pose to themselves and others in order to manage severe agitation and chaotic behaviour. The Trust policy defines a procedure for seclusion which encourages decision making in line with the Mental Health Code of Practice 2015 (MHCOP 2015) and encourages the clinicians to adhere to the policy, making decisions and care which should be duly documented following an assessment of ongoing concern, mental state, assessment of physical health, medication review, risk assessment in a timely fashion as stipulated in the policy.

Methods. This was a retrospective review of patients based on incidence reports completed at the commencement of seclusion on the Derbyshire Healthcare Trust between May and November 2022. The electronic records were reviewed, and data analysed via Microsoft Excel, against trust standards:

- Timing of seclusion review: 1hour and 4hourly medical review
- Independent Multidisciplinary Team meeting within 12hours on seclusion
- Documentation of seclusion
- Review of ongoing concerns
- Mental state examination
- Physical health review
- Medication review
- Risk assessment
- Review of need for seclusion
- Intervention

Results. 107 incidences of seclusion that took place involving 61 patients were reviewed.

34% of patients were reviewed within the 1hour, 41% reviewed 4hourly and 47% had an internal MDT.

57% of medical reviews were documented with 50% clearly stating ongoing concerns, 47% carrying out a mental state examination and 42% had physical health reviews done. 44% had medication review done, 44% had risk assessment, 58% reviewed the need for seclusion and 52% had an intervention recorded.

Conclusion. The audit showed poor adherence to the Trust guidelines both in terms of the frequency of the review and the vital aspects of the review as included in the seclusion review template. There seemed to be poor use of the seclusion template among medics, which is meant to serve as a prompt for the expected standards, hence more awareness is to be created.

The areas of improvement also identified include the education and training of staff about the stipulation of the policy and clear documentation, with emphasis on the frequency as well as the quality of the reviews done.

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An Audit Looking at the Monitoring for Long-Term Antipsychotic Use on an Adult Inpatient Psychiatry Ward

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Aims. Patients with psychiatric disorders have been well documented to have an increased risk of cardiovascular disease and consequently a higher incidence of premature mortality. Literature has shown that many psychiatric disorders, particularly major depressive disorder, bipolar affective disorder, attention deficit hyperactivity disorder, post-traumatic stress disorder, anxiety disorders, and schizophrenia have an increased risk of metabolic syndrome. This increased prevalence of metabolic syndrome, and as a result cardiovascular disease, has been linked to factors that clinicians are involved in, such as the prescription of antipsychotic medication. It is therefore important for clinicians to be able to appropriately monitor patients on antipsychotic medications.

Aim: To improve the physical health aspects of care for patients with psychiatric illnesses admitted as inpatients.

Objectives:

1. To ensure appropriate monitoring of the metabolic parameters of patients on admission.
2. To ensure appropriate ongoing monitoring of the metabolic parameters of patients during their hospital stay.

Methods. Data were collected independently by two people. The data were collected using PARIS, an online documentation program used by the Greater Manchester Mental Health (GMMH) trust, as well as the patients' paper prescribing charts. A total of 20 patients were audited. Standards were set according to NICE guidelines on patients on long-term antipsychotics admitted to adult inpatient wards. A total of 14 standards were set. The areas audited were measurements of BMI, ECG, blood pressure, lipids, prolactin and urea and electrolytes at baseline, at prescribed time points, and at dose changes as required by guidance.

Results. Overall, five of the standards were attained, seven of the standards were not attained, one standard could only be partially analysed, and one standard (monitoring at 12 months) could not be analysed due to inadequate patient length of stay.

Conclusion. Patients on long-term antipsychotics have an increased risk of cardiovascular disease and it is important that we are monitoring them frequently to avoid deterioration of their physical health and a further increase in their disease

burden. This audit suggests three recommendations to ensure adequate monitoring.

1. Consideration of a comprehensive admission proforma to help standardise the admissions process.
2. The development of a tool to remind clinicians to recheck metabolic parameters for ongoing monitoring at 3 months, 6 months, and 12 months.
3. Regular maintenance of the ECG machines to ensure no omissions in monitoring.

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Audit of Antimanic Agents Monitoring in a High Secure Hospital

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Aims. Antimanic agents are effective in the management of mood disorders and other neuropsychiatric conditions such as epilepsy and aggression. These medications may cause serious side-effects and affect vital organs; hence, specific checks are recommended before initiation and for continuous use of these medications. The aim of the audit was to check compliance with monitoring of antimanic agents (lithium, valproate, and carbamazepine) and to compare with the 2018 audit.

Methods. Preliminary data of all patients on the antimanic agents at Rampton Hospital from 01 December 2020 to 30 November 2021 were obtained from records.

Retrospective data were collected using a modified version of the 2018 audit tool. This includes patient hospital number, ward, medication initiation date, pre-initiation and monitoring tests. The tests were, depending on the medication; full blood count (FBC), thyroid function test (TFT), liver function test (LFT), electrolytes and urea (E&U), and electrocardiograph (ECG).

The audit criteria were based on the recommendation of the Maudsley Prescribing Guidelines (14th edition). A total of 16 standards were assessed overall.

Results. A total of 98 patients were prescribed antimanic medications through the review period with valproate-59, lithium -32 and carbamazepine -7. Three patients on valproate and 3 on lithium had incomplete data and were excluded. Therefore, a total of 92 patients were included in the final audit (valproate-56, lithium-29 and carbamazepine-7).

Pre-initiation compliance for LFT and FBC for valproate were 35.8% and 41.5% respectively, while the monitoring compliance within 6 months were 85.7% and 87.5% respectively.

For lithium, pre -initiation compliance for ECG was 73.1%; TFT and U&E had 88.5% and 96.2% pre-initiation compliance respectively. There was 100% compliance with monitoring of lithium level at 3 months, and both U&E and TFT within 6 months.

For carbamazepine, the pre-initiation and monitoring compliance was 50% and 100% respectively for three tests (LFT, FBC and U&E).

There was improvement in all the standards when compared with the 2018 audit compliance except FBC monitoring for valproate within 6 months which dropped from 92% to 87.5%.

Conclusion. Only 6 standards had 100% compliance with the guidelines. Lithium monitoring was generally higher than for