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### Audit of High Dose Antipsychotic Therapy (HDAT) Prescribing Among Inpatients in East Suffolk

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**Aims.** High doses of antipsychotic therapy (HDAT) are often prescribed in secondary mental health services and has been the subject of many audits and service improvements. This interest is largely due to the increased morbidity and mortality related to HDAT, and strong advocacy for clear rationales to guide this decision. There is a need for continuous review and monitoring to prevent unnecessary prescribing.

Our audit was used to determine the prevalence of HDAT in East Suffolk inpatient settings and assess whether review planning and monitoring of HDAT was practiced.

Standards for antipsychotic dosage were established using British National Formulary and Maudsley Prescribing Guidelines for Psychiatry.

**Methods.** Retrospective data was collected using electronic records of patients 18 years and above who were discharged from inpatient psychiatric wards located in East Suffolk between 1st July and 31st December 2021.

Data available included discharge medication letters, discharge summaries and inpatient clinical notes.

**Results.** A total of 256 patients were discharged from East Suffolk wards in the 6-month period between 1st July and 31st December 2021.

Majority of the patients (80%) were above 65 years of age with more than half of patients being male 114 (56.3%).

Ninety-seven (37.9%) patients had a diagnosis of schizophrenia or schizophrenia-like and delusional disorders, while approximately 25% of the audited population had a mood disorder.

9% had a singular diagnosis of personality disorder.

One hundred and sixty-six (64.6%) patients were on antipsychotic medications and two (1.2%) patients were discharged on HDAT.

**Conclusion.** High dose antipsychotic prescribing was not as prevalent as initially assumed. This audit noted only one of the two patients on HDAT did not have the appropriate monitoring form completed.

Good clinical practice recommends the need for the completion of a high dose antipsychotic therapy (HDAT) form for each patient, which would allow proper monitoring.

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### The Prescribing and Physical Health Monitoring of Antipsychotic Medication for Patients With Dementia in a Community Treatment Team (CTT)

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**Aims.** The aim of the audit was to assess compliance with prescribing standards for antipsychotics in patients with BPSD as outlined within NICE guidance and with trust policy, Physical Health Monitoring of Patients Prescribed Antipsychotics.

**Background.** The Bannerjee report published in 2009 highlighted the problem of inappropriate use of antipsychotic medication in the treatment of patients with behavioral & psychological symptoms of dementia (BPSD).

When antipsychotic use is considered appropriate, good practice is imperative to minimize risk and ensure optimal outcomes for patients. This audit looked to assess whether the use of antipsychotics in patients within CTT with a diagnosis of dementia adhered to best practice standards as outlined by the Bannerjee report and NICE guideline. The audit looked to assess adherence to physical health monitoring requirements as per trust policy for patients prescribed antipsychotics. Currently, there is limited guidance around monitoring of antipsychotics for use in BPSD as they are not licensed in the longer term.

**Methods.** A retrospective audit was undertaken for patients under the care of CTT between September 2020 and September 2021. 49 patients were prescribed an antipsychotic for BPSD.

**Results.** Within the sample, 84% of patients were prescribed an antipsychotic at 12 months, 94% at 6 months and 98% at 3 months.

Compliance with the Audit standards showed: 82% of the patients had capacity assessed and documented prior to initiation of an antipsychotic.

98% of patients and/or carers had adverse effects of antipsychotics reviewed.

The risks and benefits of antipsychotics are discussed with the patient and/or carer(s) prior to antipsychotic initiation (94%). In 92% of patients, non-pharmacological interventions are tried prior to initiation of an antipsychotic. Clinical indications (target symptoms) are clearly documented (100%).

**Conclusion.** Although good prescribing practice was demonstrated, there was an area of concern due to a lack of compliance with physical health monitoring requirements. Most patients were prescribed an antipsychotic for longer than the licensed treatment period.

Agreed Actions:

Discussion with all professionals to emphasise the necessity for effective communication and a documented care plan for antipsychotic monitoring and review.

Present and disseminate audit findings within locality groups and wider teams.

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### Audit of Annual Blood Tests for Patients on Antipsychotic Medications in the Recovery Team

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**Aims.** All patients who are prescribed antipsychotic medications require annual blood tests which must include Full Blood Count (FBC), Urea and Electrolytes (U&E), eGFR, Lipids (Cholesterol & Triglycerides), Liver Function Test (LFT), HbA1c/Plasma glucose. Some patients also require prolactin blood test depending on their prescribed antipsychotic medication.

NICE and Maudsley guidelines recommend an annual check of the blood tests mentioned above.

This audit ascertained compliance in terms of annual blood test monitoring for patients who take antipsychotic medications and provided recommendations to improve where necessary.

**Methods.** Half of the caseload from two General Adult psychiatry Community Mental Health Teams (CMHT) were recruited from a sample population of 228 patients. Odd number randomisation was applied to select our sample (e.g., 1, 3, 5...). Sample size was of 114 patients, 8 of whom were not prescribed antipsychotic medications and excluded. Hence, 106 patients were identified as representative for inclusion in this audit.

Retrospective data collection was from clinical entries, clinic letters and blood test results.

Data obtained from these patients was collated and analysed using MS Excel spreadsheet.

**Results.** The audit revealed that compliance was suboptimal for all required blood tests (Compliance 80% or above is recommended). The kidney function test of Urea & Electrolytes was the closest to recommended standards and best performance overall (77%), eGFR, was subpar at 60%. 74% of patients had the glucose monitoring tests (Plasma glucose/HbA1c) done while Full Blood Count and Liver Function Test were both completed in 76 patients (~72%). The worst performing category was Prolactin monitoring, of which only 9 of patients who required this had it done, recording a mere 31%.

Majority (66%) of the blood tests were done at General Practice (GP) surgeries, 25% by Mental Health Services, while the rest were contributed to by Accident & Emergency and Acute Hospital visits.

**Conclusion.** Following completion of this audit, recommendations were made to advise existing antipsychotic blood monitoring services (GP surgeries and private clinic affiliated with the Trust) of the recommended blood parameters for monitoring, and the need to update current systems. Also, Liaison with service managers and service leads to set up a dedicated physical health clinic for this purpose. The latter has been particularly successful as the Trust is now in the process of recruitment for the new physical health clinic team. A re-audit is planned in the near future.

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## High Dose Antipsychotic Therapy Prescription Amongst Patients Admitted to the Psychiatric Intensive Care Unit (PICU), Mill View Hospital, Hove

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**Aims.** Acutely ill patients on PICU are likely to be on High dose antipsychotic treatment (HDAT), which poses a risk to their physical health. Current guidelines require that appropriate criteria be met before prescription, and close physical health

monitoring after prescription of HDAT. This audit aims to assess practices regarding prescription of HDAT to patients on PICU, Mill View Hospital, Hove according to standard guidelines.

**Methods.** Ten of the 38 patients admitted to PICU at Mill View Hospital between January and June 2023 were on HDAT and thus were eligible for this audit. The revised prescribing observatory for mental health topic 1h 3e audit tool was used to collect data regarding the patients. Data was collected from the clinical records including electronic, paper notes and uploaded drug charts and forms.

**Results.** The age range was between 21–56 with an average age of 35. Eight of the 10 patients were white British, 2 were of another ethnic group or ethnicity unknown. All the 10 patients had clinical reasons for HDAT prescription clearly documented at the start of the treatment which ranged from cross titration of antipsychotics to treatment resistance to standard treatments.

Of the 10 patients on HDAT, 6 of them had documented clinical review in the 3 months, 1 had documented clinical review in last 3 to 6 months, 3 had no clearly documented review of clinical response in the last year.

Only 7 out of 10 had their temperature, pulse, blood pressure, body mass index and electrocardiogram (ECG) clearly documented. Seven of the 10 patients had their full blood count, urea and electrolytes, liver function tests, blood glucose, plasma lipid tests done and clearly documented in last year. Eight of the 10 patients had their serum prolactin checked while none of the patients had their creatinine phosphokinase checked and clearly documented in the last year. Only 2 of the patients had clearly documented examination of extrapyramidal side effects (EPSE) in the last one year.

**Conclusion.** This audit demonstrates that although clinical reasons for HDAT prescription were documented for all patients, current standard guidelines for HDAT prescription regarding regular review and physical health monitoring were either not being met, or not clearly documented.

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## Audit of Current Vitamin D Testing on Bridge House Detoxification Unit

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**Aims.** The National Institute for Health and Care Excellence (NICE) recommends routine testing and replacing vitamin D in adults considered high risk of deficiency. Evidence suggests high prevalence of vitamin D deficiency among those with alcohol dependence and those with chronic liver disease regardless of etiological factors. These findings are particularly important for Bridge House Detoxification Unit, where patients with complex substance use disorder (SUD), and multiple physical and mental health co-morbidities, undergo detoxification. The purpose of this audit project was to establish current levels of vitamin D testing on Bridge House Detoxification Unit in comparison to the standard set by NICE guideline PH56, and to improve it.

**Methods.** Data was collected retrospectively from a total of 76 patients, through 3 rounds of data collection. In each round all the patients discharged within a 2 months period were included.