

remain essential to adapt to evolving guidelines, address emerging challenges, and sustain a culture of excellence in healthcare delivery.

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Re-Audit of The Anticholinergic Burden on A later Life Psychiatry Inpatient Ward

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doi: 10.1192/bjo.2024.643

Aims. To reassess and compare whether changes to medications are being made based on the anticholinergic effect on cognition (AEC) score. To understand the impact and implementation of recommendations from the first audit and whether these have led to change.

Methods. Data on AEC scores were collected from one later life ward in Greater Manchester. The audit considered patients admitted September 2022 to January 2023 and the re-audit those admitted March 2023 to September 2023. The data was collected retrospectively by the auditors by going into the electronic notes of the initial ward round, the four week ward round and the patients' electronic prescription charts, information was then inputted into and analysed in Excel.

Results. 21 patients were included in the audit and 23 in the re-audit. Roughly 50% of patients in the initial audit scored 0 at 4 weeks, only 13% re-audit patients scored a 0. Eight more patients saw an increase in their AEC score within the re-audit than the audit. 5 patients had a lower anticholinergic burden during the audit, only 3 patients saw this decrease during the re-audit.

Conclusion. Unfortunately it appears the first audit's recommendations were not adequately implemented as no improvement was seen between audits. We must therefore try to increase awareness of the adverse effects of anticholinergic medications through posters, teaching sessions by pharmacists and information posters on the ward; the effectiveness of these interventions can be analysed through a future quality improvement project.

The second recommendation is that the AEC score is to be calculated routinely for all patients admitted to an old age ward within the GMMH trust. This information to be included in the junior doctor induction pack and as a subcategory in the ward round documentation proforma.

A final recommendation is for the electronic prescribing system to include a built-in AEC calculator and prompt at admission and 4 weeks with the AEC score.

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Use of Atypical Antipsychotics as an Adjunct to the Treatment of Eating Disorders in Young People. Clinical Audit of Prescribing in the Children and Young People Eating Disorder Service Covering York, Scarborough, Harrogate and Northallerton, 2023

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doi: 10.1192/bjo.2024.644

Aims. The prevalence of anorexia nervosa (AN) in young people is increasing and it is the psychiatric condition with the highest morbidity and mortality. Atypical antipsychotics are unlicensed for use for AN but research has demonstrated they can improve weight restoration and decrease anxiety and rumination around food and body image. However, prescription of antipsychotics comes with risks such as arrhythmias, hyperprolactinaemia or EPSEs.

As a result, NICE (National Institute of Clinical Excellence) and TEWV (Tees, Esk and Wear Valleys) Trust have developed standards to ensure the safety and efficacy of antipsychotic prescribing in young people with anorexia nervosa. This audit aims to measure local compliance with these standards by reviewing antipsychotic prescribing and monitoring in the Children and Young People (CAMHS) Eating Disorder Service covering North Yorkshire.

Methods. Clinicians identified all patients under the team currently prescribed an antipsychotic for AN; 8 patients in total. Electronic patient records were hand searched for relevant information.

Standards were derived from RCPsych May 2022: Medical Emergencies In Eating Disorders and local TEWV Guidelines.

Initial data collection was June 2023. Recommendations included a spreadsheet to monitor antipsychotic prescription and advice on documentation of unlicensed indications and provision of medication information. Re-audit was December 2023. Patients included in the initial audit were excluded to avoid duplication of results; 3 patients were in the re-audit.

Results. All patients received full eating disorder assessment and non-pharmacological interventions such as dietetic or psychological input. All patients were prescribed olanzapine. The indication of antipsychotic prescription for all patients was distress/rumination. Compliance with physical health monitoring was 100% in both audits. Compliance with blood-test monitoring was initially 17%, rising to 100% in re-audit. 50% of patients were given medication information, increasing to 67% in re-audit. Compliance with local protocol for unlicensed indications was 13% and 0% in re-audit. Psychiatric follow up and medication review was regular and consistent in both initial and re-audits.

Conclusion. Physical health monitoring was very good, likely due to routine AN monitoring regardless of antipsychotic prescription. Psychiatric review was frequent, reflecting the intensity of CAMHS practice. Initial poor compliance with blood-test monitoring was due to antipsychotic-specific blood tests being omitted from standard tests. Overall compliance improved after implementation of recommendations, particularly blood-test monitoring. Ongoing areas for improvement are following the protocol for unlicensed medication indications and provision of additional medication information. Most patients had psychiatric comorbidities and co-prescribed psychotropic medication, reflecting the complexity and severity of this cohort.

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Audit of Sub-Therapeutic Dosing of Methadone as Opioid Substitution Therapy

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doi: 10.1192/bjo.2024.645

Aims. Clinical guidance indicates that methadone doses of 60–120mg are therapeutic as opioid substitution therapy (OST). Audit was completed to understand why patients open to Newcastle Treatment and Recovery (Addictions) are being prescribed doses below 60mg and to identify areas for improvement.

Methods. 285 patients were identified via prescription software as currently prescribed <60mg methadone. A random sample of 50 cases was obtained for audit during signing of routine prescriptions. Case sample was adjusted to ensure even distribution between keyworkers. Review then completed of prescribing card and clinical entries in the last 6 months. Standards included reason for subtherapeutic dosing and evidence of instability with use of illicit opioids, or other substances (excluding alcohol or cannabis), alongside secondary outcomes.

Results. 54% of cases were found to currently be undergoing a change in their dose – mostly reducing though 2 increasing and 2 preparing to switch to buprenorphine. The remaining 46% were maintained on a consistent dose of methadone below 60mg. Of these 8 were advised to change their dose but this was declined. The remaining 15 had no additional advice recorded and remained on sub-therapeutic dose. Of 50 cases 8 were unstable with regards illicit opioid use, 21 were using other substances (1 gabapentin with the remaining using cocaine). For those using illicit opioids 63% were advised of an increase but declined whilst 25% were not advised of any change in their OST. Of those using other substances 48% had no change in OST considered whilst a further 10% continued with a reduction.

Conclusion. The audit found that a proportion of cases prescribed a sub-therapeutic dose were being maintained on this dose. Most concerning was the proportion of patients who were not advised to increase despite use of illicit opioids but also the proportion who were not following advice from their keyworker. Additional concerns highlighted uncertainty in practice around the role of OST in those who remain using other substances, in particular cocaine. Department of Health guidance recommends that doses in these cases should be optimised which would mean at least targeting therapeutic range. Recommendations made included to develop further training to ensure consistency of practice as well as requiring that all patients on sub-therapeutic doses of methadone should be booked for strategic care plan reviews at a minimum of 6 monthly.

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Improving Completion Rates, Accuracy and Online Upload of DNA CPR, Adults With Incapacity (AWI) and Hospital Anticipatory Care Plan (HACP) Documentation in Two Old Age Psychiatry Wards in NHS Fife

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doi: 10.1192/bjo.2024.646

Aims. To evidence accurate completion and online upload of DNACPR, Adults with Incapacity (AWI) and Hospital Anticipatory Care Plan (HACP) paperwork at the point of admission across two old age psychiatry wards at Queen Margaret's Hospital, NHS Fife.

Methods. We identified which of our 36 inpatients required DNA CPR, AWI and HACP forms, compared with those who actually had this documentation in place, correctly completed, in their paper notes. When documents were present, we confirmed whether they were also uploaded to Morse (NHS Fife's psychiatry electronic notes system).

Data were collected on August 25th 2023 for cycle 1. A Multidisciplinary team meeting was held in each ward to consider strategies for improving performance, and 11 weeks were allocated for intervention design and implementation, before data collection was repeated on November 10th 2023.

Results. The primary outcome was whether DNA CPR, AWI and HACP documentation were correctly in place across both wards. Completion rates of all forms improved between the two cycles, as did compliance with online upload (secondary outcome) and correct completion of all fields (secondary outcome).

Since our interventions (improving availability of forms, peer education regarding correct completion of forms, ward round prompts to review paperwork, streamlining workflow for scanning), there was a marked improvement in performance on both wards 1 and 4. For patients who were assessed to need an AWI form, form completion increased from 93.3% and 94.4% for each ward respectively, to 100% on both wards. Required fields on the form were completed in 71.4% and 76.5% for each ward respectively in August, increasing to 88.2% and 100% in November. DNA CPR forms were present for appropriate patients in 100% and 88.9% of cases on the two wards in August 2023, with 75% and 62.5% uploaded to Morse. This improved to 100% presence and 100% upload rates in November 2023. HACP forms were present in 100% and 83.3% of cases on the two wards in August, but were available online in 0% and 20% of cases respectively. This improved to 100% completion of HACP forms on both wards, with 100% and 91% respectively available online in November.

Conclusion. A combination of peer education, MDT learning, readily available forms, ward round review and awareness-raising across medical, nursing and administrative staff improved rates of accurate completion and online upload of DNA CPR, AWI and HACP paperwork.

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Assessing Clinician Compliance With DVLA Guidelines for Psychiatric Inpatients

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doi: 10.1192/bjo.2024.647

Aims. Mental health conditions have wide ranging impacts on individuals, including in their ability to safely drive. Attention, impulse control, judgement, and psychomotor reaction times are some of the ways in which mental health conditions and psychotropic medications impair ability to drive. To ensure safety of patients and other road users, the Driving and Vehicle Licensing Agency (DVLA) provides guidance to clinicians and patients regarding fitness to drive. The General Medical Council (GMC) also states that doctors have a duty to inform patients that their condition and/or medication can impact driving ability.