

Compliance with Driver and Vehicle Licensing Agency guidance in a psychiatric inpatient setting

Nishanth Babu-Mathew*, Sasha Chard and Sarah Winfield

Merseycare NHS Foundation Trust

*Corresponding author.

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Aims. Driving is complex, requiring adequate: attention and concentration, memory, insight and understanding, judgement, planning and the ability to self-monitor¹. Psychiatric illness, and associated medications, may affect patients' ability to drive safely. The DVLA is responsible for determining individuals' safety to drive and produces guidance specific to psychiatric disorders. Patients must comply with relevant guidance and clinicians must determine patients' driving status and offer appropriate advice about medications and any need to inform the DVLA. This audit aimed to determine the compliance with DVLA guidance on a single inpatient psychiatric ward within Merseycare NHS Foundation Trust, UK.

Method. A retrospective review of electronic patient records was completed. Clerical staff identified all patients admitted to Windsor House from 1/8/20–30/11/20 (n = 42). Data relating to driving status and driving advice were collected onto individual patient audit proformas, and uploaded to the online Audit Management and Tracking (AMaT) system.

Result. 100% of patients had diagnoses that would require the DVLA to be informed and 100% were prescribed medication with potential side effects that could impair ones' ability to drive safely such as dizziness, drowsiness or impaired concentration². Driving status was only documented for 12 patients (29%) and type of vehicle driven for only 6 patients (1 of whom had an HGV licence).

Discussion of DVLA guidance within the last 3/12 by the mental health team was documented in 17% patients. Of these patients, appropriate driving advice was given to 86%. All patients advised to cease driving were willing to. No patients were advised about side effects of medications on driving. No notes evidenced if the DVLA had been informed of patients' admission, diagnosis or medication regimes.

Conclusion. Discussing driving status and DVLA advice with psychiatric patients is important but may not always happen in inpatient settings, despite most patients having a relevant diagnosis. Failure to determine driving status may mean some patients are not being given appropriate guidance as required. Counselling on medication side effects in relation to driving should be encouraged as the majority of patients are taking prescribed medication that can potentially impair driving. Recommendations to improve compliance include: adding "driving status" to admission clerking and ward review proformas, educating staff to actively discuss driving with inpatients and create discharge checklists which prompt discussing driving status, medications and driving advice, and to re-audit in 6 months time.

Audit on prolactin monitoring for patients on oral risperidone, intramuscular risperidone, and intramuscular paliperidone

Mohamed Bader

Aneurin Bevan University Healthboard

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Aims. The aim of this audit was to investigate whether sufficient Prolactin monitoring was completed in a patient sample in the

Torfaen area of Aneurin Bevan University Health Board. This audit targeted patients an oral or intra-muscular formulation of Risperidone in the year 2018 with the hypothesis that Prolactin monitoring is done less frequently than recommended.

Background. Risperidone is the anti-psychotic drug most frequently associated with hyperprolactinemia which is often asymptomatic but can present with symptoms of oligomenorrhea, amenorrhea, galactorrhea, decreased libido, infertility, and decreased bone mass in women. Men with hyperprolactinemia may present with erectile dysfunction, decreased libido, infertility, gynecomastia, decreased bone mass, and rarely galactorrhea. The BNF advises monitoring of Prolactin at baseline, after 6 months, and then annually.

Method. Retrospective review of 150 patients' clinical letters to identify if they are on the above medications, using the local digital records system EPEX. Emails were also sent to community psychiatric nurses asking them if they could highlight any patients they were caseholding on the above medication. Depot clinic lists were also examined. Patients identified as being on the above medication had their blood tests reviewed on the online system Clinical Workstation (CWS) to determine whether they had their Prolactin level tested. A single spot sample of all patients on Talygarn ward in January 2019 was also included.

Result. 1. 28 Risperidone

2. 23 of 28 never had any Prolactin measurements

3. 2 of 28 patients had the appropriate level of monitoring done for the year of 2018

a. One patient complained of Galacotorrhea

b. Another patient had baseline done while on the ward and isn't due for any further monitoring at the time of writing.

Conclusion. The above results identify that Prolactin monitoring is not being routinely completed for patients on the studied medication at an acceptable compliance level. Limitations around utility of prolactin monitoring may be the contributing factors; eg. Prolactin levels or medication dose may not be positively associated with adverse effects.. Further efforts were made to highlight the importance of baseline prolactin monitoring, as well as including a baseline Prolactin as an admission blood test for patients presenting with psychotic symptoms or on an anti-psychotic. A complete audit of metabolic monitoring and Prolactin levels for all patients on anti-psychotics would be an appropriate next step.

The hidden cost of not having a dual diagnosis team (an audit looking at inpatient admissions for Redbridge Community Recovery Team West)

Madeeha Bandukda*, Muhammad Aadil Bhenick,

Najam Chaudry and Henok Getachew

NELFT

*Corresponding author.

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Aims. Co-existing mental illness and substance misuse is highly prevalent within the UK, with approximately 40% of people diagnosed with psychosis having a history of substance misuse. However, in Redbridge we currently do not have access to a dual diagnosis team or integrated care.

This audit aims to assess the health and social implications of fragmented care, plus the effectiveness of mental health services in assessing patients with dual diagnosis and referring to specialist misuse teams. We used the NICE guidelines on co-existing severe mental illness and substance misuse [CG120] to help guide our recommendations.