Methods. A retrospective audit of case notes of patients (n = 16) known to community psychiatric team (CMHT) and specialist perinatal mental health (PNS) services in Wolverhampton, who notified their pregnancy between December 2020 and December 2021. Demographic and clinical data were collected from the electronic records.

Results. The sample had a mean age of 28.8 ± 6.3 years (range: 19 to 39 years), and 68.8% of them were Caucasian. A wide range of psychiatric diagnoses were present, most (62.5%) had comorbid diagnoses; and 25% had substance use, most commonly cannabis. Mean duration of gestation at the review following notification of pregnancy was 14.5 ± 7.7 (range: 6 to 29) weeks. It was observed that 25% were not taking psychiatric medications prior to pregnancy, 43.8% stopped taking their medication prior to the psychiatric review, most stopping abruptly, and 31.2% had continued their medication. The medications included aripiprazole, olanzapine, quetiapine, venlafaxine, sertraline and promethazine. Following the review, only 18.8% continued their medications. Of the 13 (81.3%) patients who were not taking medications, 9 (69.2%) had adverse mental health outcomes, with 2 (15.4%) patients requiring inpatient care. However, later 8 (61.5%) started taking medications whilst under the care of PNS. All of them had mental capacity to decide regarding their psychiatric treatment at the review.

Conclusion. Most psychiatric patients avoided taking psychotropic medications initially during pregnancy, however, a considerable proportion restarted their medications following review with the perinatal psychiatry team. The majority of patients who did not take medications had negative mental health consequences. It is important to develop an evidence base about the use of psychiatric medications in pregnancy and the associated short and long-term outcomes that may help the quality of information shared with patients.

Improving COVID-19 Vaccination Uptake in Service Users Admitted to an Acute Inpatient Psychiatric Ward

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Aims. It is well known that individuals suffering from mental illness have more comorbidities and lower life expectancies compared to the general population. It is unsurprising therefore, that these individuals are more vulnerable to both contracting COVID-19, and developing severe illness if infected. When patients are admitted to a psychiatric inpatient unit this offers an invaluable opportunity to ensure that unvaccinated patients are identified, and if consenting, are supported to receive whichever dose of the vaccine they require. We undertook an audit to examine the proportion of patients admitted who had not received their first, second or third dose of the COVID-19 vaccination. Reviewed in the context of gender, age, ethnicity, legal status, mental health diagnoses and additional comorbidities, in order to determine any trends that might assist in improving uptake. We then repeated the audit aiming to offer the appropriate COVID-19 vaccination to every newly admitted unvaccinated patient. If refused, to then council reluctant patients, providing simple, understandable vaccine information, and to re-offer vaccination.

Methods. The audit took place on a mixed adult psychiatric inpatient ward in London.

The first cycle of the audit was completed retrospectively. Data were collected from the electronic notes of new admissions from November and December 2021 (total 41). This included information on COVID-19 vaccination status, and documentation of vaccines offered and administered during admission. Additional information was also compiled to calculate risk stratification scores.

Subsequently, we repeated the audit cycle for admissions in January and February 2022 (on-going). However, this time with the aim that all patients have their COVID-19 vaccination status documented promptly, and that their next vaccination is offered/ administered during admission if required.

Results. Results from the initial audit cycle showed 33/41 patients had not received a full set of COVID-19 vaccinations (or no vaccination record found). Only 6/33 unvaccinated patients were offered the next vaccination during admission, and 3/33 actually received one. 21/33 patients without a full set of vaccinations were BAME (Black, Asian and minority ethnic).

Initial results from the second cycle showed an improvement in the number of patients offered the vaccine. 5/10 unvaccinated patients were offered vaccines in January, however data collection is ongoing.

Conclusion. Although our data set is not yet complete, initial results show that a simple intervention such as early identification of unvaccinated patients on admission, can act as a prompt to clinicians to ensure vaccines are offered. Thereby, increasing vaccine compliance in this vulnerable patient group.

The Prevalence of Electrocardiogram (ECG) Changes in Patients on Clozapine

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Aims. Clozapine is an atypical antipsychotic primarily used in the management of individuals with schizophrenia and schizoaffective disorders, prescribed to those with symptoms unresponsive to alternate antipsychotic medications. Clozapine is known to have cardiovascular side effects and is associated with an increased risk of significant cardiac events including myocarditis, cardiomyopathy, and sudden cardiac death. Regular electrocardiogram (ECG) monitoring is recommended to facilitate early detection of cardiac complications. This study aimed to identify the prevalence and evaluate the nature of ECG changes, assessing for tachycardia and corrected QT (QTc) interval prolongation, in patients prescribed Clozapine, and to determine whether the appropriate action was taken following identification of these changes.

Methods. We conducted retrospective data collection examining consecutive ECGs of 50 adult patients prescribed Clozapine within the East sector of the Cherrywood Outpatient Psychiatry Department at The Royal Oldham Hospital. Patients were identified using the clinic's Clozapine database. The PARIS electronic record system and patient written notes were utilised to obtain patient demographics, diagnoses, and ECGs. We assessed rate, rhythm and QTc intervals amongst the ECGs taken and compared the most recent ECG findings with those from previous ECGs.

Results. Of the 50 patients prescribed Clozapine, 34 were identified as having 2 consecutive ECGs in their notes, enabling ECG comparison and assessment for changes. Amongst these 34