

compared with the general population. Dyslipidaemia is a well-established contributor to CVD risk, alongside factors such as obesity, hypertension, smoking, diabetes, and a sedentary lifestyle. Many patients with severe mental illnesses often exhibit a combination of these risk factors. Notably, second-generation antipsychotics, particularly clozapine, are associated with a significant risk to elevate lipid levels. However, dyslipidaemia is a treatable condition, and various interventions are available to decrease the risk, ultimately reducing the associated morbidity and mortality. Therefore, NICE guidelines recommend monitoring of lipid profile initially at baseline, 3 months and then annually and cardiovascular risk assessment by validated tools like QRISK3 or Assign Score (validated tool used in Scotland).

The first aim of this audit was to see if a lipid profile had been done within the past 12 months in patients on clozapine treatments and second aim was to see if cardiovascular risk had been assessed using a validated tool i.e. Assign Score and lastly to check if lipid results and Assign Score had been communicated to the General Practitioner.

Methods. The audit included 40 patients receiving clozapine treatment under the care of this local CMHT. We excluded 13 patients who were already on statin medication, those newly initiated on clozapine within the last three months or those who were aged below 30 years or above 74 years. The data collection spans from October 2022 to October 2023. Our analysis focused on bloods results in the last 12 months. After that, we searched for the cardiovascular risk assessment in last 12 months of patients' electronic notes. Additionally, a comprehensive review of all communication records with General Practitioners was undertaken.

Results. Lipid profile testing was done in 22 of 27 (81.1%) of the audited patients, revealing that a significant proportion, 59.9% (13 of 22), exhibited elevated total cholesterol levels exceeding 5mmol/L. However, the assessment of cardiovascular risk within the specified timeframe was notably low, with only 1 of 27 (3.70%) of the audited patients undergoing this evaluation. Furthermore, communication with General Practitioners (GPs) regarding lipid profiles was observed in a mere 4 of 22 (18.18%) of cases where such testing was conducted.

Conclusion. The clinical audit showed a good level of compliance with lipid profile monitoring; however, notable deficiencies were noted in the assessment of cardiovascular risk and communication with GPs. These findings emphasized the need to enhance our compliance with protocols for a more comprehensive approach to safeguard the cardiovascular health of patients receiving clozapine. As a result, we have proposed improvement strategy at our local CMHT meeting involving the implementation of a structured process, wherein the clozapine clinic nurse initiates an electronic task for the relevant medic to review the results. The medic is then tasked with calculating the cardiovascular risk and communicating both lipid results and the risk assessment to the GP, ensuring their inclusion in the annual review correspondence and subsequent management. A repeat audit will be done after 12 months.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Assessing Improvement in Prescription Writing Quality in Adult Male and Female Wards of Psychiatry Department, Lahore, Pakistan: Three Cycles of Clinical Audit

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Aims.

1. To measure the extent to which medication orders in inpatient prescription charts conform to the section in BNF (British National Formulary) on prescription writing.
2. To implement changes with the intention of improving prescriptions and administration records.

Methods. Prescription charts of patients admitted in adult male and female psychiatry ward were analysed in three cycles, (1 September to 20 October 2022, then 1st December to 31st 2022 and then: 1st January 2023 to 28th February 2023) which added up to a total of 431, 170 and 490 prescriptions in respective cycles.

Each drug prescription was examined to see if it met the standards outlined in BNF.

Percentage of prescriptions meeting each standard was calculated in each cycle.

First Cycle was followed by presentation of BNF guidelines of prescription writing on 7th December 2022 and copies of those BNF guidelines were placed at both male and female nursing counters. After 1 month, a short re-audit was done to assess the improvement which was satisfactory but this audit's results were not presented. Lastly, after one year of presentation of BNF guidelines in the department, two months of prescription charts were re-audited in cycle 3.

Results.

- Cycle 1: Initial evaluation revealed significant discrepancies in prescription accuracy and adherence to administration protocols. Key areas for improvement were identified and discussed with the postgraduate residents.
- Cycle 2: Following the implementation of targeted interventions, a re-evaluation showed measurable improvements in prescription accuracy and compliance with administration protocols. However, areas for further improvement were still identified, particularly in the documentation of prescription changes.
- Cycle 3: The final cycle demonstrated further improvements in prescription practices, with a significant reduction in discrepancies and errors.
- Legibility remained high across all cycles, with a slight improvement in Cycle 3.
- The use of generic drug names saw a remarkable increase from 40.6% in Cycle 1 to 84.69% in Cycle 3, indicating a strong adherence to best practices.
- Block letters usage improved significantly from 17% in Cycle 1 to 71.42% in Cycle 3, enhancing the clarity of prescriptions.
- The practice of providing a start date saw near-perfect compliance by Cycle 3, increasing from 82.8% in Cycle 1 to 99.18%.

Other findings were similar as well.

Conclusion. The audit successfully demonstrated the effectiveness of clinical audits in improving prescription quality in male and female adult wards. It highlighted the effectiveness of the interventions and the importance of continuous monitoring and feedback.

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