

Over 60% of the general population and up to 80% of patients detained in forensic psychiatric units in the UK are classed as overweight or obese, with serious consequences to physical health.

Southfield Low Secure Unit is a 28 bed unit. Most patients suffer from treatment resistant schizophrenia and are prescribed high doses of antipsychotic medication, some up to 250% of the maximum recommended dose.

**Method.** Baseline data were collected using Body Mass Index (BMI) and Simple Physical Activity Questionnaire (SPAQ). Following the initial data collection, patients were involved in focus groups, community meetings and a monthly physical health action group. There was input from the care team including psychology, occupational therapy, nursing, catering and security. New activities have been made available such as “physical health and mental health education group”, “rambling group”, “gym sessions”, “patient focus groups” and “walking group”.

**Result.** This project has been running for 9 months and is ongoing.

There has been a modest change in the BMI – initial results ranging from BMI 23.6–42.8kg/m<sup>2</sup>. Of the initial cohort (n = 14), there has been weight loss (n = 3), weight gain (n = 3) and no change (n = 8).

The initial SPAQ results showed that on average patients spend 19.8 hours per day either in bed or doing sedentary activities and only 1.68 hours per day walking or doing physical activities. This pattern is being reassessed.

The qualitative data from patient focus groups shows increased interest in activities, motivation and desire to contribute to the project.

**Conclusion.** The preliminary results show an increase in patient motivation and engagement with available activities. There have also been patient-led challenges which were well received. Patients feel positive about the programme and valued for their input. Further support is required to maintain progress.

### An analysis of outcome measures in a specialist inpatient eating disorders unit in Aberdeen: changes since 2015 and response to the COVID-19 lockdown

Emma Cross<sup>1\*</sup> and Jane Morris<sup>2</sup>

<sup>1</sup>University of Aberdeen and <sup>2</sup>Royal Cornhill Hospital

\*Corresponding author.

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**Aims.** Identify differences in outcome measures between inpatient cohorts during the first year of the pandemic compared with preceding years.

Identify key elements in the treatment provided by identifying any trends in the outcome measures between 2015 and 2021.

**Background.** The Eden Unit at the Royal Cornhill Hospital (RCH) in Aberdeen is a ten-bed specialist centre for the inpatient treatment of eating disorders (ED). Strict measures to control the spread of COVID-19 have meant that important aspects of therapy in the Eden Unit are no longer permissible. It is not known whether handicaps to providing the previous service are reflected in recent outcomes.

**Method.** Values for age, length of stay (LOS), BMI, HbA1c (diabetic patients) and responses to three questionnaires: Eating Disorder Evaluation Questionnaire (EDE-Q); Depression Anxiety Stress Scale (DASS)-21; and Clinical Outcomes in Routine Evaluation (CORE). This data were collected for April 2020 to February 2021 (Pandemic) and compared with five preceding years, April 2015 to March 2020 (Pre-COVID). The project was registered with NHS Grampian Quality Assurance Team and approved by the MCN Quality Assurance subgroup. Ethical approval was not required. A data collection sheet allowed

anonymised data to be entered into a Microsoft Excel™ Spreadsheet for analysis of baseline demographics.

**Result.** Average age of patients remained similar across the six years. Length of stay in the first year of the pandemic was significantly shortened. BMI on discharge in 2020/21 remained similar to preceding years. If relevant, HbA1c was measured throughout admission and comparison with BMI change reflected a focus on treating both diabetes and ED concurrently. Comparison of admission and discharge questionnaires to determine outcome measures proved difficult due to the small number of responses to both.

**Conclusion.** Shorter LOS during the pandemic was a significant finding. Despite this, BMI on discharge remained similar, suggesting a shift to weight restoration due to lack of opportunities for an holistic approach due to restrictions. Key elements of treatment include careful monitoring of HbA1c and concurrent management of Type I Diabetes for those patients. The low response rate to questionnaires raises concern regarding their use, in their current format, as effective tools to measure outcomes. Though low numbers of questionnaire responses prevent firm conclusion, it appears that the reduced opportunities for elements of treatment to be undertaken in the community may have contributed to increased anxiety levels on discharge.

### Assessing the practice of written referrals to neuroradiology and how this process can be improved and standardised

Fraser Currie<sup>1\*</sup>, Rashi Negi<sup>2</sup> and Hari Shanmugaratnam<sup>2</sup>

<sup>1</sup>University Hospitals of North Midlands and <sup>2</sup>Midlands Partnership Foundation Trust

\*Corresponding author.

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**Aims.** This quality improvement project aims to improve the quality of information provided in the referrals from the older adult psychiatry department to radiology when requesting neuroradiological imaging.

The secondary outcome aims to standardise information on the referral proforma. We hypothesise that this improved referral proforma will lead to improved quality of reporting from the radiology department, which will form the second stage of this quality improvement project.

A further area of interest of this exercise is to establish whether standardised radiological scoring systems are requested in the referral, as these can be utilised as a means to standardise reported information.

**Method.** Retrospective electronic case analysis was performed on 50 consecutive radiology referrals for a period of 3 months from November 2019 to January 2020. Data were obtained from generic MRI and CT referral proforma and entered into a specifically designed data collection tool. Recorded were patient demographics, provisional diagnosis, modality of imaging, use of ACE-III cognitive score, radiological scoring systems, and inclusion and exclusion criteria.

**Result.** Results from 50 referrals have shown: 60% were male, 40% female. Average patient age of 74, ranging from 49 to 95. 58% were referred for CT head with 42% for MRI head. More than half of referrals quoted the ACE-III score. 26% of referrals stated exclusion criteria such as space occupying lesions, haemorrhages or infarcts. 10% of referrals requested specific neuro-radiological scoring scales. Specific scales which were requested included GCA (global cortical atrophy), MTA scale (medial temporal atrophy), Koedam scale (evidence of parietal atrophy) and Fazekas (evidence of vascular changes). Only 80% of referrals included the patients GP details on the referral form.