

applying for and working LTFT can be a challenging and at times overwhelming process to navigate. This project's aims are to improve written information provided to trainees when commencing LTFT training. To assess interest for a LTFT training educational event and to plan this event based on trainees preferences for content and timing.

Methods. Questionnaires via SurveyMonkey were sent to higher trainees in all regions of the Yorkshire and Humber Deanery in October 2021 by the Medical Education Departments. A covering email invited those working or interested in LTFT to complete the questionnaire.

Questions assessed the need for further written information on LTFT training in the region and interest in an educational event. Trainees already working LTFT were asked what they valued most out of support already in place.

Results. Of 40 trainees who responded, 100% stated when commencing LTFT training they would wish to receive more information. Respondents were asked which areas they would like included: practicalities (100% of respondents), LTFT mentor (85%), peer support (83%), weblinks to information (70%), recommended reading (53%). Those already working LTFT were asked what they had found helpful, the most common themes were mentoring, peer and supervisor support.

85% of trainees surveyed confirmed they would be interested in attending a LTFT focused educational event. Based on trainee preferences the areas to be included were job planning (78%), choosing a job (81%), clinical lead views (78%), finances (86%), Out Of Programme opportunities (61%) and emotional aspects (61%). Further questions clarified preferences for a virtual Vs face-to-face meeting and timing to maximise attendance.

Conclusion. There is a need for further information to be provided to trainees on LTFT training in the region. The content has been guided by trainees and will be incorporated into the Higher Trainee Handbook.

For those training LTFT the most helpful aspect has been mentoring, peer and supervisor support. We have subsequently linked with the established mentoring scheme and those new to LTFT are matched with an established LTFT trainee. We recommend 3 monthly LTFT peer and Training Programme Director meetings continue.

There is considerable interest in an educational event focused on LTFT working. This has been organised for May 2022 and the content guided by trainee's preferences.

An Audit and Quality Improvement Project Regarding the Management of Patients With Eating Disorders Within the West Glasgow CAMHS Team

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doi: 10.1192/bjo.2022.96

Aims. There has been a significant increase in presentations of people with eating disorders (ED) within CAMHS in relation to the pandemic with a significant pressure on services to continue to provide evidence-based treatments for an expanding number of severely unwell patients. The first aim was to assess the quality of referrals received for patients with suspected ED and to then implement an intervention regarding the way that referrals are handled. The second aim was to establish a process for handling and monitoring patients already open to the service.

Methods. An initial and repeat survey was sent to staff within the team. The survey included the Mental Health Professional Stress Scale (MHPSS). An audit was conducted to establish the quality of referrals from GPs based on the Junior Marsipan guidelines. Data were collected on physical measures and the written content of referrals for March 2020–21 and March 2021–22.

Duty clinicians were asked to screen referrals and prompt GPs to submit recordings of physical parameters for the referrals to be triaged. In addition, a weekly meeting in a "board round" format was implemented to discuss new referrals and 40–50 existing patients each week depending on risk. We developed a physical health monitoring clinic once per week.

Results. MHPSS scores remained high between initial and follow-up surveys, with slightly increased mean scores for workload, organisational structure and processes, and lack of resources. Referrals from 2020–2021 (N = 26) and those from 2021–2022 (N = 39) were screened. The majority had a diagnosis of anorexia nervosa. Most referrals had records of height and weight (73.1 to 82.1%). 53.8% of referrals in the re-audit period required prompting for physical recordings to be submitted. There was no change in the written content of referrals at re-audit, with only 46.2% recording risk, 51.3% recording estimated onset and 56.4% documenting body image.

There was a slight reduction in the mean time between referral and diagnosis from 44.1 to 34.2 days. The weekly board round received positive feedback (N = 10) with 70–100% agreeing/strongly agree to statements such as manage patients' care safely, obtaining urgent advice and physical monitoring.

Conclusion. The processes summarised above have been successful in improving the efficiency surrounding the management of patients with ED. Unfortunately, there has been no improvement in the stress levels of staff; we hope to conduct a focus group to better understand this. A referral proforma should be developed by the wider service for GPs to complete.

The Contribution of Transference Focused Psychotherapy in Improving Psychiatry Trainees' Attitude and Technical Confidence Towards Patients With Personality Disorders

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doi: 10.1192/bjo.2022.97

Aims. Transference-focused psychotherapy (TFP) is a manualized evidence-based treatment for severe personality disorders (PDs) based on a psychodynamic approach that focuses on object relations theory. It has been used as a teaching tool in different psychiatric settings. Psychiatry trainees are often the "first-responders" in multiple services, and they have to deal with patients with PDs in various settings. Yet there is a documented gap in psychiatry trainees' education regarding the assessment and management of patients with PD pathology. The aim of our study was to evaluate whether a series of teaching sessions on TFP theory and techniques as applied to PD could improve the attitude and technical confidence of psychiatric trainees in the clinical encounter of a patient with a PD.

Methods. Two cohorts of psychiatry trainees in Tower Hamlet's East London Foundation Trust received four teaching sessions, each of one hour duration, on TFP theory and techniques. All the sessions were delivered online, using video teleconferencing software. 14 Trainees completed 2 questionnaires, pre- and post-teaching: the Attitude to Personality Disorder Questionnaire (APDQ) and the Clinical Confidence with Personality Disorder Questionnaire (CCPDQ). The APDQ asks the responder to score from 1–6 the frequency they experience certain feelings towards patients with PD. In the absence of a suitable instrument, we developed the CCPDQ consisting of a set of 13 questions rated on a 6-point Likert scale addressing key issues identified in TFP including establishing and maintaining the treatment frame and in implementing the 4 main techniques. We also conducted a 1-hour focus group post teaching which was videorecorded, transcribed, and analysed thematically.

Results. On quantitative analysis, the Wilcoxon signed-rank test indicated statistically significant improvements in the total APDQ score ($P = 0.003$, $r = 0.81$) and in the CCPDQ questionnaires ($P = 0.001$, $r = 0.88$).

The thematic analysis showed an overall positive effect of the TFP teaching on trainees' attitude and confidence: they felt it improved their understanding of the nature of personality disorder, their awareness and management of countertransference, awareness of object relations and relation dyads at play in the encounter.

Conclusion. Training junior doctors about TFP theory and techniques as applied to PD can significantly improve their attitude towards these patients and their technical confidence in the clinical encounter. Of note, our workshop is resource light and can easily be delivered by remote teaching. Based on these findings, teaching of TFP in the core psychiatric training curriculum should be considered.

Case Series Evaluating the Use of Combined Long Acting Injectable Antipsychotics in Three Patients Within Forensic Services

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doi: 10.1192/bjo.2022.98

Aims. Antipsychotic polypharmacy is a relatively common practice, despite a lack of robust evidence. In 2018, the National Clinical Audit of Psychosis evaluated the treatment of 8000 patients with a diagnosis of schizophrenia or schizoaffective disorder, and found 10% were receiving non-clozapine antipsychotic polypharmacy. This included 432 patients receiving one oral & one long acting injectable (LAI) antipsychotic and 2 patients receiving two LAI antipsychotics. An audit within our service, found that 24 of 88 (27%) inpatients were receiving non-clozapine antipsychotic polypharmacy. Of these, 3 were prescribed two LAI antipsychotics. A literature review found very limited evidence supporting the use of combined LAI antipsychotics, with publications relating to a total of 18 cases. Presented here is a case series, reviewing the use of LAI antipsychotic polypharmacy in three patients within Devon Partnership Trust.

Methods. The case series reports on three male inpatients, who are under the care of secure services within Devon Partnership Trust. All are currently prescribed two LAI antipsychotics. Two have a diagnosis of treatment resistant schizophrenia and one of schizoaffective disorder. All are complex, necessitating recurrent or lengthy admissions, and present with significant

risk to others when unwell. In each case, there have been trials of multiple antipsychotics, but only one has had a previous trial of clozapine.

Results. Published case reports highlight the positive effects of LAI polypharmacy, noting an improvement in mental state and lack of adverse effects. The cases presented here show significant variability, with one patient improving significantly, the second to a lesser extent, and the third remaining under high level observations.

All cases are complex with decisions taken on a background of high risk, after multiple failed trials of medication.

Although no specific adverse effects were reported, none of the patients regained sufficient insight to engage in treatment decisions and physical health monitoring. It is therefore difficult to quantify the adverse effect burden and weigh this against perceived efficacy.

Conclusion. Combined LAI antipsychotic medication is a possible treatment option in complex individual cases. Prescribing decisions are based on perceived clinical benefit, and the evidence base remains limited, with little understanding of long-term effects or consequences.

Unlike high dose antipsychotics, there is no formalised guidance for prescribing combined LAI antipsychotics. Treatment targets and review processes were not always explicit. A more robust approach, would provide greater clarity around the practice and aid with future decision making.

Morning Pseudoneutropenia in a Patient With Borderline Personality Disorder Treated With Clozapine

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doi: 10.1192/bjo.2022.99

Aims. Neutropenia associated with clozapine affects up to 3% of patients. For the purpose of clozapine treatment, absolute neutrophil count (ANC) between $1.5\text{--}2.0 \times 10^9/\text{L}$ is considered as amber result; requiring twice-weekly blood sampling until when it returns to normal. Interestingly, some patients on clozapine may develop transient neutropenia also known as Morning Pseudoneutropenia (MPN), or pseudoneutropenia. It is a phenomenon where normal diurnal variation of circulating white blood cells (WBC) and in particular ANC become more accentuated. In these patients, blood samples taken in the morning would tend to have amber results, while blood samples taken on the same day in the afternoon will have normal ANC. A case is reported where a patient with severe emotionally unstable personality disorder (EUPD) developed MPN 38 days after clozapine initiation.

Methods. AA is a 19-year-old white lady with a diagnosis of severe EUPD. Prior to starting clozapine, AA had tried several oral and depot antipsychotics, antidepressants and lithium without success. AA was started on clozapine. Her initial pre-clozapine blood count taken in the morning was WBC-5.8 $\times 10^9/\text{L}$ and her ANC was $2.7 \times 10^9/\text{L}$. AA improved quickly on clozapine. However, five weeks later, her first amber report was received. AA went on to have another six amber results before MPN was suspected. AA blood sampling was moved to the afternoon. There were no more amber results thereafter.

Results. To my knowledge, this is the first published case of a patient with EUPD treated with clozapine who went on to develop MPN. Recurrent amber results with samples taken before mid-day