

maintenance doses were chosen, with 47% of patients stimulated on the same dose and 37% on doses only marginally over the ST in consecutive sessions. During the treatment phase, two out of three restimulations were performed with a dose lower than the specified 10% increase. The reasons for deviating from the guidelines were not documented.

**Conclusion.** National audits of ECT clinics in 1981 and 1992 showed 50% and 25% missed seizure rates, respectively. Bridgend ECT Clinic maintained a missed fit rate of  $\leq 5\%$  over a 6-year period, which is half that of NHFT. Missed seizures have been associated with treatment failure and post-ECT adverse effects; hence, to effectively manage them, we propose that all ECT administration personnel be familiar with the NHFT ECT protocol, including the stimulus-dosing protocol, and document any clinical grounds for deviations.

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.

### Interactions Between Lamotrigine and Contraceptives – Communication Practises

Dr Samina Monir\*, Dr Cissy Atwine, Dr Helen Hutchings and Dr Michael Harris

Sussex Partnership NHS Foundation Trust, Worthing, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2024.607

**Aims.** This audit assesses communication practices regarding interactions between lamotrigine and oral contraceptives in North West Sussex (NWS) Specialist Perinatal Mental Health Services (SPMHS).

The predicted outcome includes increasing awareness about potential interaction between lamotrigine and contraceptives with resulting impact on patient safety.

**Background.** Lamotrigine is used for epilepsy and mental health disorders but can interact with contraceptives, affecting efficacy and safety. NICE recommends it for bipolar depression, relapse prevention and recurrent depression. Interactions with hormonal contraceptives can influence effectiveness of either drug and increase the risk of side effects. Patients on lamotrigine should be counselled so they can make an informed decision about taking the medication.

**Methods.** Reviewed records of all patient on the caseload on 21<sup>st</sup> June 2023. Collected data for lamotrigine prescription, indication, contraceptive method, and documented counselling. Calculated percentage of patients counselled on lamotrigine-contraceptive interaction.

**Results.** In 261 patient records, 11.9% were previously or currently on lamotrigine or had a discussion about starting lamotrigine. 6.1% currently and 3.1% previously on lamotrigine. Counselling on lamotrigine's interaction with oral contraceptives was documented with 3.1%, while 74.2% received none. Indications for lamotrigine use were epilepsy 9.7% and mood stabiliser 90.3%. Of 27 patients who weren't currently pregnant, 9 of them were informed of the interaction risk while 18 were not. Contraception methods were documented for 10 individuals.

**Conclusion.** Findings showed the need for increased awareness about the interaction and documentation of appropriate discussions to inform their choice.

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.

### Audit Regarding the Physical Health Workload for Doctors at an Older Adult Psychiatry Unit in Leeds

Dr Eleanor Morris\*

Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2024.608

**Aims.** The Royal College of Psychiatrists provides guidance regarding the experience of Foundation Doctors and Core Trainees, during their Psychiatry rotations. At The Mount, an Older Adult Mental Health unit in Leeds, it was observed by trainees that management of physical health conditions was occupying a large portion of their time.

**Aims:**

1. Measure how much time is spent on physical health activities, between Foundation Doctors and Core Trainees at The Mount.
2. Consider the impact of physical health workload on the doctors' experience of Psychiatry.
3. Explore the mental health experience of doctors during this rotation.

**Methods.** This Audit was conducted in three stages:

1. Anonymous collection of quantitative data regarding the proportion of time spent on physical health work. This data was collected for current doctors across all wards, for a two-week period in October 2023.
2. A focus group of junior and senior doctors, to consider onward actions.
3. An anonymous qualitative survey regarding mental health experiences and suggestions for improvement. This was circulated to any Foundation Doctor or Core Trainee who worked at The Mount in the past 12-months, via an online survey.

**Results.** The quantitative survey showed that Foundation Doctors and Core Trainees at The Mount were spending at least half their time on physical health jobs, such as: clinical reviews, skills such as blood tests and ECGs, and referrals to other clinicians or specialties. This was considered unsurprising by doctors at all levels during the focus group.

The qualitative survey explored this further, with observations that doctors were sometimes unable to attend MDT meetings, tribunals or CPAs due to the high physical health workload. It was felt that senior staff were proactive in offering support, however trainees still felt that opportunities for mental health experience were limited.

Suggestions for improvement were made during the survey, including:

1. Increased input by senior medical staff, such as GPs or Geriatric Trainees.
2. Additional staff to support with upkeep of equipment, or skills such as phlebotomy.
3. Increased use of technology rather than paper charts.
4. Greater clarity regarding minimum staffing and whether locum doctors can be arranged to cover gaps.

**Conclusion.** In summary, the physical health workload for Foundation Doctors and Core Trainees was noted to be significant and impacting their mental health experience. Following this Audit, consultants at The Mount will be meeting with

Senior Leadership to discuss methods for improving the training experience.

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.

### Audit of the Management of High Clozapine Levels Within Solihull Community Mental Health Teams (CMHTs)

Dr Sarah O'Connor\* and Dr Huma Hashmat

Birmingham and Solihull Mental Health Foundation Trust,  
Birmingham, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2024.609

**Aims.** To review the practice of management of clozapine plasma levels in Solihull CMHTs between April and September 2023. Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) clozapine guidelines were issued in January 2023 and further ratified in December 2023. The standard set out in the January 2023 guideline was that service users with elevated clozapine levels >600mcg/L should be assessed for signs of toxicity and consideration given to a dose reduction. Those with levels above 1000mcg/L should be reviewed urgently.

**Methods.** Clozapine blood clinic diaries were reviewed in order to obtain a list of 48 service users who had attended for clozapine blood tests between April and September 2023. Blood results were reviewed for clozapine level results. For those service users whose clozapine level had been over 600mcg/L, clinical notes were reviewed to determine whether they had been screened for clozapine toxicity.

**Results.** Of the 48 service users prescribed clozapine, 24 had clozapine levels over 600mcg/L and 11 had levels over 1000mcg/L. Of the service users with clozapine levels over 600mcg/L, 16 (67%) were screened for toxicity. Of those with clozapine levels over 1000mcg/L, 9 (82%) were screened for toxicity.

**Conclusion.** Between April and September 2023, Solihull CMHTs demonstrated an understanding of the need for actioning elevated plasma levels as a priority, however, this could be further improved. The risks of adverse effects and toxicity with clozapine increase with raised plasma levels, particularly with levels over 1000mcg/L. Therefore, it is important that raised plasma levels are actioned accordingly. Locally, we have implemented a flow chart which summarises the updated clozapine guidelines, to assist clinicians in interpreting and acting on high clozapine levels and to prompt clinicians to review service users for signs of toxicity. We hope to incorporate this visual aid into the updated BSMHFT guidelines.

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.

### Clinical Audit of Rapid Tranquilisation in Mental Health Services for Older People (MHSOP)

Dr Daniel Hern, Dr Tahir Salim, Dr Mabel Oduma\* and Dr Wren Langford

TEWV, Bishop Auckland, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2024.610

**Aims.** Rapid Tranquilisation (RT) is the parenteral (intramuscular) administration of medication to calm or sedate an agitated, violent or aggressive patient in a timely and safe manner. This audit specifically looks at the clinical practice in the use of rapid tranquilisation in inpatient MHSOP against trust policy. The aim of this audit is to assess the effectiveness of RT and if other methods of de-escalation are being utilized first to provide better care for patients and utilize the least restrictive management options possible.

**Methods.** The audit was registered, and care was taken to uphold ethics, access patient information appropriately, and to ensure that data collected was both relevant and ensured confidentiality. All incidents of RT were identified across both wards of Auckland Park Hospital from the period of August to October 2023. DATIX numbers were identified to show incidents of RT from the specified period, these numbers were used to identify patient ID with liaison with relevant staff members. Patient ID was used to review the incident, specifically to investigate de-escalation techniques documented and effectiveness of RT. Only parenteral RT incidents were included to assess if appropriate measures were taken beforehand.

**Results.** A total of six Incident reports were identified over the three-month period. In all cases the choice and dose of the medication was within the current recommendations. 33% of incidents utilised promethazine 25mg while the other 66% utilised lorazepam either 1mg or 500mcg. All patients had baseline observations recorded on NEWS chart prior to the incident, however only 33% of incidents involved full recordings of observations at appropriate intervals on the NEWS chart. The reason for this in all cases was due to patient refusing observations which was documented. There were no documented side effects but 33% of incidents involved a raised NEWS score post RT. In all cases the NEWS score resolved spontaneously within the post RT monitoring period. In 100% of incidents de-escalation techniques were utilised and documented and evidence of post RT debrief with the patient was shown. 66% of incidents involved a medication review post RT as per recommendations.

**Conclusion.** Guidelines are being followed with good effect regarding RT in MHSOP. It is important to always undertake nonpharmacological de-escalation methods prior to considering RT which is reflected in the low numbers of RT during this period. Recommendations are made to follow local guidance as well as to exhaust nonpharmacological de-escalation methods to reduce the need for RT.

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.

### The Use of the Emergency Department as a Place of Safety Following Section 136 Detention

Dr Oluwadamilola Ogunsina\* and Dr James Hickmott

Birmingham and Solihull Mental Health NHS Foundation Trust,  
Birmingham, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2024.611

**Aims.** Section 136 of the Mental Health Act 1983 allows for a person who appears to a constable to be suffering from a mental disorder and needing immediate care to be removed to a place of safety (POS) for their protection or the protection of others.