

Aim of this audit was to determine whether blood clozapine levels are being performed in patients on clozapine when there has been a change in patient's smoking status from two localities, East and West Hull community mental health team.

Because there is a risk of significant blood clozapine change within 3–5 days post starting or stopping smoking which consequently increases the risk of toxicity, we also looked at whether a medical review was undertaken post change in smoking status in order to review if any adjustment was required in current clozapine dose.

Methods. A list of Hull CMHT patients on clozapine was obtained from local clozapine clinic. The data comprised patients who were on clozapine from both localities of CMHT between October 2022 to October 2023.

Data was obtained retrospectively from Trust's patient electronic record system.

Eligibility criteria was set for the patient on clozapine to be a current smoker, or have been a smoker over last 12 months. Non-smokers and the ones on clozapine without a change in smoking status over the duration period were excluded.

58 patients were identified to be smokers and taking clozapine. Change in smoking status was documented in 21 instances, and therefore included in final analysis of results.

Results. 42.86% patients had a clozapine blood level check post smoking status change.

19% of patients from our sample had a medical review after change in smoking status within the duration time of audit.

Conclusion. We concluded that compliance with current MHRA guidelines in relation to blood clozapine levels and change in smoking status is quite poor in Hull CMHT and measures are needed for improvement.

We recommend that every patient with a change in smoking status must have blood clozapine level checked within a week of any change in smoking status and a medical review in two weeks. We identified some scope of improving current clozapine monitoring form on electronic system and recommend changes by adding a section where change in smoking status is recorded.

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.

Patient-Led Lifestyle Questionnaire to Help Improve Lifestyle Interventions Offered to Patients

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Aims. Maintaining a healthy lifestyle plays a vital role in the prevention and management of many mental conditions. There is also evidence that these patients have a lesser standard of health promotion and physical care and despite national awareness and guidelines early mortality rates have not improved.

The aim of this audit cycle was to firstly establish whether lifestyle interventions are being offered to patients (in a Home Treatment Team) and secondly how could this be further improved. A patient-led lifestyle intervention was introduced whereby the aim was to help patients feel empowered by being able to select an area of lifestyle they would like to improve. A coaching style framework was used and the patient was assisted

in setting a lifestyle related goal to help with their mental health recovery.

Methods. An audit was carried out on 20 Physical Health Forms in January 2023 looking at the documentation of lifestyle interventions offered in the following lifestyle domains: smoking, alcohol, substance misuse, diet, exercise and the measuring of waist circumference and weight. This is a form that is usually completed by Psychiatric nurses based in the Worcester South Home Treatment Team during initial patient assessments.

The audit showed low levels of interventions offered to patients for lifestyle domains and therefore staff education on the importance of lifestyle and the importance of measuring waist circumference was delivered within a team meeting setting. A patient led lifestyle questionnaire was also initiated. After implementing this for 3 months, a re-audit was completed of 20 physical health forms in May 2023.

Results. The re-audit results showed an increase in lifestyle interventions offered to patients in all lifestyle domains. There was a 30% increase in patients being offered interventions in exercise, a 40% increase in patients being offered interventions in diet, 20% increase in patients having waist circumference measured, 5% increase in patients being offered substance misuse interventions, 10% increase in patients being offered interventions for alcohol misuse and a 30% increase in patients being offered interventions for smoking.

Conclusion. There is growing evidence that by addressing lifestyle factors we can improve overall patient care outcomes by raising awareness and including lifestyle modification to be a part of the treatment plan. Using a coaching framework can be an effective part of the management plan by helping patients to feel empowered and future focused to improve their lifestyle and therefore their own health.

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Unsuccessful Presentations for Involuntary Admission to an Irish Approved Centre During 2019 and 2021

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Aims. Ireland's *Mental Health Act 2001* (MHA) outlines the procedure and criteria for referring patients for involuntary admission. After consultant psychiatrist examination, if appropriate, a referred individual is admitted involuntarily under an admission order (AO). Involuntary admission is only appropriate if the person meets criteria for a "Mental Disorder". It's unlawful to detain a person solely because they suffer from personality disorder, are socially deviant, or are addicted to drugs/intoxicants. AOs aren't completed if these criteria aren't met, referral forms are incorrect, or individuals agree to voluntary admission. We aimed to determine (1) the rate of unsuccessful referrals for involuntary admission to an Irish approved centre (Lakeview Unit) during 2019 and 2021, (2) the reasons AOs weren't completed, (3) the source of unsuccessful referrals and (4) the time such referrals were made.

Methods. Unsuccessful referrals for involuntary admission during 2019 and 2021 were identified. Data were collected retrospectively by chart review. We identified the documented reason AOs were not completed, and the time and source of these unsuccessful

referrals. In March 2021, authors delivered teaching on appropriate use of the MHA to local Police (Gardaí) and out-of-hours General Practitioners (GPs).

Results. Of 78 referrals for involuntary admission in 2019 and 115 in 2021, 19% and 44% respectively were unsuccessful (AO not signed). In 60% of unsuccessful referrals in 2019, the person presented with no mental disorder meeting criteria for involuntary detention. The same figure in 2021 was 27%. Individuals presented with substance misuse disorder in 73% and 27% of unsuccessful referrals in 2019 and 2021 respectively. In 2019, 93% of unsuccessful referrals came from Gardaí, 100% came from medical practitioners other than the patient's own GP and 73% came outside of normal working hours.

Conclusion. Unsuccessful referrals for involuntary admission are not uncommon. Audit cycle 1 highlighted that those subject to unsuccessful referrals frequently present out-of-hours, with substance misuse disorder and/or no mental disorder meeting criteria for involuntary admission. In 2021 a smaller proportion of unsuccessful referrals presented with no mental disorder and substance misuse disorder. This suggests that Gardaí/GP education offered benefit. We observed an increase in both the overall number of referrals and the percentage of unsuccessful referrals in 2021. This possibly reflects an impact of the COVID-19 pandemic. There is a need for ongoing education, discussion and feedback with Gardaí and GPs on the process of making referrals for involuntary admission. A limitation is that separate registrars completed each audit cycle.

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Consideration of Clozapine in Patients With Treatment Resistant Schizophrenia

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Aims. The aim of the audit is to measure the performance of Bradford District Care Trust (BDCT) against the NICE guideline's quality standard: 'Adults with schizophrenia that has not responded adequately to treatment with at least 2 antipsychotic drugs are offered clozapine.'

Methods. We identified the 273 patients prescribed clozapine in BDCT as of January 2023. 202 had been prescribed clozapine for more than 5 years and these were excluded. Of the remaining 71, 34 were excluded for reasons such as their diagnosis i.e. Parkinson's or personality disorder or inadequate information within the clinical record. The final sample consisted of 37 patients prescribed clozapine within the last 5 years with a diagnosis of treatment resistant schizophrenia (TRS).

To define an 'adequate trial' of an antipsychotic, an adequate duration and adequate dose was determined. It is widely recommended in literature that an adequate trial of antipsychotic should last at least 6 weeks and this time constraint was utilised for the audit. The Maudsley Guidelines minimum effective dose table was utilised for establishing adequate doses. For antipsychotics not included in this list the British National Formulary (BNF) maintenance doses were used. A data collection tool was then developed that allowed for retrospective collection of key information relating to the objectives outlined above.

Results. Clozapine was offered at the appropriate time [this includes where clozapine was considered but was not felt to be suitable/was contraindicated/declined by the patient] in 13 cases (35%). In 24 cases (65%) clozapine was not offered at the appropriate time. For 21 patients there was a delay in offering clozapine after 2 adequate trials of antipsychotic medication had been given. Delays ranged between 9 days and 15 years, with the average [mean] delay being 3.7 years. There were 3 patients who were initiated on clozapine without the completion of 2 adequate trials of other antipsychotic medication.

Conclusion. In summary, this audit measured BDCT's adherence to the NICE guideline on clozapine for TRS. Of the 37 patients in the final sample, 35% received clozapine at the appropriate time, while 57% experienced delays with an average delay of 3.7 years. Notably, 8% commenced clozapine without completing the recommended antipsychotic trials. These results emphasize the importance of improving adherence to the guideline, as delays in offering clozapine pose potential risks for patients with TRS. Ensuring timely access to this treatment is crucial, as it has the potential to significantly enhance patient outcomes.

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Are We Monitoring Our Lithium Patients as Well as We Should be? A Two-Cycle Audit Evaluating Lithium Clinic Documentation in a District General Hospital in Wales

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Aims. Lithium is a mood-stabiliser with a narrow therapeutic index. Patients are known to be at risk of lithium toxicity if they are unaware of how to recognise its signs. NICE guidelines outline the information that must be relayed to these patients. Furthermore, *GMC Good Medical Practice* highlights the importance of clear and contemporaneous patient records that contain relevant clinical information.

The aim of this two-cycle audit was to assess the quality of documentation for patients reviewed in lithium clinic and to analyse the consistency of the notes recorded to ensure high quality care provision and communication within the department, in line with the NICE guidelines.

Methods. The inclusion criteria were patients over the age of 65, prescribed lithium and were actively reviewed in the monthly lithium clinic at the Older Person's Mental Health Service (OPMHS) at Princess of Wales Hospital in Wales.

A data collection form was created to ensure all the relevant data in line with NICE guidelines was captured including serum lithium level, lithium dose, other psychotropics, side effects, renal function, patient mood, safety netting advice provided including signs of toxicity and awareness of lithium card. A standard of 100% was set for this data to be captured for each patient.

Results. Cycle 1 was completed in November 2023 where a total of 18 patient records were selected (N = 18). Lithium dose, lithium level and renal function were recorded in over 83.3% (n = 15) of the files audited. Details on psychotropics were recorded in 61.1% (n = 11), side effects in 50% (n = 9) and patient mood in 77.8% (n = 14). Safety netting advice was recorded in