

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/m². 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^{1*} and Jane Morris²

¹University of Aberdeen and ²Royal Cornhill Hospital

*Corresponding author.

doi: 10.1192/bjo.2021.491

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^{1*}, Rashi Negi² and Hari Shanmugaratnam²

¹University Hospitals of North Midlands and ²Midlands Partnership Foundation Trust

*Corresponding author.

doi: 10.1192/bjo.2021.492

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.

Conclusion. 1. This quality improvement initiative has highlighted that the current level of information in referring patient to radiology is variable and dependent on the referrer.

2. All referrals should state exclusion criteria as per the NICE guidelines on neuroimaging in diagnosis of dementia.

3. Preliminary evidence suggests that requesting specific radiological rating scales could improve the quality of information received in the imaging report. The second part of this quality improvement initiative will aim to explore the impact of requesting these scales routinely.

A prescription of information – promoting symptom self-management in people with functional neurological disorder (FND)

Hashim Dadah^{1*}, Uzoma Anthony-Uzoeto¹, Sadat Yazdouni¹, Ali Aweis-Asanga¹, Alan Dunlop² and Rafey Faruqui³

¹King's College London; ²Kent and Medway NHS and Social Care Partnership Trust and ³Kent and Medway NHS and Social Care Partnership Trust, University of Kent

*Corresponding author.

doi: 10.1192/bjo.2021.493

Aims. Functional Neurological Disorder (FND) is known to be associated with high healthcare resource utilisation and poor quality of life. Patients' understanding of the disorder is considered instrumental in improving prognosis.

We produced a symptom self-management patient education strategy with a booklet and FND symptoms recording template in a community neuropsychiatry setting. We embedded this psychoeducation intervention in a post-nursing triage model of care.

Method. A co-production cycle of patient education material was implemented as part of a Quality Improvement Project (QIP) at East Kent Neuropsychiatry Service. Year 4 medical students completed their first QIP cycle involving 4 students, 2 multidisciplinary team members and 4 patients with functional neurological presentations. An FND leaflet and symptom recording template was produced and reviewed using feedback domains such as leaflet readability, perceived usefulness, and template design. The revised version of leaflet was then pilot-tested in second QIP cycle via email or post to 12 patients awaiting their group psychology or neuropsychiatry appointments for treatment of FND. The uptake and impact of leaflet was assessed using telephone-based structured feedback collection.

Result. The first QIP cycle included 10 participants and generated qualitative knowledge domains, providing examples of different types of FND presentations and a biological-psychological-social model explaining onset and/or recurrence of FND symptoms. Group patient feedback and co-production input allowed inclusion of the patient voice and a re-design of leaflet and symptom recording template.

The second QIP cycle involved 12 participants: feedback was collected two weeks after circulation of patient education material. Only 5 participants (42%) had read and used their education leaflet and template during this period. Patients described the booklet as useful overall, but thought it to be more useful at the point of diagnosis and referral to neuropsychiatry. Qualitatively, patients wished there to be more emphasis on FND being explained as "less psychiatric, more a neuropsychiatric problem", and that it would be "very good for someone who had just been diagnosed". 80% of responders rated the leaflet quality 8/10 or above. These respondents felt that the leaflet had helped them understand their condition better than they did previously. Usefulness of an additional self-formulation flowchart was rated as 8/10 or below by all patients - with several finding it difficult to use.

Conclusion. Our QIP supports the need for early patient education when discussing diagnosis of FND. The finding of 42% uptake within two weeks of leaflet dispatch is encouraging.

Audit on High Dose Antipsychotic Treatment (HDAT) Monitoring at Rampton Hospital

Astha Das* and Ian Yanson

Nottinghamshire Healthcare NHS Trust

*Corresponding author.

doi: 10.1192/bjo.2021.494

Aims.

- High Dose Antipsychotic Treatment defined as 100% of the maximum recommended dose in British National Formulary, either as single agent or in combination.
- HDAT and poly-pharmacy may be linked to heightened mortality for psychiatric patients. The Committee on Safety of Medicines, Medicines and Healthcare Products Regulatory Agency recommended ECGs, electrolyte monitoring after each dose escalation, and 6 monthly intervals.
- The Royal College of Psychiatrists in 2006 suggested some justifiable cases of temporary poly-pharmacy with careful monitoring.
- This audit has been done in past to improve standards, especially in High Secure Setting where prescribing HDAT is a common practice
- To audit adherence to "HDAT monitoring guidelines" including regular monitoring of bloods, physical observations and ECG, done after every dose escalation plus at every 6 months.
- To monitor compliance with consent to treatment documentation including reasons of being on HDAT, documentation of physical health monitoring results

Method.

- All patients prescribed high dose antipsychotic (regular and as required) were identified by treating Consultants and also going through drug cards.
- One year retrospective review of haematological, ECG and physical observations were identified through Electronic notes

Result.

- 6 % of patients received HDAT within Rampton Hospital in 2018(12 males' vs 6 females).
- All patients on Regular HDAT had yearly TFT done whereas only 71% had prolactin monitoring done.
- Approximately 50-60% of patients had quarterly blood monitoring including glucose, electrolytes, lipids, liver function test and full blood count.
- About 40% of patients had quarterly ECG monitoring recorded.
- 100% patients on regular HDAT had quarterly physical observation monitoring compared to 81% patients on HDAT (including PRN).
- Consent forms were completed for all patients on HDAT. 85% patients on regular HDAT has the reasons for treatment documented in the notes compared to 100% patients on HDAT (including PRN).

Conclusion.

- Improvement in monitoring of blood parameters and cardiac function (ECG) 40-60% as compared to 2014 audit (8% to 23%).
- Yearly monitoring of TFTs and Prolactin also appeared better (100% and 71%) which was (88% and 72% in 2014).
- Quarterly physical observations were recorded in 77% patients on regular HDAT in 2014 which improved to 100% in 2018.