

Rapid Tranquillisation Practice and Debriefing: an Observational Study in Adult Psychiatric Inpatients

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Aims. Rapid Tranquillisation (RT) is the administration of parenteral sedation to de-escalate situations where patients may harm themselves and/or others. RT is a restrictive intervention potentially breaching patients' human rights and is reserved for situations where other measures have failed. NICE guidelines (NG10) state that once immediate risks are managed, post-RT incident debriefing of patients and staff should be conducted. This study examines concordance with NG10 at an adult inpatient psychiatric unit and explores ways to improve compliance and patient/staff experience.

Methods. Adult psychiatric inpatients (aged 18–65) who received single or multiple RT therapy during the admission study period (October 2023) were included. Data collected from Electronic Patient Records and chart review included gender, age, ward type, date of RT and drug(s) administered. Following RT, anonymised data was collected on the presence, nature and details of debriefing.

Results. 49 adult psychiatry patients were admitted during the study period and there were 32 episodes of RT use in 9 patients (18.4% of inpatients). 56.7% of these occurred on general wards and 43.8% on psychiatry intensive care, with 6 patients (66.7%) >1 episode. Intramuscular drugs used included one or more of lorazepam (78.1% of patients), haloperidol (25%), promethazine (21.9%) and aripiprazole (9.4%). After 46.9% (15/32) of RT episodes debrief was offered, and occurred in 28.1% (9/32); 40% (6/15) of those offered debrief did not participate. 52.4% (11/21) of female patients were offered debrief with 81.8% (9/11) uptake, compared with 36.3% (4/11) of male patients offered with 25% (1/4) uptake. No accounts were taken from patients' advocate, carer or witnesses. Details of debriefs conducted were documented in 33.3% (3/9). Reasons for not conducting debriefing were documented in 43.5% (10/23). The most common reason given was "not clinically appropriate". During debriefs, no patients were offered information leaflets about the RT medication used. Finally, staff debriefing occurred in 31.3% (10/32) of episodes.

Conclusion. Compliance with NG10 guidelines for debriefing inpatients following RT was low and was worse in male than female patients. Staff debriefing was poor and no witness or advocate accounts were utilised. These findings may be due to the stressful ward environment or disrupted patient-professional relationship immediately following RT administration. Understanding the reasons for the gender differences in uptake, patient, staff or environmental factors contributing to lack of debriefing will allow interventions and improve holistic patient care following RT. Information and awareness of RT therapy should be available for patients more readily on ward admission and following 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.

Psychostimulant Prescription in Children and Adolescents With Attention Deficit Hyperactivity Disorder: Evaluating the Current Practice in Al Ain, United Arab Emirates

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Aims. Attention Deficit Hyperactivity Disorder (ADHD) is a neuro-developmental disorder characterised by the core symptoms of hyperactivity, impulsivity, and associated functional impairment. Psychostimulants are the most commonly prescribed medication for ADHD in children and adolescents. The use of psychostimulants in children and adolescents requires close supervision in a specialist clinic. The decision to commence psychostimulants should be made jointly with the young person, their parents, carers, and healthcare professionals. It is critical to provide age-appropriate information and discuss treatment's possible benefits and side effects.

This audit aimed to appraise the psychostimulant prescribing practice in children and adolescents in psychiatric outpatient clinics in Al Ain Hospital, United Arab Emirates. We analyzed compliance against the standards set out in The National Institute for Health and Clinical Excellence (NICE) Guideline 87 concerning the diagnosis and management of ADHD in children and young people.

Methods. This hospital-wide audit involved a retrospective review of case notes. A questionnaire was developed to capture the required information anonymously. The audit sample comprised 366 service users with a diagnosis of ADHD followed up in the child psychiatry clinic between January 2018 and December 2019. We chose this pre-Coronavirus Disease 2019 (COVID-19) period when services ran as usual. Data collection took place between September and November 2023.

Results. Out of 366, 298 (85%) patients were males, with 181 (55%) being Emirati citizens. The sample age ranged between 5 and 17 years, with a mean of 9.8 years. Psychostimulants were prescribed in 327 (89%), with methylphenidate being the most commonly used medication. All but one case had documentation of discussion about medications' indications and side effects. However, only 40 (12%) cases had a discussion documented about the importance of following a healthy lifestyle, while 5% had no discussion about the right to revisit their decision about the treatment.

Conclusion. This audit has identified areas for improvement in practice, including the need to develop local guidance on prescribing psychostimulants in children and adolescents with a diagnosis of ADHD. We recommend enhanced staff training to improve the quality of discussion with the young person and their family before starting psychostimulant therapy, including clear documentation of the decision-making process. We suggest electronic reminders to inform the patients about the importance of following a healthy lifestyle. We will re-audit the practice after one year of implementing the above action plan.

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