

0.80–0.99mmol/L test interval should remain at 3 months. This could reduce lithium test numbers by 15% and costs by ~\$0.4 m p.a.

A closed audit reviewing the electrocardiograms of patients presenting to the memory assessment team

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Aims. To review the ECGs of all patients referred to MAT services over the preceding 5 year period.

Background. Neurodegenerative conditions such as Alzheimer's Disease can be treated with Acetylcholinesterase Inhibitors (AChEI) to slow down cognitive decline. Side effects of AChEIs include bradycardia, syncope and cardiac conduction disorders. An electrocardiogram (ECG) is completed prior to memory assessment team (MAT) medical assessments to screen for those who may be at risk of the cardiac side effects of AChEIs. ECGs may be included in the initial referral to the service or completed by the MAT. Given the predominantly elderly population referred to the MATs service, other incidental abnormalities are to be expected. Not all MAT referrals that are screened by memory nurses reach the threshold to be reviewed by the medical team and therefore not all ECGs are routinely reviewed, potentially missing clinically significant abnormalities.

Result. A total of 1795 patients were identified as being referred to a single mental health unit in the North West on England over a five-year period. 781 (44%) of the patients had an ECG completed by the MAT, of which 452 (58%) showed an abnormality. Significant abnormalities that were previously unknown to the patients' primary care provider include eight cases of Atrial Fibrillation (AF), four cases of Trifascicular Block, and 19 cases of Left Ventricular Hypertrophy (LVH). 64 (8%) of patients who had an ECG by the MAT had a bradycardia.

Conclusion. In addition to identifying abnormalities that could interfere with memory medication, this audit showed that over half of the ECGs completed by the MAT had an atypical trace. Cardiology was consulted to identify which abnormalities were considered clinically significant and if not already known, the general practitioner (GP) was informed. A change in the local service means that all ECGs completed by the MAT are now screened at point of filling into the notes, so any future abnormalities are identified and followed up immediately.

Obsessive compulsive disorder in treatment seeking children & adolescents during the COVID-19 pandemic

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Aims. Few studies have investigated the COVID-19 pandemic's effect on children and adolescents with obsessive compulsive disorder (OCD), who are thought to be particularly vulnerable. This study aims to investigate whether the COVID-19 pandemic is

associated with increased referral of young people with OCD in one area of London and determine if COVID-19 has been associated with change in symptom severity and treatment offered in recent years.

Method. A retrospective study was conducted using clinical service data investigating 58 young people (8–17 years) referred and assessed in CNWL NHS Foundation Trust CAMHS, before and during the COVID-19 pandemic in 2020 (months March–October 2018–2020). Changes in symptom severity were measured using the health of the nation outcome scale for children and adolescents (HoNOSCA). Total HoNOSCA and three HoNOSCA items were used; emotional symptoms, family relationships and school attendance. Patient clinical records were reviewed to assess if COVID-19 had exacerbated OCD symptoms. The type of treatment offered (cognitive behavioural therapy -CBT- only vs combined CBT and medication) was also compared. Analysis was carried out using Chi-square, Kruskal-Wallis and Mann-Whitney U tests.

Result. 26 (5.62%) initial assessments to CAMHS were related to OCD in 2020, compared to 12 (1.30%) and 20 (2.27%) assessments pre-pandemic (2018 and 2019), showing a significant increase in the proportion of OCD cases ($X^2(1, N = 58) = 20.3, p < .001$). There was no significant difference in total HoNOSCA, emotional, family relationships, or school attendance scores on initial assessment. However, 69.2% of clinical records in 2020 showed symptom worsening over the COVID-period, compared to 30.8% of cases assessed pre-pandemic. There was a significant difference between the type of treatment offered before and during COVID-19 ($X^2(2, N = 58) = 12.7, p = .002$), with a higher proportion of patients who were referred to CAMHS for OCD but discharged without treatment before the pandemic (37.5% vs 0%). While CBT only remains the most frequent treatment offered, combined treatment was more frequent during the pandemic, although this difference was not significant.

Conclusion. The proportion of OCD-related initial assessments in CAMHS increased during the pandemic despite the overall number of referrals falling. Furthermore, fewer cases were discharged without treatment in CAMHS during this period. Given this, and that many were reported to have deteriorated during the pandemic, services will likely need to address the increased burden of more severe cases. Further research is warranted to assess the generalisability of our findings.

An evaluation of barriers to the initiation of clozapine in patients with treatment-resistant schizophrenia

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Aims. This evaluation aimed to identify patient, practitioner and infrastructural barriers to initiation of clozapine treatment in patients with treatment-resistant schizophrenia (TRS). In response to recent research supporting use of clozapine as the most effective treatment for patients with TRS, concerted efforts have been made to establish why clozapine is underutilised in the NHS. Following a study conducted by South London and Maudsley NHS Foundation Trust, which identified barriers and made recommendations, this evaluation aimed to identify barriers to initiation of clozapine in patients under the care of Mersey Care NHS Foundation Trust.