

An Audit: Compliance of Controlled Drug Prescriptions With Legal Requirements and Approved Home Office Wording

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Aims. The completion of methadone and buprenorphine prescriptions, together: opioid substitution therapy (OST), must conform to legal requirements for the prescription of controlled drugs (CDs) as well as Home Office approved wording when writing instalment prescriptions.

Our service uses a part automated printing system for individual prescriptions and uses a manual record to track prescriptions issued for individual clients over time, a “script record”.

We aimed to audit the terms used on the internal script record as well to audit compliance of OST prescriptions with the legal requirements for CD prescriptions and Home Office Approved wording for instalments.

Methods. All prescriptions for methadone or buprenorphine over the course of a week that were prepared for signing were audited.

The prescriptions were audited against the legal requirements for writing CD prescriptions and against Home Office approved wording for instalment prescriptions.

The script record was audited against internal standards for variation of terms used to describe frequency of collection of instalments.

Results. A total of 64 prescriptions were audited.

100% of prescriptions complied with the legal requirements for the prescription of CDs.

7 prescriptions (11%) omitted Home Office approved wording to instruct what should be done on days when the dispensing pharmacist was closed, i.e. that instalments should be dispensed on the prior open day.

46 prescriptions (72%) had additional Home Office approved wording that was not applicable to the script. For example additional wording to allow for pickup of part of an instalment following a missed day, when the prescription was only for daily supervised consumption to begin with.

Audit of the internal script record found a total of 13 different terms used to describe frequency of collection of instalments; there are 6 standardised terms used within the internal script record. On 2 occasions the frequency of collection of instalments was left blank.

Conclusion. It is essential that prescriptions for controlled drugs follow the legal requirements laid out for them; within the scope of our audit these were entirely adhered to.

There was however more variability in the use of the Home Office approved wording for instalments of OST. Scripts here tended to error for including additional wording not relevant to the specific script. Additionally, the service’s own internal script record showed variability in the terms used to describe frequency of collection.

It is evidently important that the wording on prescriptions is clear and concise and the terms used internally are standardised.

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Anticholinergic Burden in People With Learning Disability and Mental Health Difficulties: A Baseline Audit

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Aims.

Background:

The cumulative effect of having one or more prescription drugs with anticholinergic properties is known as the Anticholinergic Burden (ACB). ACB can increase mortality and morbidity. Adults with learning disability are a high-risk group for this.

Aims:

To evaluate Anticholinergic Burden (ACB) for adults with learning disability and co-existing mental health conditions and make practice recommendations.

Methods. A baseline audit was carried out over a period of 1 month on those treated within two specialist in-patient units in England. Routinely collected information including diagnosis, prescribed medication, clinical outcomes (Clinical Global Impression – CGI) and side-effect scales (ACB calculator, Anticholinergic Effect on Cognition – AEC, Liverpool University Neuroleptic Side-effect Rating Scale – LUNTERS, Glasgow Antipsychotic Side-effect Scale – GASS) were collated and analyzed using quantitative methods.

Results. 19 patients were included. Mean age was 37 years, 89% (n = 17) were male and 95% (n = 18) of white British ethnicity. The clinical diagnoses included 74% (n = 14) with mild learning disability, 68% (n = 13) with a major mental illness (psychosis or affective disorder), 53% (n = 10) with autism and 32 (n = 6) with a personality disorder. 89% (n = 17) were on antipsychotics, 63% (n = 12) on mood stabilizers, 58% (n = 11) on antimuscarinic drugs for antipsychotic side effects, 58% (n = 11) on anxiolytics, 32% (n = 6) on antidepressants and 89% (n = 17) on medication for physical conditions. Including pro re nata (prn) medication, the mean ACB calculator score was 6.68 and 4.21 on the AEC scale. On LUNTERS, the mean score was 23.13 (medium side effects), on GASS 8.87 (mild or absent side effects), on CGI efficacy index 6 (decided clinical improvement with side-effects not significantly interfering with functioning) and on CGI global improvement 2.37 (much improved).

Conclusion. The ACB in people with learning disability and mental health problems is high. While an ACB calculator score of 3+ is described as associated with increased mortality and morbidity in the general population, the mean score in this sample was double that if prescribed prn medication was included. Medication prescribed for both mental and physical health reasons. Despite the high ACB, they show good clinical improvement and functioning regarding their mental health. The scores on other side effect scales are not exceedingly high either. There is a need for more research to set the specific practice standards regarding ACB measurement and monitoring in this group. Adequate health education for patients and staff should be a priority to maintain vigilance regarding ACB effects.

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