

proforma to collect information on who the clinic letter was written to (patient or GP), whether the patient had been copied into the letter, and if not, if there was a recorded reason for why the patient had not been copied in. We also calculated the Flesch Readability score of each of the clinic letters to determine their reading ease using the Microsoft Word add-on tool. Following the initial audit, we carried out a survey to gain insight into clinician attitudes towards writing clinic letters directed to patients. The survey was sent out to all clinicians in the two community mental health teams where the audit was carried out.

**Results.** The audit revealed that 53% of clinicians wrote their clinic letters addressed to the patient and 47% wrote them addressed to the GP. 69% of letters were classified as, according to the Flesch Readability Score: fairly difficult to read, difficult to read or very difficult to read. The reading ease varied amongst different clinician types. The clinician survey had 16 respondents and revealed various reasons that clinicians did not write to the patient – including the clinician's own opinion that letters should be addressed to the GP, current practice in their team to write to the GP, long-standing style of writing addressed to the GP and lack of training in writing to the patient.

**Conclusion.** There has been variable practice amongst clinicians for whom their clinic letters are directed to. The majority of letters in our sample were not easy to read and this could be considered suboptimal for the target population. Training in clinic letter writing directed to the patient and the development of purposefully designed clinic letter templates are ways that we could help facilitate improvement in this practice.

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## Transition of Care in Young People With Attention-Deficit/Hyperactivity Disorder (ADHD) From Child to Adult Services

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**Aims.** This retrospective cohort study using routinely collected administrative clinical data from the Cambridgeshire and Peterborough Foundation Trust (CPFT) Research Database, aims to understand how many children and young people (CYP) with attention-deficit/hyperactivity disorder (ADHD) undergo successful transition from child and adolescent mental health services (CAMHS) and community paediatric services, to adult mental health services and investigate the factors that are associated with the successful transition of care in young people with ADHD to adult services.

Many young people with ADHD, in need of service transition from child to adult services, experience serious barriers in receiving the care they need, constrained by scarce resources, low capacity in specialist services and variable awareness or training across various levels of care.

**Methods.** We explored the numbers and clinical and socio-demographic characteristics of CYP with ADHD who undergo successful transition from CAMHS and paediatric services, to adult mental health services. We will explore whether children

with certain sociodemographic factors/treatment/service attended are more likely than others to successfully transition using multi-variable logistic regression.

**Results.** Note results are rounded for statistical disclosure control. We identified 24,240 unique CYP for whom a referral (age < 18) exists to CPFT between 1 Sep 2007 and 31 Aug 2019 (with follow up until 2020). Of this cohort, 2300 were referred at any time to any ADHD service, 1760 CYP had a record of ADHD medication in their clinical notes at any time of whom 1590 CYP had a record of ADHD medication under the age of 18. Of these 1590 CYP, 330 had at least 1 year follow up in the database before and after their 18<sup>th</sup> birthday and a record of ADHD prescribing during the year before they turn 18. This is a cohort of CYP who should have transitioned from child to adult services. Of these 330, 160 (48%) had been referred to any ADHD service between their 17<sup>th</sup> and 19<sup>th</sup> birthday and 190 (58%) had any record of ADHD medication in the year after they turn 18. Further analyses will explore the characteristics of CYP who successfully transition, and we will carry out a series of sensitivity analyses.

**Conclusion.** With an increase in the number of children with ADHD who are prescribed medication, we can expect an increasing cohort of emerging adults who need continued care. This study will provide evidence on the current state of care to help identify areas for improvement.

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## Evaluating Current Practice of Prescribing as Required Medications for Psychiatric Inpatients

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**Aims.** *Pro re nata* (PRN) medications are commonly prescribed for psychiatric patients on admission, often at maximum daily dose (MaxD). We intended to evaluate prescribing patterns for PRN medications, their MaxD, and rationale, specifically in the first seven days in the hospital, along with any concerns of associated physical illnesses.

**Methods.** All the inpatients on a specific date, admitted to adult and old age wards of a general psychiatric hospital, for at least 7 days, were recruited for this service evaluation. Data regarding the prescribing of promethazine, lorazepam, zopiclone as PRN, patient demographics, and psychiatric and physical diagnoses were collected using inpatient drug cards and electronic patient notes.

**Results.** Out of 52 inpatients, 14 were excluded (4 admitted for < 7 days, and 10 had missing data), leading to a sample size of 38 patients. On admission, a considerable proportion of patients were prescribed promethazine (82%), lorazepam (76%), and zopiclone (50%). More than half (63%) of patients on promethazine were started on 100 mg MaxD, of which 13% had reasons for prescription, and 33% had reasons for the MaxD were noted. None of the old-age patients was prescribed 100 mg of promethazine. During first 7 days, patients used on average 15%, 14% and 29% of the total prescribed dose of PRN promethazine, lorazepam and zopiclone; and 35%, 45% and 47% of patients did not use any PRN drugs. Only one patient used 100% of the available PRN lorazepam and zopiclone. Patients with current illicit substance