

Aims. All patients who are prescribed antipsychotic medications require annual blood tests which must include Full Blood Count (FBC), Urea and Electrolytes (U&E), eGFR, Lipids (Cholesterol & Triglycerides), Liver Function Test (LFT), HbA1c/Plasma glucose. Some patients also require prolactin blood test depending on their prescribed antipsychotic medication.

NICE and Maudsley guidelines recommend an annual check of the blood tests mentioned above.

This audit ascertained compliance in terms of annual blood test monitoring for patients who take antipsychotic medications and provided recommendations to improve where necessary.

Methods. Half of the caseload from two General Adult psychiatry Community Mental Health Teams (CMHT) were recruited from a sample population of 228 patients. Odd number randomisation was applied to select our sample (e.g., 1, 3, 5...). Sample size was of 114 patients, 8 of whom were not prescribed antipsychotic medications and excluded. Hence, 106 patients were identified as representative for inclusion in this audit.

Retrospective data collection was from clinical entries, clinic letters and blood test results.

Data obtained from these patients was collated and analysed using MS Excel spreadsheet.

Results. The audit revealed that compliance was suboptimal for all required blood tests (Compliance 80% or above is recommended). The kidney function test of Urea & Electrolytes was the closest to recommended standards and best performance overall (77%), eGFR, was subpar at 60%. 74% of patients had the glucose monitoring tests (Plasma glucose/HbA1c) done while Full Blood Count and Liver Function Test were both completed in 76 patients (~72%). The worst performing category was Prolactin monitoring, of which only 9 of patients who required this had it done, recording a mere 31%.

Majority (66%) of the blood tests were done at General Practice (GP) surgeries, 25% by Mental Health Services, while the rest were contributed to by Accident & Emergency and Acute Hospital visits.

Conclusion. Following completion of this audit, recommendations were made to advise existing antipsychotic blood monitoring services (GP surgeries and private clinic affiliated with the Trust) of the recommended blood parameters for monitoring, and the need to update current systems. Also, Liaison with service managers and service leads to set up a dedicated physical health clinic for this purpose. The latter has been particularly successful as the Trust is now in the process of recruitment for the new physical health clinic team. A re-audit is planned in the near future.

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.

High Dose Antipsychotic Therapy Prescription Amongst Patients Admitted to the Psychiatric Intensive Care Unit (PICU), Mill View Hospital, Hove

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Aims. Acutely ill patients on PICU are likely to be on High dose antipsychotic treatment (HDAT), which poses a risk to their physical health. Current guidelines require that appropriate criteria be met before prescription, and close physical health

monitoring after prescription of HDAT. This audit aims to assess practices regarding prescription of HDAT to patients on PICU, Mill View Hospital, Hove according to standard guidelines.

Methods. Ten of the 38 patients admitted to PICU at Mill View Hospital between January and June 2023 were on HDAT and thus were eligible for this audit. The revised prescribing observatory for mental health topic 1h 3e audit tool was used to collect data regarding the patients. Data was collected from the clinical records including electronic, paper notes and uploaded drug charts and forms.

Results. The age range was between 21–56 with an average age of 35. Eight of the 10 patients were white British, 2 were of another ethnic group or ethnicity unknown. All the 10 patients had clinical reasons for HDAT prescription clearly documented at the start of the treatment which ranged from cross titration of antipsychotics to treatment resistance to standard treatments.

Of the 10 patients on HDAT, 6 of them had documented clinical review in the 3 months, 1 had documented clinical review in last 3 to 6 months, 3 had no clearly documented review of clinical response in the last year.

Only 7 out of 10 had their temperature, pulse, blood pressure, body mass index and electrocardiogram (ECG) clearly documented. Seven of the 10 patients had their full blood count, urea and electrolytes, liver function tests, blood glucose, plasma lipid tests done and clearly documented in last year. Eight of the 10 patients had their serum prolactin checked while none of the patients had their creatinine phosphokinase checked and clearly documented in the last year. Only 2 of the patients had clearly documented examination of extrapyramidal side effects (EPSE) in the last one year.

Conclusion. This audit demonstrates that although clinical reasons for HDAT prescription were documented for all patients, current standard guidelines for HDAT prescription regarding regular review and physical health monitoring were either not being met, or not clearly documented.

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Audit of Current Vitamin D Testing on Bridge House Detoxification Unit

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Aims. The National Institute for Health and Care Excellence (NICE) recommends routine testing and replacing vitamin D in adults considered high risk of deficiency. Evidence suggests high prevalence of vitamin D deficiency among those with alcohol dependence and those with chronic liver disease regardless of etiological factors. These findings are particularly important for Bridge House Detoxification Unit, where patients with complex substance use disorder (SUD), and multiple physical and mental health co-morbidities, undergo detoxification. The purpose of this audit project was to establish current levels of vitamin D testing on Bridge House Detoxification Unit in comparison to the standard set by NICE guideline PH56, and to improve it.

Methods. Data was collected retrospectively from a total of 76 patients, through 3 rounds of data collection. In each round all the patients discharged within a 2 months period were included.