

Conclusion. The audit showed poor adherence to the Trust guidelines both in terms of the frequency of the review and the vital aspects of the review as included in the seclusion review template. There seemed to be poor use of the seclusion template among medics, which is meant to serve as a prompt for the expected standards, hence more awareness is to be created.

The areas of improvement also identified include the education and training of staff about the stipulation of the policy and clear documentation, with emphasis on the frequency as well as the quality of the reviews done.

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An Audit Looking at the Monitoring for Long-Term Antipsychotic Use on an Adult Inpatient Psychiatry Ward

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Aims. Patients with psychiatric disorders have been well documented to have an increased risk of cardiovascular disease and consequently a higher incidence of premature mortality. Literature has shown that many psychiatric disorders, particularly major depressive disorder, bipolar affective disorder, attention deficit hyperactivity disorder, post-traumatic stress disorder, anxiety disorders, and schizophrenia have an increased risk of metabolic syndrome. This increased prevalence of metabolic syndrome, and as a result cardiovascular disease, has been linked to factors that clinicians are involved in, such as the prescription of antipsychotic medication. It is therefore important for clinicians to be able to appropriately monitor patients on antipsychotic medications.

Aim: To improve the physical health aspects of care for patients with psychiatric illnesses admitted as inpatients.

Objectives:

1. To ensure appropriate monitoring of the metabolic parameters of patients on admission.
2. To ensure appropriate ongoing monitoring of the metabolic parameters of patients during their hospital stay.

Methods. Data were collected independently by two people. The data were collected using PARIS, an online documentation program used by the Greater Manchester Mental Health (GMMH) trust, as well as the patients' paper prescribing charts. A total of 20 patients were audited. Standards were set according to NICE guidelines on patients on long-term antipsychotics admitted to adult inpatient wards. A total of 14 standards were set. The areas audited were measurements of BMI, ECG, blood pressure, lipids, prolactin and urea and electrolytes at baseline, at prescribed time points, and at dose changes as required by guidance.

Results. Overall, five of the standards were attained, seven of the standards were not attained, one standard could only be partially analysed, and one standard (monitoring at 12 months) could not be analysed due to inadequate patient length of stay.

Conclusion. Patients on long-term antipsychotics have an increased risk of cardiovascular disease and it is important that we are monitoring them frequently to avoid deterioration of their physical health and a further increase in their disease

burden. This audit suggests three recommendations to ensure adequate monitoring.

1. Consideration of a comprehensive admission proforma to help standardise the admissions process.
2. The development of a tool to remind clinicians to recheck metabolic parameters for ongoing monitoring at 3 months, 6 months, and 12 months.
3. Regular maintenance of the ECG machines to ensure no omissions in monitoring.

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Audit of Antimanic Agents Monitoring in a High Secure Hospital

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Aims. Antimanic agents are effective in the management of mood disorders and other neuropsychiatric conditions such as epilepsy and aggression. These medications may cause serious side-effects and affect vital organs; hence, specific checks are recommended before initiation and for continuous use of these medications. The aim of the audit was to check compliance with monitoring of antimanic agents (lithium, valproate, and carbamazepine) and to compare with the 2018 audit.

Methods. Preliminary data of all patients on the antimanic agents at Rampton Hospital from 01 December 2020 to 30 November 2021 were obtained from records.

Retrospective data were collected using a modified version of the 2018 audit tool. This includes patient hospital number, ward, medication initiation date, pre-initiation and monitoring tests. The tests were, depending on the medication; full blood count (FBC), thyroid function test (TFT), liver function test (LFT), electrolytes and urea (E&U), and electrocardiograph (ECG).

The audit criteria were based on the recommendation of the Maudsley Prescribing Guidelines (14th edition). A total of 16 standards were assessed overall.

Results. A total of 98 patients were prescribed antimanic medications through the review period with valproate-59, lithium -32 and carbamazepine -7. Three patients on valproate and 3 on lithium had incomplete data and were excluded. Therefore, a total of 92 patients were included in the final audit (valproate-56, lithium-29 and carbamazepine-7).

Pre-initiation compliance for LFT and FBC for valproate were 35.8% and 41.5% respectively, while the monitoring compliance within 6 months were 85.7% and 87.5% respectively.

For lithium, pre -initiation compliance for ECG was 73.1%; TFT and U&E had 88.5% and 96.2% pre-initiation compliance respectively. There was 100% compliance with monitoring of lithium level at 3 months, and both U&E and TFT within 6 months.

For carbamazepine, the pre-initiation and monitoring compliance was 50% and 100% respectively for three tests (LFT, FBC and U&E).

There was improvement in all the standards when compared with the 2018 audit compliance except FBC monitoring for valproate within 6 months which dropped from 92% to 87.5%.

Conclusion. Only 6 standards had 100% compliance with the guidelines. Lithium monitoring was generally higher than for