

Conclusion. The results of this audit indicate that the Trust is performing well with the required physical health monitoring prior to initiation of lithium. Trust performance for all four parameters that were included and assessed in this audit were above the national compliance level reported in the POMH lithium audit. There is clearly a need, however, to improve performance and to ensure that both medical and nursing staff across the Trust are aware of the physical health monitoring required before initiating any patient on lithium. A Quality Performance Alert will be sent to all medical and nursing staff to raise awareness and lithium monitoring will be included in the induction for junior doctors working in the Trust. Future auditing of Trust performance on required physical health monitoring prior to commencing lithium will be conducted.

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An Audit of Physical Health and Blood Test Monitoring in Patients Under the Care of Mersey Care NHS Foundation Trust Who Are Prescribed Lithium

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Aims. Lithium is clinically indicated for use in the UK for treatment and prophylaxis of mania, bipolar disorder, recurrent depressive disorder and aggressive or self-harming behaviour. In patients who are prescribed lithium, several physical health checks and blood tests must be completed on a regular basis to ensure lithium remains safe and appropriate to continue. Lithium has a narrow therapeutic index and so close monitoring of serum lithium level is required.

This audit aimed to establish whether Mersey Care NHS Foundation Trust's physical health check and blood test monitoring of patients prescribed lithium is in keeping with NICE guidelines and determine how the Trust's performance compared with national performance as identified by the Prescribing Observatory for Mental Health (POMH) lithium audit.

Methods. A total of 127 patients under the care of the Trust who were prescribed lithium were identified. The POMH lithium audit tool was used to capture data for each patient as Mersey Care NHS Foundation Trust was participating in the POMH lithium audit. Each patient's electronic record was scrutinised to determine whether the following were measured every six months during maintenance treatment – Thyroid Function Tests (TFTs), serum calcium level, estimated Glomerular Filtration Rate (eGFR) and serum lithium level, and whether the patient had a weight/body mass index (BMI)/waist circumference within the last 12 months.

Results. Of the 127 lithium patients included in the audit, 64% had a serum calcium level done every six months, 78% had TFTs done every six months, 83% had an eGFR done every six months, and 87% had a serum lithium level done every six months. 71% of patients had a weight/BMI/waist circumference within the last 12 months.

Conclusion. Trust performance for TFT monitoring and weight/BMI/waist circumference was above the national compliance level reported in the POMH lithium audit; Trust performance for serum lithium level, eGFR and serum calcium level was below

the national compliance level. There is a need to ensure that medical and nursing staff are aware of the physical health checks and blood test monitoring required for patients maintained on lithium. A Quality Performance Alert will be sent to medical and nursing staff in the Trust to raise awareness and lithium monitoring will be included in the junior doctor Trust induction. Future auditing of Trust performance on physical health check and blood test monitoring for patients maintained on lithium will be conducted.

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An Evaluation of High Dose Antipsychotic Therapy Prescribing Across the General Adult Inpatient Wards and the Psychiatric Intensive Care Unit in Mersey Care NHS Foundation Trust

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Aims. High Dose Antipsychotic Therapy (HDAT) should only be used in exceptional circumstances, as there is little evidence to suggest that higher than recommended doses of antipsychotics are more clinically effective than standard doses, with potential side effects being greater. In practice, there are several clinical scenarios where HDAT may be prescribed and the potential benefits must outweigh the potential risks. NICE guidelines for psychosis and schizophrenia advise that dosages outside the range given in the British National Formulary should be justified and recorded.

This evaluation aimed to determine the prescribing practice involved with HDAT across the 16 general adult inpatient wards and Psychiatric Intensive Care Unit (PICU) in Mersey Care NHS Foundation Trust.

Methods. A list of all inpatients on the 16 general adult inpatient wards and the PICU in the Trust between 17th and 20th of July 2023 was obtained. Each patient's electronic prescription record was scrutinised to determine whether the patient was prescribed HDAT. For each HDAT patient, the patient's electronic psychiatric record was reviewed to determine whether the decision to be prescribed HDAT was authorised by a Consultant, and whether there was evidence of this decision being discussed at a multi-disciplinary team (MDT) meeting and/or patient ward review. The authors also reviewed whether the clinical rationale for the patient to be prescribed HDAT was documented in the patient's clinical record and whether there was documentation of whether the patient had capacity to consent to being prescribed HDAT.

Results. Of the 29 HDAT patients identified, the decision to prescribe HDAT was authorised by a Consultant in 22 (76%) patients. In 14 (48%) patients, the decision to prescribe HDAT was discussed in an MDT meeting and/or patient ward review. The clinical rationale for being prescribed HDAT was documented in 15 (52%) patients. There was evidence of documentation of whether the patient had capacity to consent to being prescribed HDAT in only 8 (28%) patients.

Conclusion. The decision to prescribe HDAT should always be senior-led and involve MDT discussion, to enable input from medical, nursing and pharmacy staff. Current practice across the Trust's general adult inpatient wards and the PICU indicates

that work needs to be done to ensure that, in every case of an inpatient needing to be subject to HDAT, the clinical rationale for this is documented. Capacity to consent to being prescribed HDAT must be documented for each HDAT patient as a matter of good clinical practice.

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An Audit of Whether Patients on the General Adult Inpatient Wards and the PICU in Mersey Care NHS Foundation Trust Who Are Prescribed High Dose Antipsychotic Therapy Are Being Monitored as per Trust Policy

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Aims. High Dose Antipsychotic Therapy (HDAT) should only be used in exceptional circumstances, as there is little evidence to suggest that higher than recommended doses of antipsychotics are more clinically effective than standard doses, with potential side effects being greater. In practice, there are several clinical scenarios where HDAT may be prescribed and the potential benefits must outweigh the potential risks. NICE guidelines for psychosis and schizophrenia advise that dosages outside the range given in the British National Formulary should be justified and recorded.

This audit aimed to determine whether patients on the 16 general adult inpatient wards and Psychiatric Intensive Care Unit (PICU) in Mersey Care NHS Foundation Trust who are prescribed HDAT are managed as recommended by the Trust's HDAT policy.

Methods. A list of all inpatients admitted to the 16 general adult inpatient wards and the PICU in the Trust between 17th and 20th of July 2023 was obtained. The electronic prescription record for each patient was scrutinised to determine whether the patient was prescribed HDAT. For each HDAT patient, the patient's electronic psychiatric record was analysed to determine whether baseline physical health assessments – ECG, BMI, waist circumference, BP, pulse rate, FBC, U and Es, LFTs, serum prolactin level, HbA1c level and random serum total cholesterol level and lipid profile were completed before commencing HDAT. Each HDAT patient was reviewed to determine whether a cardiovascular assessment was completed prior to commencing HDAT.

Results. 29 inpatients on the 16 general adult wards and the PICU were prescribed HDAT. The Trust's HDAT policy states 13 baseline physical health assessments should be completed prior to commencing HDAT. For the 29 patients, 13 baseline physical health assessments should have been completed on 378 occasions. On 98 occasions, the patient refused and these were excluded from the compliance. There were 226 (81%) occasions they were completed and 54 (19%) when they weren't completed. 12 (41%) of the 29 HDAT patients had a cardiovascular assessment done prior to commencing HDAT.

Conclusion. There are a significant number of inpatients in whom not all the required baseline physical health assessments prior to commencing HDAT are completed. A cardiovascular assessment is an important aspect of deciding whether to prescribe a patient HDAT and yet commonly not completed. There is a need to ensure that nursing and medical staff on the

inpatient wards are aware of the Trust's HDAT policy and need to refer to and to adhere to it.

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An Evaluation of the High Dose Antipsychotic Therapy Patients on the General Adult Inpatient Wards and the Psychiatric Intensive Care Unit in Mersey Care NHS Foundation Trust – Is Clozapine Being Considered in Each Case?

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Aims. High Dose Antipsychotic Therapy (HDAT) should only be used in exceptional circumstances, as there is little evidence to suggest that higher than recommended doses of antipsychotics are more clinically effective than standard doses, with potential side effects being greater. In practice, there are several clinical scenarios where HDAT may be prescribed and the potential benefits must outweigh the potential risks. NICE guidelines for psychosis and schizophrenia advise that dosages outside the range given in the British National Formulary should be justified and recorded.

This audit aimed to determine whether the option of clozapine is being considered in those patients on the 16 general adult inpatient wards and Psychiatric Intensive Care Unit (PICU) in Mersey Care NHS Foundation Trust who are prescribed HDAT.

Methods. A list of all inpatients admitted to the 16 general adult inpatient wards and to the PICU in the Trust between 17th and 20th of July 2023 was obtained. The electronic prescription record for each patient was scrutinised to determine whether the patient was subject to HDAT and, if so, whether there was documentation in the patient's electronic record that the option of treatment with clozapine was considered. The authors also wished to determine whether, in those HDAT patients in whom clozapine was considered, the rationale for it not being pursued as a treatment option was documented.

Results. 29 inpatients on the 16 general adult wards and on the PICU were prescribed HDAT. In 9 (39%) of the HDAT patients, the option of treatment with clozapine was considered. It was documented for 6 of the HDAT patients that the option of clozapine was not applicable. Of the 9 HDAT patients that had a trial of clozapine considered, all of them had documented evidence of the decision in their electronic record. Four of the 9 patients accepted the trial of clozapine, 5 did not accept/it was deemed not appropriate. Of the 5 patients who did not accept the trial of clozapine or were deemed not appropriate, the rationale was documented for each patient.

Conclusion. Given the lack of recommendation and evidence base to prescribe HDAT, the option of clozapine, if appropriate, should always be considered in any patients in whom HDAT is being considered or required. There may be barriers to clozapine being chosen – both patient-related and clinician-related. Any such barriers should be explored and addressed to ensure that treatment-resistant patients are commenced on clozapine without unnecessary delay.

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