## Optimise – Service Evaluation of an Innovative Service to Reduce Prescription Medication Dependence

Dr Soraya Mayet[1,2], Dr Zuzana Drozdova[3]*,
Mrs Sarah Easingwood[1], Ms Kate Nadin[1], Ms Merran Morgan[1],
Dr Eleanor Blakeston[1] and Mr Dave Reade[1]

[1]Humber Teaching NHS Foundation Trust, Hull, United Kingdom;
[2]Hull and York Medical School, Hull, United Kingdom and [3]Tees,
Esk and Wear Valleys NHS Foundation Trust, York, United Kingdom
*Corresponding author.

**Aims.** Opioids, gabapentinoids, benzodiazepines and z-drugs cause dependence, increase deaths, and have been found to be ineffective for long-term conditions. Despite the risks, these are some of the most prescribed medications. In response, we worked with commissioners to develop an innovative service 'Optimise' for the treatment of prescription medication dependence. Optimise aimed to support patients to reduce and stop prescribed medications that can cause dependence when the medications were not clinically recommended.
**Methods.** Optimise started in February 2020 in the North of United Kingdom. The service was staffed by two addiction nurses, with support from the Addictions Consultant Psychiatrist and team leaders. GP's identified suitable patients, gained consent to refer and referred to Optimise. Patients received a harm information and service letter, after which they were offered telephone triage, assessment, and ongoing psycho-social support. The nurses worked closely with GP's and advised on prescribed medication reduction plans. Due to COVID-19, most patients had telephone appointments.

Humber Teaching NHS FT service evaluation approval. All referrals were reviewed retrospectively to assess demographics and outcomes. Friends and family (FFT) test offered to patients. Data were analysed via excel.
**Results.** Twenty-one GPs referred 258 patients (Feb 20-Oct 22). Most were female (70%) and all white; mean age 56 (21-97) years. Patients were prescribed opioids (92%), gabapentinoids (32%), benzodiazepines (9%), and/or zopiclone (7%). The most common opioid prescribed was morphine, followed by oxycodone and fentanyl. A letter was sent to 254 patients referred, 217 patients attended telephone triage, with 148 agreed to work with Optimise. Of 145 (56% of referred patients) who attended the assessment, 86% gradually stopped (n=24; 17%) or reduced (n=100;69%) their prescribed medications.

Patient feedback:

Eighteen patients completed FFT and stated the service was good or very good.

'The nurse was informative and has helped me reduce my medications when I thought I wouldn't be able to.'

'Listened to my concerns and gave me time before changing my medication.'
**Conclusion.** Optimise is an innovative service that has helped patients of all ages to reduce and stop prescribed opioids, benzodiazepines, gabapentinoids and zopiclone, that can cause dependence, increase overdose risks, and were not clinically recommended. These patients had previously not been able to reduce or stop these medications. It is positive that with two nurses there has been such a great impact with excellent outcomes and good patient engagement. Commissioners should look at funding similar services to enhance the support for patients who are prescribed medications that can cause dependence.

## How Helpful Is the Label of 'Emerging Personality Disorder'?: A Service Evaluation Exploring CAMHS Clinicians' Experiences of Young People Being Labelled With a Diagnosis of 'Emerging Personality Disorder'

Dr Zuzana Drozdova[1,2]*, Dr Charlotte Bentham[1,3],
Ms Thea Collin[1] and Dr Sherif Youakim[1]

[1]Humber Teaching NHS Foundation Trust, Hull, United Kingdom;
[2]Tees, Esk and Wear Valleys NHS Foundation Trust, York, United Kingdom and [3]York and Scarborough Teaching Hospitals NHS Foundation Trust, York, United Kingdom
*Corresponding author.

**Aims.** Use of the 'emerging personality disorder' label in young people has been a controversial topic amongst CAMHS clinicians. Following discussions in a CAMHS focus group, we formally explored the views and experience of CAMHS clinicians across teams in Humber Teaching NHS Foundation Trust with the view to gain more understanding of the different stances of the clinicians, the reasons behind them and to inform future care pathways.
**Methods.** The service evaluation was approved by Humber NHS FT CAMHS Clinical Network and Clinical Audit Team and conducted across the Humber CAMHS service, made up of multi-disciplinary professionals including medical, psychological, therapy, nursing and social work clinicians. Data were collected prospectively, using an anonymous online survey design, with Likert scale and open-ended questions, with the option of additional comments. Consent was gained form all participants. Qualitative data collected from the open-ended survey questions were analysed using thematic analysis as described by Braun and Clarke (2006). Researchers were blind to the demographic variables of respondents, in order to promote anonymity. Authentic anonymous citations were used to illustrate the findings.
**Results.** A total of 50 survey responses were received from CAMHS clinicians from 9 teams. Clinicians' views of the helpfulness of the label of 'emerging personality disorder' within CAMHS (n = 49): 22.4% found it helpful (very or somewhat) to staff; 21.3% helpful to families; 65.4% found it unhelpful (somewhat or actively) to staff and 63.8% unhelpful to families. 47 responded to the optional open-ended questions eliciting experiences and views of the use of the label. Qualitative analysis revealed evidence of polarity of opinion, particularly in perceived consequences for the young people and families, and identified three major themes: a shared developmental and trauma-informed understanding; the perceived impacts associated with the label of 'emerging personality disorder' (9 subthemes); and clinicians' proposed next steps. There was a shared understanding of the role of interpersonal trauma and invalidation, resulting impacts on the development of skills in emotion regulation and interpersonal relationships.
**Conclusion.** Our findings highlighted the polarity of the views, the lack of consensus in the use of this label amongst CAMHS clinicians and the importance of discussions around future pathways. There is a need to consider the view of experts by experience (young people and families who have been through this process) to consider the short and, more importantly, the long term impacts of living with a label of 'emerging personality disorder'.