

**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.

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.

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

Dr Declan Hyland\*, Dr Gopal Chinnari,  
Dr Tawfik Elhaj-Houssen and Dr Rose-Anne Orrell  
Mersey Care NHS Foundation Trust, Liverpool, United Kingdom  
\*Presenting author.

doi: 10.1192/bjo.2024.578

**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.

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.

### 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

Dr Declan Hyland\*, Dr Roopa Singh and Mrs Kerry Dainton  
Mersey Care NHS Foundation Trust, Liverpool, United Kingdom  
\*Presenting author.

doi: 10.1192/bjo.2024.579

**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 17<sup>th</sup> and 20<sup>th</sup> 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