Conclusion.
- The children's ages were commonly recorded compared with their date of birth.
- Gestational ages of the pregnant mothers were commonly recorded compared with their due dates.
- Date of birth is needed for a quick check on a child for safeguarding reasons and this is useful during the admission of mothers onto a mother and baby unit.
- The re-audit showed a significant improvement in the documentation of this information in the patients' records.

Improving the Assessment and Management of Sleep Problems in a Specialist NHS Gambling Treatment Service

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Aims. Sleep disorders, such as insomnia, are common in the general population and in patients with psychiatric conditions including the behavioural addiction Gambling Disorder (GD). The NHS Southern Gambling Service (SGS) is a tertiary centre providing evidence-based assessment and treatment for people affected by GD across the South-East of England. We aimed to assess the prevalence of sleep problems in help-seeking adults with gambling difficulties, including the association with gambling severity and other measures of psychopathology, and determine if 1) sleep is appropriately assessed and 2) whether sleep disorders are appropriately diagnosed and managed, in line with NICE guidelines, in this particular cohort.

Methods. All patients referred from September 2022–October 2023 who completed an initial clinician assessment were included. Gathered data included age, gender, pre-existing physical health conditions, and scores from the following questionnaires: Gambling Symptoms Assessment Scale (GSAS), Pathological Gambling Yale-Brown Obsessive Compulsive Scale (PG-YBOCS), Brief Pittsburgh Sleep Quality Index (B-PSQI), Patient Health Questionnaire (PHQ-9) and Generalised Anxiety Disorder 7 (GAD-7). Data analysis was performed under ethical approval (23/HRA/0279). Relationships between gambling severity and sleep quality, and depressive/anxiety symptoms were explored (using Pearson correlation coefficient). In patients with a B-PSQI score > 5 (suggestive of underlying sleep disorder), we determined whether sleep problems were appropriately assessed and managed.

Results. 83 patients completed an initial clinician assessment (81% male, average age 38 years). Baseline B-PSQI scores were weekly positively correlated with gambling severity on the GSAS (r = 0.18) and the PG-YBOCS (r = 0.10) and anxiety symptoms severity on the GAD-7 (r = 0.26). Baseline B-PSQI scores were moderately positively correlated with depressive symptom severity on the PHQ-9 (r = 0.39) and higher B-PSQI scores were noted in patients reporting suicidality.

54/83 (65%) patients had a baseline B-PSQI score > 5, of these, seven (13%) had a clearly documented management plan for insomnia in line with NICE guidelines.

Conclusion. Most patients referred to SGS had baseline B-PSQI scores suggestive of current sleep problems. B-PSQI scores were positively correlated with gambling severity and severity of anxiety and depression. Findings highlight that sleep problems are common in people presenting to the NHS gambling service, but also that there is scope to improve and extend signposting for affected individuals to receive sleep-specific support. The audit findings have been presented to the SGS team; resources for the assessment and management of sleep problems have been shared and a re-audit is planned for Summer 2024.

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Benzodiazepine Prescribing Within a Community Mental Health Team Setting

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Aims. Current guidelines provide for short-term relief of symptoms using benzodiazepines, but patients, including those with complex emotional disorders often seek these medicines for longer. The current audit aims to review clinical practice in respect of benzodiazepine prescribing against national and local guidelines.

Methods. Retrospective analysis of all benzodiazepines prescriptions during the study period (March–December 2021 and January–December 2023). Data was assessed against National Institute for Health and Care Excellence, British National Formulary and local Trust guidelines using a proforma and spreadsheet. The study authors separately reviewed prescribing for separate years of the study.

Results. In the 2021 subsample, (9/15) 60% of patients received a benzodiazepine for less than one month. All of these patients had a psychotic disorder diagnosis. 6/15 (40%) received a benzodiazepine for more than 4 weeks, with an average duration of 5 months. Of these, only one patient had a diagnosis of a Personality Disorder. 7 patients in total (46%) were offered psychological interventions. Patients receiving benzodiazepines for more than 4 weeks were offered a tailored management plan to address their use.

In the 2023 re-audit, 10/51 (20%) patients received a benzodiazepine for greater than one month. The common indications were agitation, anxiety and crisis management. The commonest diagnoses were Personality Disorder, Post-Traumatic Stress Disorder and Schizoaffective Disorder. 4/10 (40%) patients with a Personality Disorder were prescribed a benzodiazepine for more than 4 weeks. The average duration of benzodiazepine prescribing was 11 weeks.

Conclusion. Although benzodiazepines continued to be commonly used for a range of conditions, the proportion of patients not compliant with the one month, recommended duration for prescribing was reduced by half. There was a general reduction in the overall duration of prescribing but patients with a

Personality Disorder continued to receive benzodiazepines for longer than recommended.

Evaluation of the Clinical Significance of Assessing Previous Gambling Problems Before Initiating Antipsychotic Treatment: An Audit

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Aims. This audit aims to address the critical link between antipsychotics and impulsive behaviors, particularly pathological gambling, by emphasizing the importance of assessing patients' gambling history before initiating antipsychotic treatment. The focus is on patients under the care of the Bolton Early Intervention in Psychosis (EIT) service, with the aim of meeting the standard set by NICE guidelines, ensuring that 100% of patients started on antipsychotics are asked about their previous gambling history.
Methods. Data was collected from prescription and shared care protocol lists for patients prescribed antipsychotics in the last six months. The PARIS progress notes and clinical correspondence were then searched to determine if patients had been asked about gambling.
Results. The audit revealed a significant gap in the practice, with minimal adherence to NICE guidelines regarding assessing gambling history before prescribing antipsychotics. Out of 35 patients, only one was asked about gambling history.
Conclusion. The recommendations for improvement include incorporating a gambling prompt into the medical review proforma, educating the team about the importance of this assessment, and adding the Problem Gambling Severity Index to the initial review by EIT.

Clinical Audit of Dementia Diagnosis and Management – According to Disease Severity

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Aims. The NICE guidelines NG97 (1.5) currently recommend to consider memantine in addition to acetylcholinesterase inhibitors in the management of moderate to severe Alzheimer's dementia, if tolerated, as opposed to the monotherapeutic management with either class of drug. This management practice was adopted by the trust and updated on Trust guidelines.

I noted that most of the patients on follow up in memory clinic, had a generic diagnosis of dementia subtypes, without a mention of the degree of severity of the illness and as such, on monotherapy.

Aim
This audit serves to establish the practice in recent years, if patients diagnosed with dementia, were diagnosed, and managed according to the severity of their condition.

If not, for necessary changes to be implemented in practice and a re-audit carried out.
Methods. The audit was conducted in February 2023 as a retrospective study. We analysed records of 60 patients seen for a diagnostic appointment in Middlesbrough Memory Service between January 2020 and December 2020.

All referrals made to the memory clinic within 2020 were retrieved from trust electronic records and 5 patients were selected at random from each month using the google random number generator, and analysed on Excel.
Results. The most common dementia diagnosis was mixed dementia (Alzheimer's + vascular disease) with 40% of diagnoses, followed by Alzheimer's disease at 39%, while Lewy body dementia was least diagnosed at 8%.
Assessment: Only 46 records completed the dementia diagnostic pathway (initial assessment, ACE III, CT scan alongside pre-referral blood screen), the other 14 patients were unable to complete this pathway due to functional decline.
Severity of illness: Of the patients evaluated, only 7% had the severity of disease in their diagnosis, which were all Moderate severity. 93% had generic diagnosis.
Pharmacological Treatment: 46 out of 60 patients evaluated, were on medication.

And all were on monotherapy, irrespective of disease severity, with majority being on anticholinesterase inhibitors (Donepezil) being the first and most popular choice.
Conclusion. Severity of disease condition were not identified or documented.

The use of combination therapy is yet to be considered at the diagnostic stage. This should be implemented before discharging a patient with moderate to severe disease. Although, local best practice is to offer this as early as moderate disease is identified.

Combination therapy is yet to be adopted in the organic pathway.

A Re-Audit of Physical Health Monitoring of Day-Care Patients in the Adult Eating Disorder Service at Surrey and Borders Partnership NHS Foundation Trust

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Aims. To determine if the physical health monitoring of day-care patients in the Adult Eating disorder service (AEDS) is done in line with the recommendations of NICE guidelines and relevant Medical Emergencies in Eating Disorders (MEED) Guidance on Recognition and Management.