

Aims. To compare Lithium prescribing practices in a Psychiatry of Old Age (POA) Service in the North-West of Ireland among adults aged 65 years and over with best practice guidelines.

Method. Review of the literature informed development of audit standards for Lithium prescribing. These included National Institute for Clinical Excellence (NICE) 2014 guidelines, The British National Formulary (2019) and Maudsley Prescribing Guidelines (2018). Data were collected retrospectively, using an audit-specific data collection tool, from clinical files of POA team caseload, aged 65 years or more and prescribed Lithium over the past one year.

Result. At the time of the audit in February 2020, 18 patients were prescribed lithium, 67% female, average age 74.6 years. Of those prescribed Lithium; 50% (n=9) had a depression diagnosis, 44% (n=8) had bipolar affective disorder (BPAD) and 6% (n=1) had schizoaffective disorder.

78% (n=14) of patients were on track to meet, or had already met, the NICE standard of 3-monthly serum lithium level. Lithium levels were checked on average 4.5 times in past one year, average lithium level was 0.61mmol/L across the group and 39% (n=7) had lithium level within recommended therapeutic range (0.6-0.8mmol/L).

83% (n=15) of patients met the NICE standards of 3 monthly renal tests, thyroid function test was performed in 89% (n=16) and at least one serum calcium level was documented in 63% (n=15). Taking into consideration most recent blood test results, 100% (n=18) had abnormal renal function, 78% (n=7) had abnormal thyroid function and 60% (n=9) had abnormal serum calcium.

Half (n=9) were initiated on lithium by POA service and of these, 56% (n=5) had documented renal impairment prior to initiation. Of patients on long term lithium therapy at time of referral (n=9), almost half (n=4) had a documented history of lithium toxicity.

Conclusion. The results of this audit highlight room for improvement in lithium monitoring of older adults attending POA service. Furthermore, all patients prescribed lithium had impaired renal function, half had abnormal calcium and two fifths had abnormal thyroid function. This is an important finding given the associations between those admitted to hospital with COVID-19 and comorbid kidney disease and increased risk of inpatient death.

Our findings highlight the need for three monthly renal function monitoring in older adults prescribed lithium given the additive adverse effects of increasing age and lithium on the kidney. Close working with specialised renal services to provide timely advice on renal management for those with renal impairment prescribed lithium is important to minimise adverse patient outcomes.

Improving the patient involvement in research and development on acute psychiatric wards – an audit and quality improvement project

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Aims. The local audit aimed at measuring awareness of research and development policies and implementation of local and national standards. Our findings generated a quality improvement project with two main objectives: first, improving patient approach and recruitment in research and second, improving trainee satisfaction within our trust.

Method. A cohort of new inpatient admissions was identified over a period of 4 weeks, between October 2019 and November 2019, on the two psychiatric wards at the Briary Wing, Harrogate District Hospital. Based on local and national standards, we designed and developed a qualitative (questionnaire) and quantitative (audit tool) approach that was aimed at both staff and patients. Our steps included: assessing awareness and implementation of standards, a retrospective collection of data on the wards, and analysis of the data in Microsoft Excel.

Result. Only one ward implemented the local guidance from which we identified a sample of 14 consecutive new admissions that were currently present on the ward and were able to answer our questions. 13 of those patients were noted as ‘approached’ on our visual board from which only 3 patients remembered reading a leaflet about research options in the admission pack, however, they have not been verbally informed. There was no process in place to assure the re-approaching of initially unwell patients or to follow up on discharge for those interested. Documentation was available in only 9 of the cases and was nonspecific: ‘admission pack done’.

Conclusion. The awareness and understanding of Research and Development policies are poor and they are difficult to apply in practice in a busy inpatient environment without a clear process in place. This results in patients missing the opportunity to learn and understand more about research or to participate in ongoing studies. Quality improvement work needs to be done to improve patient recruitment in research in inpatient settings. Simple flow charts and stepwise processes as exemplified by our action plan have the potential to improve service quality, as well as patient and trainee satisfaction.

Reducing high dose antipsychotic therapy (HDAT) in a community mental health team (CMHT)

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Aims. The consensus statement (CR190) of The Royal College of Psychiatrists states that the benefit of prescribing HDAT does not outweigh the risk of the increased side effect burden. HDAT is defined as the “daily dose of a single antipsychotic exceeding the upper limit for that drug as stated in the Summary of Product Characteristic (SPC) or British National Formulary (BNF),” and as the cumulative daily dose of two or more antipsychotics (for combined prescription). The prevalence of HDAT has been shown to vary widely and protocols for monitoring poorly implemented. In 2018 we completed a baseline survey of the prevalence of HDAT within our CMHT. We assessed our prescribing practice as compared to seven best practice audit criteria, which were adopted. Our aim is to resurvey closing the audit loop to 1) establish the current prevalence of HDAT and 2) assess the impact the intervention on prescribing practice.