lorazepam for all patients to manage withdrawal symptoms. There was no documentation of risk profiling. We therefore recommended that tailored treatment based on patient profile be introduced. Risk profiling based on symptoms, signs and history and a symptom-triggered regimen for withdrawal management using nurse-administered CIWA-AR rating could be incorporated into a standard operating procedure (SOP). An SOP was developed and after team discussion and training it was introduced in October 2023.

Results. Re-audit of the implementation phase of SOP over three months (Oct 2023 to Dec 2023) was conducted. Case files were noted to document risk stratification as 34% low risk, 52% intermediate risk and 14% high risk. Symptom-triggered regimen was administered to all patients with added front-loading for all high-risk and some moderate-risk patients. Staff and patients expressed satisfaction with the new protocol. We noticed a significant reduction in the use of oral lorazepam (from 3324 mg for 63 patients during the comparative period of Oct 2022–Dec 2022 to 10 mg for 39 patients), while the use of injectable lorazepam increased by 25% (0.8 mg/patient to 1 mg/patient). Use of oral diazepam increased from nil to 170 mg with one patient receiving injectable diazepam.

Conclusion. Introducing an SOP that incorporated risk profiling, use of long-acting benzodiazepines, symptom-triggered and front-loading regimens and nurse-administered CIWA-Ar monitoring led to the reduced use of short-acting and uptake of long-acting oral benzodiazepines in inpatient alcohol withdrawal management. Decisions based on risk profiling led to an increase in the use of injectable benzodiazepines. We report that conducting this audit cycle led to the improvement of treatment standards in a specialized inpatient de-addiction centre in India.

7 Psychopharmacology

Association Between Prior Antipsychotic Adherence and Adherence Three Years After Clozapine Initiation: A Real-World Observational Study

Dr Sébastien Brodeur[1,2*], Dr Josiane Courteau[3,4], Prof Alain Vanasse[5], Prof Marc-André Roy[6] and Ms Mireille Courteau[4]

[1]Laval University, Faculty of Medicine, Quebec City, Canada; [2]Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, United Kingdom; [3]PRIMUS Group, Sherbrooke, Canada; [4]CHUS Research Center, Sherbrooke, Canada; [5]Sherbrooke University, Sherbrooke, Canada and [6]Laval University, Quebec City, Canada

*Presenting author.

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Aims. Our previous findings challenged the widely held view among a large proportion of psychiatrists (41% to 82%) that previous non-adherence to antipsychotics is a major barrier to the introduction of clozapine (Brodeur et al. 2022 BJPsych). Indeed, our previous work showed that most patients, even those with the poorest adherence profiles, remained on their treatment after clozapine initiation (>68% for clozapine and >84% for all antipsychotics combined) after one year of follow-up. Because of this, the study extended the follow-up period to three years to assess whether patterns of adherence were sustained over time. Therefore, this study aimed to determine whether poor adherence prior to initiating clozapine predicted poor adherence to clozapine or any other antipsychotic (including clozapine) three years after initiation.

Methods. This cohort study included 2,258 patients living in Quebec (Canada) with a diagnosis of SCZ who initiated oral clozapine between 2009 and 2016 (index date). Adherence to AP was measured by the medication possession ratio (MPR) over a 1-year period before and a 3-year period after the index date. Five groups of patients were formed based on their prior MPR level (independent variable), and two dependent variables were defined after clozapine initiation (good adherence (MPR $\geq$ 0.8) to any APs and to clozapine only). In addition to multiple logistic regression, state sequence analysis was used to visualise the trajectories of AP use over time, before and after clozapine initiation, for each group.

Results. The graphical representation of the SSA immediately showed that AP adherence was significantly improved in all groups, regardless of the level of previous adherence to AP treatment. On the other hand, logistic regression showed that poorer adherence to APs before the index date was significantly associated with an increased risk of poor adherence to any AP treatment 3 years after the index date (adjusted ORs ranging from 2.2 to 3.0). However, the majority of patients (ranging from 80.8% to 92.4%) had good adherence to any APs and to oral clozapine (ranging from 57.7% to 73.8%), regardless of previous adherence level.

Conclusion. These results add to previous findings and demonstrate that initiation of clozapine leads to improved adherence over a 3-year period. Although widely recognised by clinicians as a barrier to clozapine use, previous poor adherence does not appear to justify avoiding clozapine treatment in patients who would otherwise be considered eligible.

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.

Accepted posters

Arranged by the presentation category selected by the submitter and by order of presenting author surname.

1 Research

Pilot Study Examining the Potential Efficacy of Music-Based Activities for People Living With Dementia in a Hospital Setting

Miss Neha Abeywickrama[1*], Ms Mel N. Ellul Miraval[2], Dr Hari Subramaniam[2,3], Dr Qadeer Arshad[2] and Professor Elizabeta B. Mukaetova-Ladinska[2,3]

[1]Leicester Medical School, University of Leicester, Leicester, United Kingdom; [2]Department of Psychology and Vision Science, University of Leicester, Leicester, United Kingdom and [3]The Evington Centre, Leicestershire Partnership NHS Trust, Leicester, United Kingdom

*Presenting author.

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Aims. Pharmacological treatment of Behavioural and Psychological Symptoms of Dementia (BPSD) is of limited