0.80–0.99mmol/L test interval should remain at 3 months. This could reduce lithium test numbers by 15% and costs by ~$0.4 m p.a.

A closed audit reviewing the electrocardiograms of patients presenting to the memory assessment team

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Aims. To review the ECGs of all patients referred to MAT services over the preceding 5 year period.
Background. Neurodegenerative conditions such as Alzheimer's Disease can be treated with Acetylcholinesterase Inhibitors (AChEI) to slow down cognitive decline. Side effects of AChEIs include bradycardia, syncope and cardiac conduction disorders. An electrocardiograms (ECG) is completed prior to memory assessment team (MAT) medical assessments to screen for those who may be at risk of the cardiac side effects of AChEIs. ECGs may be included in the initial referral to the service or completed by the MAT. Given the predominantly elderly population referred to the MATs service, other incidental abnormalities are to be expected. Not all MAT referrals that are screened by memory nurses reach the threshold to be reviewed by the medical team and therefore not all ECGs are routinely reviewed, potentially missing clinically significant abnormalities.
Result. A total of 1795 patients were identified as being referred to a single mental health unit in the North West on England over a five-year period. 781 (44%) of the patients had an ECG completed by the MAT, of which 452 (58%) showed an abnormality. Significant abnormalities that were previously unknown to the patients' primary care provider include eight cases of Atrial Fibrillation (AF), four cases of Trifasciular Block, and 19 cases of Left Ventricular Hypertrophy (LVH). 64 (8%) of patients who had an ECG by the MAT had a bradycardia.
Conclusion. In addition to identifying abnormalities that could interfere with memory medication, this audit showed that over half of the ECGs completed by the MAT had an atypical trace. Cardiology was consulted to identify which abnormalities were considered clinically significant and if not already known, the general practitioner (GP) was informed. A change in the local service means that all ECGs completed by the MAT are now screened at point of filling into the notes, so any future abnormalities are identified and followed up immediately.

Obsessive compulsive disorder in treatment seeking children & adolescents during the COVID-19 pandemic

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Aims. Few studies have investigated the COVID-19 pandemic's effect on children and adolescents with obsessive compulsive disorder (OCD), who are thought to be particularly vulnerable. This study aims to investigate whether the COVID-19 pandemic is associated with increased referral of young people with OCD in one area of London and determine if COVID-19 has been associated with change in symptom severity and treatment offered in recent years.
Method. A retrospective study was conducted using clinical service data investigating 58 young people (8–17 years) referred and assessed in CNWL NHS Foundation Trust CAMHS, before and during the COVID-19 pandemic in 2020 (months March–October 2018–2020). Changes in symptom severity were measured using the health of the nation outcome scale for children and adolescents (HoNOSCA). Total HoNOSCA and three HoNOSCA items were used; emotional symptoms, family relationships and school attendance. Patient clinical records were reviewed to assess if COVID-19 had exacerbated OCD symptoms. The type of treatment offered (cognitive behavioural therapy -CBT- only vs combined CBT and medication) was also compared. Analysis was carried out using Chi-square, Kruskal–Wallis and Mann–Whitney U tests.
Result. 26 (5.62%) initial assessments to CAMHS were related to OCD in 2020, compared to 12 (1.30%) and 20 (2.27%) assessments pre-pandemic (2018 and 2019), showing a significant increase in the proportion of OCD cases ($X2$ (1, $N = 58$) = 20.3, $p < .001$). There was no significant difference in total HoNOSCA, emotional, family relationships, or school attendance scores on initial assessment. However, 69.2% of clinical records in 2020 showed symptom worsening over the COVID-period, compared to 30.8% of cases assessed pre-pandemic.There was a significant difference between the type of treatment offered before and during COVID-19 ($X2$ (2, $N = 58$) = 12.7, $p = .002$), with a higher proportion of patients who were referred to CAMHS for OCD but discharged without treatment before the pandemic (37.5% vs 0%). While CBT only remains the most frequent treatment offered, combined treatment was more frequent during the pandemic, although this difference was not significant.
Conclusion. The proportion of OCD-related initial assessments in CAMHS increased during the pandemic despite the overall number of referrals falling. Furthermore, fewer cases were discharged without treatment in CAMHS during this period. Given this, and that many were reported to have deteriorated during the pandemic, services will likely need to address the increased burden of more severe cases. Further research is warranted to assess the generalisability of our findings.

An evaluation of barriers to the initiation of clozapine in patients with treatment-resistant schizophrenia

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Aims. This evaluation aimed to identify patient, practitioner and infrastructural barriers to initiation of clozapine treatment in patients with treatment-resistant schizophrenia (TRS). In response to recent research supporting use of clozapine as the most effective treatment for patients with TRS, concerted efforts have been made to establish why clozapine is underutilised in the NHS. Following a study conducted by South London and Maudsley NHS Foundation Trust, which identified barriers and made recommendations, this evaluation aimed to identify barriers to initiation of clozapine in patients under the care of Mersey Care NHS Foundation Trust.

This evaluation also aimed to make further recommendations to increase use of clozapine in Mersey Care's TRS patients and assess whether there have been any differences to concerns about clozapine initiation compared to previous evaluations.
Method. An online questionnaire containing a series of Likert scales was e-mailed to all Consultant Psychiatrists in Mersey Care NHS Foundation Trust. The questionnaire asked Consultants to rate how often they felt a range of barriers interfered with successful initiation of Clozapine treatment. The barriers chosen were based on the 2019 systematic review "Barriers to using clozapine in treatment-resistant schizophrenia."
Result. Nineteen consultant psychiatrists completed the online questionnaire. All 19 indicated they either "agreed" (16%) or "strongly agreed" (84%) that they were confident in diagnosing TRS. This was a significant increase compared to the South London and Maudsley evaluation, with only 81% of participants in that study being "fairly familar" or "very familiar" with clozapine guidelines.

Furthermore, concerns about inadequate blood testing facilities appear to have been addressed, with no participants in this evaluation staing there were insufficient blood testing facilities. However, 53% of Consultants who completed this evaluation stated they "often" (37%) or "very often" (16%) have patients who refuse clozapine because of the requirement for regular blood testing. Refusal to agree to required blood testing was the commonest reason identified for failure to initiate clozapine in TRS patients. This was consistent with the results from the South London and Maudsley study.
Conclusion. Those Mersey Care consultants surveyed identified that providing patients with further information about clozapine would be the most valuable intervention to increase likelihood of uptake of clozapine in the treatment of TRS. Significant progress has been made in improving the likelihood that clozapine can be successfully initiated, especially in the removal of practitioner barriers. This evaluation suggests interventions should now be aimed at reducing patient barriers to initiation of treatment.

An audit to look at the prescribing of psychotropic medication in the general adult inpatient setting in patients with emotionally unstable personality disorder

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Aims. To assess the frequency of prescription of psychotropic medication in patients with a primary diagnosis of emotionally unstable personality disorder (EUPD) following admission to Clock View Hospital, an inpatient unit in Mersey Care NHS Foundation Trust.
Method. A retrospective analysis of the electronic (RiO) record of 50 patients discharged from Clock View Hospital between 1 January 2020 and 1 November 2020 was performed to assess prescribing practice.

Twenty-five patients with a diagnosis of EUPD and no associated psychiatric comorbidities were included in the sample, as well as 25 patients with a diagnosis of EUPD and associated psychiatric comorbidities.
Result. 80% of the 25 patients with EUPD and associated psychiatric comorbidities were prescribed psychotropic medication prior to admission to hospital (56% an antidepressant, 24% a mood stabiliser, 60% an antipsychotic and 8% a benzodiazepine). 64% of patients were prescribed two or more psychotropic medications. 28% were initiated on new psychotropic medications following admission. For four of the seven prescriptions commenced on psychotropic medication, prescribing practice was as advised in Mersey Care's EUPD guidelines.

Of the 25 patients with EUPD and no associated psychiatric comorbidities, 96% of the patients were prescribed psychotropic medication prior to admission to hospital (56% an antidepressant, 20% a mood stabiliser, 72% an antipsychotic and 12% a benzodiazepine). 68% of patients were prescribed two or more psychotropic medications. Following admission, 28% of patients were initiated on new regular psychotropic medications. For five of the eight prescriptions for new psychotropic medication, prescribing practice was as advised in Mersey Care's EUPD guidelines.

78% of the 50 patients were prescribed as required (PRN) psychotropic medication. In 21 patients, PRN medication was prescribed for longer than one week.
Conclusion. There is a higher rate of prescribing of antipsychotic prescription in those EUPD patients with no psychiatric comorbidities compared to associated psychiatric comorbidities (72% vs 60%). Surprisingly, there was a lower rate of psychotropic polypharmacy in those with psychiatric comorbidities.

Use of PRN psychotropic medication for longer than a week was higher in those patients with psychiatric comorbidities compared to those without psychiatric comorbidities (58% vs 50%). Benzodiazepines were overwhelmingly the most consistently prescribed PRN medication for patients with EUPD.

One action to consider would be highlighting the importance of trialling psychologically-minded interventions and supportive psychotherapy prior to initiation of psychotropic medication. There also needs to be consideration to use of the sedative antihistamine promethazine as a first-line PRN medication for acute agitation.

Delirium diagnosis and handover to primary care providers and medical teams

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Aims. Delirium is a common medical problem with a prevalence of over 50% in over 65s admitted to general hospitals (1,2) . Delirium is linked with poor clinical outcome, including increased risk of falls, prolonged admissions and an overall increased risk of morbidity and mortality (2,3,4). Delirium in older adults is also associated with an increased rate of cognitive decline, future risk of cognitive decline and a risk of depression (5,6,7). There is potential to improve clinical practice by improving assessment and management of delirium. It is imperative that where delirium