2022. The audit sample comprised 30 patients, both from the inpatient and outpatient services in Al Ain Hospital. A questionnaire was developed to capture the required information anonymously. Data collection took place between September and November 2022.

Results. Out of the total 30 patients, 21 (70 %) were males. The average age of the sample was 31 years, with a range of 19-71 years. Twelve patients (40%) were Emirati citizens, with Ethiopian nationals (17%) being the second largest ethnic group. A significant majority (90%) of the patients who received ECT were under the inpatient psychiatric services at Al Ain Hospital. The sample studied received, on average, eight sessions of ECT. Major depressive disorder (43% of the sample) was the most common diagnosis, followed by severe mania at 37% and Catatonia at 17%.

Of 30 patients, 16 (53%) had no documentation of their mental capacity to accept ECT on the consent papers. Out of 8 patients deemed lacking capacity, only 4 had proper documentation of the reasons for lacking capacity. Reviewing the consent papers demonstrated that 20 patients (67%) had no documentation of discussing the risk and benefits of the procedure.

Conclusion. This audit has identified areas for improvement in the implementation of Al Ain Hospital's current ECT pathway. The authors have suggested enhanced staff training on consent issues involving ECT, emphasizing better documentation of the decision-making process. Considering the possible medicolegal consequences, a particular area for documenting discussions of the risk and benefits of the procedure should be included in the ECT consent form. We aim to re-audit the practice after one year of implementing the above action plan.

No financial sponsorship has been received for this evaluative exercise.

Ethnic Differences in Dose and Levels of Clozapine: Exploring Need for Any Specific Monitoring Needs

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Aims. Clinical research shows that compared to Caucasian patients, Asian patients appear to have a lower clozapine dose requirement for clinical efficacy. Hence, appropriate dose adjustment should be considered in Asian patients receiving maintenance clozapine therapy. Secondly, studies in the UK report that Asian patients with treatment-resistant schizophrenia were less likely to receive clozapine than Caucasian patients. The objectives of this study were to find out the ethnic difference in dose and levels of clozapine in ethnic minority patient (BME (Black and minority ethnic) populations and to explore if there is a need for any specific monitoring.

Methods. Demographic (age, gender, and ethnicity) and clinical variables (diagnosis, clozapine dose, plasma level of clozapine and nor-clozapine, smoking status, side effect profile, and physical comorbidities) were collected from the electronic patient records and analysed.

Results. The sample consisted of 66 (56.4%) Caucasians, 22 (18.8%) Asians, 21 (17.9%) African-Caribbean, and 8 (6.8%) mixed ethnicity patients. Their age range was 19-80, with an average of 46.9 ±11.9 years.

Among the ethnic groups, age, clozapine, nor-clozapine level and QTc were comparable, except for the dose of clozapine; Caucasian had the highest dose (414.8±140.0 mg), followed by African-Caribbean (373.8±163.7 mg), Asian (333.8±121.2 mg) and mixed (260.7±110.7 mg) (F3.68, $p<0.05$). The difference remained significant when all the BME groups were combined as well.

Side effects such as hypersalivation, drowsiness, blurred vision, polyuria, sore throat, headache, vomiting (none), dizziness, difficulty passing urine, urine incontinence, flu-like symptoms, nausea, were comparable among ethnic groups.

There was no difference in smoking among the groups. Considering comorbidities compared to BME, Caucasians had significantly lower rate of hypertension (27.1% vs 9.1%, $p<0.01$); diabetes (18.6% vs 4.5%, $p<0.05$), however dyslipidemia (5.1% vs 3.0%) was comparable.

In addition to the above, the dose of clozapine was positively correlated with clozapine and norclozapine levels ($p<0.05$). Clozapine and norclozapine levels correlated significantly ($p<0.001$). Age was negatively correlated with norclozapine assay ($p<0.05$) and positively with the number of cigarettes. It appears as the age increases, the number of cigarettes goes up, and norclozapine levels come down.

Conclusion. There are a few variations of clozapine prescribing in different ethnic groups. Although the Caucasians had higher doses, they had comparable blood levels. A higher proportion of BME patients on clozapine had hypertension and diabetes, emphasizing metabolic risk. Our study findings suggest clozapine monitoring should look into ethnicity related risk factors.

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.

ID (Intellectual Disability) Crisis Resolution! *Novel Approaches in NHS Highland*

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Aims. Like most health and social services, community ID teams are under increasing pressure to manage burgeoning caseloads. This evaluation was for the Red People Meeting video conferencing (VC) from its conception during the pandemic 2020 with particular reference to it's simple format to structure meetings for their effectiveness and promotion of team communication and well-being.

Methods. The Red people meetings is held every Mon – Fri between 11am and 12pm through an invite sent via e-mail or diary invite. A RED STATUS is identified by a support worker who poses:

- Serious risk of harm to self or others
- Serious concerns related to Physical / Health / Perceived challenging behaviours.
- Individual requiring hospitalisation

Meeting Attendees (over TEAMS): Chaired by the Head of Service or Lead ID Nurses. With attendance of ID Consultant Psychiatrist, OT Team, Moving Home Manager, ID Nurse, Social Worker. Attendance depending on individual need include