

Personality Disorder continued to receive benzodiazepines for longer than recommended.

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

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doi: 10.1192/bjo.2024.567

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.

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

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doi: 10.1192/bjo.2024.568

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.

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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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doi: 10.1192/bjo.2024.569

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.