An audit on prescribing practice and risk of serotonin syndrome among patients with chronic pain

Salakan Rai* and Aizad Yusof

Walsall Healthcare NHS Trust
*Corresponding author.

doi: 10.1192/bjo.2021.425

Aims. To determine the incidence of prescribing practice with associated risk of serotonin toxicity among patients with chronic pain conditions.
Background. Serotonin syndrome is a potentially life-threatening condition caused by excessive serotonergic activity, usually from drug interactions. Concurrent use of antidepressants is strongly linked to serotonin syndrome, with recent data revealing record numbers of NHS prescribed antidepressants in 2019. Antidepressant medications are also used in chronic pain management for their anti-neuropathic pain properties. However, it is well-recognised that a significant number of chronic pain patients suffer from anxiety and depression. This cohort of patients is therefore vulnerable to being exposed to multiple concurrent antidepressant agents, and thus at relatively higher risk of serotonin syndrome compared to other patient groups. Additionally, these patients are likely to be exposed to the concurrent use of antidepressants and certain analgesic agents particularly phenylpiperidine derivatives which increases serotonin toxicity risk.
Method. Medications of patients presenting to a secondary care pain clinic within the last year were looked into. Patients were selected at random by pain management secretaries. Concurrent use of multiple antidepressant agents including Selective Serotonin Reuptake Inhibitors (SSRIs), Serotonin Noradrenaline Reuptake Inhibitors (SNRIs), Tricyclic Antidepressants (TCAs) or Tetracyclic Antidepressant (TeCA) was noted. Additionally, concurrent use of any of these antidepressant agents and phenylpiperidine derivatives such as Fentanyl and Tramadol was noted.
Result. Data on medications of 97 patients were collected. A total of 28 patients (28.8%) were observed to have at-risk medication combinations. Out of these, five patients were on both SSRI and TCA. Two patients were on both TCA and TeCA. Four other patients were on either a combination of SSRI and SNRI, SNRI and TCA, SSRI and TeCA, or TCA and TCA. Three patients were on both Fentanyl patches and an antidepressant. Fourteen patients were on both an antidepressant and Tramadol. None of these patients were diagnosed with serotonin syndrome; however, it is unclear as to whether these patients experienced milder symptoms of the syndrome.
Conclusion. A considerable number of patients in this group were on medication combinations putting them at risk of serotonin syndrome. Despite no documented patient harm, there is an urgent need for an increased awareness among prescribers on drug interactions which may lead to this syndrome and a subsequent change in prescribing practice.

A survey on psychiatry trainees' experiences of racism

Aicha Rais*, Richard Burton and Adeel Rauf

Derbyshire Healthcare NHS Foundation Trust
*Corresponding author.

doi: 10.1192/bjo.2021.426

Aims. To measure rates of racism experienced and witnessed by trainees training in Derbyshire.
Background. Derbyshire Healthcare Psychiatry trainee workforce comprises 39.1% white, 52.2% 'Black, Asian and Minority Ethnic' (BAME) and 8.7% undisclosed ethnicity. Racism can affect trainees by increasing risk of poor mental health and psychological distress leading to worse health outcomes. Discrimination, marginalisation and segregation is related to poorer quality education and employment opportunities.
Method. Electronic surveys were sent out via e-mail to trainees in the North and South Derbyshire Hospital sites, accessible online from 11th to 31st December 2020.

Questions asked about personal experiences of racism, witnessing racism from patients and/or staff whilst training in Derbyshire. Trainees were asked if they know how to report incidents and if routinely reported. Trainee ethnicity was recorded.
Result. A total of 56 trainees received a survey request. Response uptake rate 25% (14 out of 56). Respondents comprised of 36% white and 64% BAME doctors. Over one third (36%) of trainees reported experiencing racism from staff. 64% of trainees reported experience of racism from patients. There was no report of racism witnessed by staff towards patients. 29% of trainees reported witnessing both staff on staff racism and patient on staff racism. 93% of trainees reported witnessing racism from patients to staff. 29% BAME trainees reported experiencing racism from both staff and patients. 7% BAME trainees said they experienced racism from staff alone. 36% of trainees reported experiencing racism from patients only (4 BAME and 1 white trainee). 57% of trainees do not know how to report racism. 50% of trainees said they would report racism if they knew how.
Conclusion. Racism remains a barrier affecting the lives of trainees requiring attention. BAME trainees are disproportionately affected by racism, and report witnessing more incidents, from staff and patients in the workplace. There remains an apprehension by doctors to report racism. A departmental presentation has been delivered on racism, unconscious bias, incident reporting process and sources of support. A workshop with the 'Equality Diversity Inclusion' team has been delivered to all trainees with the presence of the Freedom to Speak Up Guardian. Our British Medical Association Local Negotiating Committee Representative has also been informed.

A national CASC course

Yathooshan Ramesh* and Lisanne Stock

Barnet, Enfield and Haringey NHS Mental Health Trust
*Corresponding author.

doi: 10.1192/bjo.2021.427

Aims. There was understandable anxiety from trainees about the transition to the online format of the CASC due to the pandemic. There is also significant variability between trusts in the availability of lectures tailored specifically to the CASC exam. Having recent experience of the CASC exam, including the online format, we developed a free online lecture series. We aimed to address common questions relating to the exam, and selected topics that trainees may find daunting or had less experience with through clinical care. The topics covered were: An Introduction to the CASC, Mental State Examinations, Psychological Therapies, Pharmacology and a Q&A Session.
Method. The course was designed to tackle areas that trainees often find difficult based on our own experiences as well as surveying course attendees. Prior to the course, we liaised with consultant site tutors & junior doctor representatives to integrate the course into the local academic programme, and to facilitate promotion of the session to trainees across sites. We subsequently offered registration to trainees nationally. The course was planned and delivered by the organisers through interactive lecture-based