

referrals. In March 2021, authors delivered teaching on appropriate use of the MHA to local Police (Gardaí) and out-of-hours General Practitioners (GPs).

Results. Of 78 referrals for involuntary admission in 2019 and 115 in 2021, 19% and 44% respectively were unsuccessful (AO not signed). In 60% of unsuccessful referrals in 2019, the person presented with no mental disorder meeting criteria for involuntary detention. The same figure in 2021 was 27%. Individuals presented with substance misuse disorder in 73% and 27% of unsuccessful referrals in 2019 and 2021 respectively. In 2019, 93% of unsuccessful referrals came from Gardaí, 100% came from medical practitioners other than the patient's own GP and 73% came outside of normal working hours.

Conclusion. Unsuccessful referrals for involuntary admission are not uncommon. Audit cycle 1 highlighted that those subject to unsuccessful referrals frequently present out-of-hours, with substance misuse disorder and/or no mental disorder meeting criteria for involuntary admission. In 2021 a smaller proportion of unsuccessful referrals presented with no mental disorder and substance misuse disorder. This suggests that Gardaí/GP education offered benefit. We observed an increase in both the overall number of referrals and the percentage of unsuccessful referrals in 2021. This possibly reflects an impact of the COVID-19 pandemic. There is a need for ongoing education, discussion and feedback with Gardaí and GPs on the process of making referrals for involuntary admission. A limitation is that separate registrars completed each audit cycle.

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Consideration of Clozapine in Patients With Treatment Resistant Schizophrenia

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Aims. The aim of the audit is to measure the performance of Bradford District Care Trust (BDCT) against the NICE guideline's quality standard: 'Adults with schizophrenia that has not responded adequately to treatment with at least 2 antipsychotic drugs are offered clozapine.'

Methods. We identified the 273 patients prescribed clozapine in BDCT as of January 2023. 202 had been prescribed clozapine for more than 5 years and these were excluded. Of the remaining 71, 34 were excluded for reasons such as their diagnosis i.e. Parkinson's or personality disorder or inadequate information within the clinical record. The final sample consisted of 37 patients prescribed clozapine within the last 5 years with a diagnosis of treatment resistant schizophrenia (TRS).

To define an 'adequate trial' of an antipsychotic, an adequate duration and adequate dose was determined. It is widely recommended in literature that an adequate trial of antipsychotic should last at least 6 weeks and this time constraint was utilised for the audit. The Maudsley Guidelines minimum effective dose table was utilised for establishing adequate doses. For antipsychotics not included in this list the British National Formulary (BNF) maintenance doses were used. A data collection tool was then developed that allowed for retrospective collection of key information relating to the objectives outlined above.

Results. Clozapine was offered at the appropriate time [this includes where clozapine was considered but was not felt to be suitable/was contraindicated/declined by the patient] in 13 cases (35%). In 24 cases (65%) clozapine was not offered at the appropriate time. For 21 patients there was a delay in offering clozapine after 2 adequate trials of antipsychotic medication had been given. Delays ranged between 9 days and 15 years, with the average [mean] delay being 3.7 years. There were 3 patients who were initiated on clozapine without the completion of 2 adequate trials of other antipsychotic medication.

Conclusion. In summary, this audit measured BDCT's adherence to the NICE guideline on clozapine for TRS. Of the 37 patients in the final sample, 35% received clozapine at the appropriate time, while 57% experienced delays with an average delay of 3.7 years. Notably, 8% commenced clozapine without completing the recommended antipsychotic trials. These results emphasize the importance of improving adherence to the guideline, as delays in offering clozapine pose potential risks for patients with TRS. Ensuring timely access to this treatment is crucial, as it has the potential to significantly enhance patient outcomes.

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Are We Monitoring Our Lithium Patients as Well as We Should be? A Two-Cycle Audit Evaluating Lithium Clinic Documentation in a District General Hospital in Wales

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Aims. Lithium is a mood-stabiliser with a narrow therapeutic index. Patients are known to be at risk of lithium toxicity if they are unaware of how to recognise its signs. NICE guidelines outline the information that must be relayed to these patients. Furthermore, *GMC Good Medical Practice* highlights the importance of clear and contemporaneous patient records that contain relevant clinical information.

The aim of this two-cycle audit was to assess the quality of documentation for patients reviewed in lithium clinic and to analyse the consistency of the notes recorded to ensure high quality care provision and communication within the department, in line with the NICE guidelines.

Methods. The inclusion criteria were patients over the age of 65, prescribed lithium and were actively reviewed in the monthly lithium clinic at the Older Person's Mental Health Service (OPMHS) at Princess of Wales Hospital in Wales.

A data collection form was created to ensure all the relevant data in line with NICE guidelines was captured including serum lithium level, lithium dose, other psychotropics, side effects, renal function, patient mood, safety netting advice provided including signs of toxicity and awareness of lithium card. A standard of 100% was set for this data to be captured for each patient.

Results. Cycle 1 was completed in November 2023 where a total of 18 patient records were selected (N = 18). Lithium dose, lithium level and renal function were recorded in over 83.3% (n = 15) of the files audited. Details on psychotropics were recorded in 61.1% (n = 11), side effects in 50% (n = 9) and patient mood in 77.8% (n = 14). Safety netting advice was recorded in

11.1% ($n = 2$). Furthermore, it was noted data recorded varied between clinicians.

The results of this audit were disseminated to OPMHS team. A proforma was introduced to encourage capture of all relevant information and to ensure consistency. Feedback was collected from clinicians using the proformas and relevant changes were made.

A second cycle of this audit was carried out after the proforma was introduced to the subsequent clinic ($N = 12$). This showed an improvement in record-keeping including lithium dose, lithium levels, psychotropics and side effects of 100% ($n = 12$). Renal function and mood were recorded in 91.7% ($n = 11$) of files and safety netting advice provision in 75% ($n = 9$) of files audited.

Conclusion. Introduction of a proforma is a simple and effective way to ensure relevant and important details are documented. This is not only for good clinical practice, but for medico-legal reasons also.

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Assessing Adherence to Antipsychotic Prescribing and Monitoring Guidelines in a Psychiatric Unit for Older Adult Females in Kent and Medway NHS and Social Care Partnership Trust (KMPT): A Retrospective Audit

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Aims. Antipsychotic medications are commonly used in the management of psychiatric disorders, including in older adults. However, the use of these medications in older adults can be associated with a higher risk of adverse effects such as cardiovascular event and extrapyramidal symptoms.

This retrospective audit aimed to evaluate adherence to antipsychotic prescribing and monitoring guidelines in a Psychiatric Unit for Older Adult Females in Kent and Medway NHS and Social Care Partnership Trust (KMPT).

Methods. The audit criteria encompassed various aspects of documentation and medication management, including diagnosis documentation, indication, age, comorbidities, consent, baseline assessments, monitoring, review, and follow-up care. Data from two months' records were analysed leading to an action plan with slight amendments to the user-friendly template for ward round and a physical health monitoring poster for junior doctors and ward staff. These initiatives aim to improve patient care, streamline documentation, while accommodating the rotation of junior doctors. A re-audit is planned post implementation.

This audit's limitations included the study's single-site nature, potential sample size constraints and reliance on accurate documentation.

Results. The audit achieved 100% compliance in documenting patient age and MHA status, meeting legal requirements. Weight, BMI, and baseline blood pressure exhibited full compliance. Baseline ECGs had an 86.66% compliance rate, while QTc interval documentation reached 100%. Antipsychotic indication and weekly reviews were documented at 100%, with an 83.33% rate for rationale documentation for medication changes.

Comorbidities were fully documented, but extrapyramidal symptom and sedation monitoring showed a 46.66% compliance rate. Baseline blood tests, including glucose, bA1c, lipid profile, electrolytes, renal and liver function, thyroid function, and prolactin levels, generally had high compliance, but lipid profile and liver function achieved 73.33%. Repeat blood tests varied, with electrolytes and renal function at 100%, while thyroid function and prolactin levels scored lower at 26.66% and 46.66%. Continued monitoring of weight, BMI, and blood pressure remained fully compliant. Compliance for repeating ECGs within recommended timeframes reached 53.33%, and recommendations to GPs for yearly ECGs and blood monitoring achieved 50%.

Conclusion. In summary, the audit identified areas of commendable high and medium compliance with antipsychotic prescribing guidelines in a Psychiatric Unit for Older Adult Females in KMPT. An action plan has been formulated to not only enhance patient care but also to refine the documentation process positively further, fostering continued progress in the provision of high-quality care.

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Audit of the Missed Seizure Rate and Management at Northamptonshire Healthcare NHS Foundation Trust (NHFT) Electroconvulsive Therapy Clinic

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Aims. The audit aimed to study missed seizure frequency, management, and restimulation rate at NHFT's ECT clinic.

Methods. We conducted a retrospective analysis of ECT treatments administered between October 1, 2021, and March 21, 2023, collecting data on stimulation frequency and doses, duration of motor seizures and EEG activity, and patients' demographics. The study compared current practice with the NHFT ECT protocol, which defines missed seizures as treatments failing to induce convulsions and EEG activity. Management entails restimulation at least once or twice according to the stimulus dosing protocol during the seizure-threshold (ST) determination phase or by increasing the dose by 10% (50 millicoulombs) during the treatment phase, alternatively recording reasons for not re-stimulating. The ratio of missed seizures to total stimulations was used to determine the missed seizure rate, and the ratio of total restimulations to missed seizures was used to calculate the restimulation rate.

Results. The clinic provided 268 treatment sessions and 26 courses of bilateral ECT to 23 patients aged 17–84 years, primarily female (60%) and Caucasian (74%), with a 12.6% missed fit rate and a 67.5% restimulation rate. Thirty missed seizures occurred during the initial ST determination phase, with twenty-two restimulated. Four of these could not be restimulated due to the maximum limit of three stimulations per ECT session. Seven missed seizures occurred later in the treatment phase, with three restimulated. For restimulations during the seizure-threshold determination phase, only eight of the twenty-two restimulation doses matched the stimulus dosing chart, and over half of these patients were stimulated at a lower-than-recommended dose. Once a seizure was generated and the threshold was identified, suboptimal