

POR, the remaining had discharge letters available 2–8 days post-discharge.

**Conclusion:** The handover process between the ED and OPMH unit requires formalization. Current ambiguity has led to reliance on delayed discharge letters for follow up.

Verbal handovers may be happening but there remains an unexplained delay in actions until the discharge letter is received. There is also evidence that discharge letters have been received and not escalated. Further discussions are required to determine whether the primary issue lies with an absence of handovers or letters from the ED or internal communication and escalation within the OPMH unit.

Collaborative work to improve patient handovers is being undertaken with the ED and awareness has been raised within the trust to ensure proactive effort to obtain and escalate handovers.

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## Enhancing Delirium Recognition: A 4AT Implementation Audit by the Mental Health Liaison Team at Southend Hospital

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doi: [10.1192/bjo.2025.10585](https://doi.org/10.1192/bjo.2025.10585)

**Aims:** This audit aimed to increase the use of the 4AT (4 A's Test) within the Mental Health Liaison Team (MHLT) at Southend Hospital to enhance delirium awareness and recognition, thereby facilitating early discharge and improving patient outcomes. The 4AT is a validated and sensitive delirium detection tool, specifically designed for ease of clinical use, and supported by extensive diagnostic accuracy data from over 24 studies involving more than 5,000 observations. It is particularly useful as it can be administered to patients who are too sleepy or restless for traditional cognitive testing. Despite its advantages, compliance with 4AT documentation within the MHLT was initially low.

**Methods:** The audit was conducted in two cycles. The first cycle retrospectively reviewed patients aged 65 and over referred to the MHLT between 1 July 2023 and 30 September 2023. Out of 79 referrals, 66 patients were assessed, but only 5 (7.5%) had a documented 4AT score. To address this, interventions were implemented, including educational sessions for MHLT staff (doctors, nurses, and psychologists) on the use and benefits of the 4AT. Additionally, laminated 4AT tools were provided to staff as lanyard prompts to encourage use during assessments.

As aforementioned, not all referred patients were assessed by the MHLT. Some patients were discharged or, sadly, passed away prior to assessment, while others experienced worsening physical health conditions and were no longer fit for assessment. Additionally, some referrals only required medication advice, which did not warrant a full assessment.

**Results:** The second cycle evaluated data from 1 December 2023, to 29 February, 2024. Of 79 referrals, 64 patients were assessed, with 26 (40.6%) having a documented 4AT score, representing a nearly fivefold improvement in compliance. Despite this progress, further enhancements are needed to achieve consistent adherence.

**Conclusion:** The findings highlight the effectiveness of educational interventions and practical prompts in improving 4AT usage. Timely delirium identification is crucial for improving patient outcomes and facilitating early discharge, underscoring the importance of sustained efforts to integrate the 4AT into routine practice.

Recommendations include further staff education, integrating the 4AT into existing assessment forms, and conducting regular audits to ensure guideline adherence. This audit demonstrates the potential for improved delirium recognition and patient care through targeted interventions and ongoing monitoring. Future work can focus on expanding the use of the 4AT across the MHLT.

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## Adherence to MHRA Guidelines for Valproate Prescribing in General Adult Psychiatry

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doi: [10.1192/bjo.2025.10586](https://doi.org/10.1192/bjo.2025.10586)

**Aims:** Valproate is widely prescribed for psychiatric conditions, particularly bipolar disorder, but carries significant teratogenic risks. The Medicines and Healthcare products Regulatory Agency (MHRA) mandates strict prescribing guidelines, particularly for women of childbearing potential, to mitigate these risks. Additionally, emerging evidence suggests potential risks for men, including infertility and neurodevelopmental concerns.

This audit aimed to assess adherence to MHRA guidelines within a Community Mental Health Team (CMHT), focusing on the documentation of risk discussions for all patients under 55 prescribed valproate, including discussions on infertility risks for men. It also evaluated the completion of risk acknowledgement forms for eligible patients and the enrolment of women of childbearing potential in the Pregnancy Prevention Programme (PPP). A secondary aim was to implement a targeted intervention and reassess compliance in a second audit cycle.

**Methods:** A retrospective review of electronic patient records was conducted for all patients under 55 prescribed valproate for psychiatric conditions at the CMHT. Patients with neurology-led prescriptions or aged over 55 were excluded. The first cycle, conducted in August 2024, included 22 patients (16 male, 6 female). Compliance with MHRA standards was assessed based on documented discussions, risk acknowledgement forms, and PPP enrolment. Following the first cycle, an intervention was introduced in the form of an email sent out to prescribers, emphasizing guideline adherence and areas for improvement. A second audit cycle was conducted in December 2024 to evaluate the impact of this intervention.

**Results:** The first audit cycle identified suboptimal compliance, particularly for male patients. Risk discussions were documented for all 6 female patients (100%) but only for 7 out of 16 male patients (43.75%). Risk acknowledgement forms were completed for 4 out of 6 female patients (66.67%). PPP enrolment was achieved in 3 out of 5 eligible female patients (60%). Following the email intervention, the second cycle demonstrated improvements. Risk discussions were documented for 9 out of 16 male patients (56.25%). Completion of risk acknowledgement forms improved to 5 out of 6 female patients (83.33%). PPP enrolment increased to 4 out of 5 eligible female patients (80%).

**Conclusion:** This audit highlights gaps in adherence to MHRA guidelines, particularly in documenting risk discussions for both