policy in order to implement evidence-based practices improving patient outcomes.



## Audit of Nicotine Replacement Therapy Practices and Vaping Use in Inpatients: Adherence to Dual NRT Regimen and Documentation of Smoking Cessation Plans

Dr Marianne Bergman and Dr Akeem Sule

Essex Partnership Foundation Trust, Wickford, United Kingdom

doi: 10.1192/bjo.2025.10557

**Aims:** This audit aimed to assess nicotine use patterns in inpatients and evaluate adherence to the Essex Partnership University Trust Nicotine prescribing guidelines, as well as British Thoracic Society's recommended dual nicotine replacement therapy (NRT) regimen. It also aimed to examine the documentation of smoking status, NRT usage, and cessation planning.
**Methods:** A sample of 40 inpatients was selected from 4 Mid-Essex general adult inpatient wards, using a random number generator. Data was collected from PARIS inpatient admission assessments, physical health checks (PHCs) and paper or online prescription charts to identify smoking status, nicotine use, and cessation discussions. Nursing staff provided information on vaping. The audit assessed whether patients were on dual NRT (short-acting and long-acting forms) and whether cessation plans were documented for patients using inhalators or vapes.
**Results:** The audit revealed that 57% of patients were smokers, and 72% of smokers were using vapes. None of the patients were receiving dual NRT, and no cessation plans were found for those using any form of NRT. While 75% of patients had a documented discussion about smoking and nicotine use, not all included NRT options. Vaping use was poorly documented, and most patients relied solely on short-acting NRT, such as vapes and inhalators. This lack of adherence to best practice creates challenges, especially during busy on-call shifts when short acting NRT prescriptions are frequently requested. Additionally, smoking cessation discussions were not consistently revisited, and vaping use was poorly documented. The absence of structured cessation strategies, including plans for maintenance or weaning, indicates a need for clearer management of nicotine dependence.
**Conclusion:** This audit recommends that every patient be asked about smoking status and that electronic records be updated accordingly. This should be re-visited if not possible initially. A dual NRT regimen (nicotine patch plus a fast-acting NRT) should be initiated as soon as possible. Vaping can be used as a short-acting method but not concurrently with other short-acting options, and needs to be clearly documented. Smoking cessation discussions should be consistently documented in PHCs, and all patients starting NRT should have a documented management plan. Furthermore dual NRT therapy should be incorporated into a prescribing bundle. We recommend a follow-up audit in 4–5 months to assess improvements in adherence to dual NRT therapy and vaping reliance.



## Clinical Audit on Identification, Evaluation and Optimisation of Anti-Cholinergic Burden in Older Adults With Cognitive Impairment Referred to East Hub Older Adult Community Mental Health Team at BSMHFT

Dr Sanhita Bhattacharya

Black Country Healthcare NHS Foundation Trust, Sandwell, United Kingdom

doi: 10.1192/bjo.2025.10558

**Aims:** This audit aims to assess whether the anticholinergic burden is being appropriately considered in the management of patients referred with cognitive difficulties to East Hub Older Adult community mental health team.
**Methods:** A retrospective audit was conducted on the medical records of 49 patients referred from the Memory Assessment Clinic to the East Hub Older Adult CMHT over a one-year period. Data was collected using an audit tool that included patients with diagnosed dementia or cognitive decline, excluding those with substance abuse disorders. The primary focus was on whether anticholinergic burden (ACB) scores were assessed and whether medication regimens were optimized in line with NICE guidelines. The ACB score was calculated using acbcalc.com
**Results:** The audit revealed that 24% of patients with an ACB score greater than 3 had no documented evidence of an assessment of their anticholinergic burden or any medication optimization. This suggests that the East Hub Older Adult CMHT is not consistently adhering to NICE guidelines in the management of anticholinergic medications in older adults at increased risk of cognitive decline.
**Conclusion:** This audit highlights the need for more rigorous evaluation of anticholinergic drug use in our clinical practice to reduce the risk of cognitive decline in older adults. It underscores the importance of anticholinergic medications as a modifiable risk factor for dementia, emphasizing the need for healthcare providers to prioritize reducing anticholinergic burden in this population. The findings suggest that alternative medications should be considered for patients with high anticholinergic burden. These results were disseminated Trust-wide, with a plan to conduct re-audit to evaluate whether changes have been implemented in our clinical practice.

An advanced tool to calculate the ACB score using medichec.com was agreed by the clinical lead of Dementia and Frailty for use in daily clinical practice by the various older adult clinical teams in BSMHFT.



## Audit of Admissions of Older People From a District General Hospital to Psychiatric Units Facilitated by Liaison Psychiatry Services

Dr Mandakini Bhowmick, Dr Josie Jenkinson, Dr Vanessa Mabiala and Dr Shazia Kashif

Surrey and Borders Partnership NHS Foundation Trust, Leatherhead, United Kingdom

doi: 10.1192/bjo.2025.10559