

Reducing the use of high dose antipsychotic medication in acute adult inpatient psychiatric units

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Aims. To evaluate the use of antipsychotics, and high dose antipsychotic treatment (HDAT) in psychiatric inpatient units

Background. The Royal College of Psychiatrists published a consensus statement on high dose antipsychotic medication in October 1993. Such treatment carries an increased risk of adverse effects including towards ventricular tachycardia and sudden death.

Method. A retrospective case note review of all male patients on acute adult inpatient units in a psychiatric hospital in South Birmingham on a date in June 2018 (n = 45) including review of electronic patient records and prescriptions. This was compared with the results of an earlier study, with identical methods, undertaken in June 2015.

Result.

- In both 2015 and 2018, only a minority of patients (20% and 11% respectively) were informal.
- In both 2015 and 2018, the majority of inpatients had a diagnosis of schizophrenia (54% and 67%)
- In both 2015 and 2018, 93% inpatients were prescribed antipsychotic medication.
- In 2015, 56% patients were prescribed HDAT. This reduced in 2018 to 16%.
- This reduction in use of HDAT was almost entirely due to a reduction in the prescription of PRN antipsychotic medication.
- In terms of regularly prescribed antipsychotic medication, in both years, the most commonly prescribed drug was flupentixol, with a range of other second generation oral and long acting medications being prescribed, usually at doses within BNF limits.

Between the two years, there was a substantial change in the prescribing of PRN antipsychotics. In 2015, 59% individuals were prescribed at least one PRN antipsychotic (27% were prescribed two). In 2018, this reduced to 40% prescribed at least one, and only 2% being prescribed 2 PRN antipsychotics. In both years, oral quetiapine was a common choice (39% patients in 2015 prescribed oral quetiapine, and 34% in 2018). In 2015, 39% patients were prescribed oral or intramuscular aripiprazole, while this reduced to 7% in 2018.

Conclusion. The vast majority of psychiatric inpatients were being prescribed antipsychotic medication. Prescription of high dose antipsychotic medication was common in 2015, and this was largely attributable to high levels of prescribing of PRN antipsychotics. Following an educational programme for junior doctors and ward nurses, and the introduction of electronic prescribing, we achieved a significant change in practice, particularly in the prescribing of PRN antipsychotics, which has reduced our patients' risk of receiving high dose antipsychotic medication.

Audit: children & young peoples's services depression pathway Tees, Esk & Wear Valley Trust wide compliance

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Background. This complete cycle consists of an audit assessing compliance with the evidence based person-centred pathway of care for Depression in Children and Young People across the Trust, completion of an action plan and re-audit of progress, aiming to improve patient care. The pathway was derived from NICE Quality Standard 48/Clinical Guideline 28, updated for NICE Guideline 134 (2019) and includes comprehensive assessment considering comorbidities, social, educational and family context, parent/carer Mental Health assessment and plan for treatment including psychological therapies as first line treatment in mild depression.

Method. The Audit tool was compiled from the above evidence based pathway and NICE guidance. Each of the 26 community teams were requested to select 5 cases on the pathway who had completed a minimum of 6 treatment sessions (final sample size n = 61). The results were analysed for compliance against the pathway and compared with previous results by the clinical audit team.

Result. The results showed areas of good practice, maintained and improved on re-audit, with over 90% compliance in key evidence based areas regarding consideration of comorbidity, social and educational context and 100% compliance in offering psychological interventions.

Improvement was obtained in some areas highlighted in the previous audit e.g. poor recording of ICD 10 diagnosis in medical records, 19%, improved to 30%, and less than 40% recording of symptom tracking via the RCADS (Revised Children's Anxiety and Depression Scale) monitoring improved to over 50%. There had been a failure to record identification or referral to other pathways/services for mild depression in the 16-18 age group with 0% compliance; this improved to 82% and 100% respectively.

Areas still needing improvement were highlighted including recording of weekly monitoring of medication side-effects for first 4 weeks (43%) and a referral of parent/carers to mental health services after identifying issues (40%).

Response to the audit also improved significantly from 29% of teams not responding in the initial audit to a limitation of only 1 of 26 (4%) at re-audit.

Conclusion. This audit cycle has demonstrated that use of an evidence based approach has been instrumental in improving patient care. The Audit evidenced areas of good practice in holistic assessment and use of psychological therapies and importantly highlighted areas of significant improvement needed including initial monitoring of medication response and referral onwards of parents/carers with mental health issues. Continuous improvement in patient care is planned via a targeted action plan, and further re-audit.

Changes in patients characteristics and service provision in liaison psychiatry during the COVID-19 pandemic

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Aims. The SARS-CoV-2 pandemic has led to core changes in the healthcare systems worldwide in terms of access, resources and patient's management. Patients admitted to a general hospital with COVID-19 are at a higher risk for developing or exacerbating