patients with high BP at the baseline it has improved following the intervention.

We would continue implementing healthy weight interventions on the ward and across the unit.

Diabetes care in an acute psychiatric inpatient setting: a logic model for service delivery

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Aims. To develop a logic model that illustrates the steps needed to develop an effective intervention for diabetes management in a psychiatric inpatient setting, as the point of admission to a psychiatric inpatient unit may present as an opportune time for improving diabetes care.

Method. We undertook (i) a survey of diabetes care among inpatients in a Mental Health Trust in England, comparing care to the National Health Service (NHS) Core National Diabetes Standards (ii) interviews with key clinical staff to understand challenges in delivering good diabetes care (iii) a review of current UK guidance on standards for diabetes care. On the basis of the findings we developed an initial logic model for service delivery.

Result. Among 163 inpatients reviewed, 44 (27%) had a diagnosis of diabetes, and only 3 (7%) had all three National Institute for Health and Care Excellence (NICE) treatment targets within range. Staff identified needs for regular training, better understanding of roles in shared care, and good quality IT support. We developed a logic model that illustrates the steps needed to develop an effective intervention for diabetes management in a psychiatric inpatient setting.

Conclusion. Admission to a psychiatric inpatient setting provides an opportunity in which diabetes care may be optimised. The quality and understanding of diabetes care will need to be enhanced if this opportunity is to be exploited.

Evaluation of a specialist service model for treating body dysmorphic disorder (BDD): application of National Institute for Health and Clinical Excellence Guidelines for BDD (NICE, 2006)

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Aims. Body dysmorphic disorder (BDD) is still poorly recognised with a dearth of research into treatment. The OCD/BDD Service (South West London St. George's Mental Health NHS Trust) is a specialist service offering treatment for BDD using the National Institute for Health and Clinical Excellence (NICE) stepped care model for BDD as a basis for service provision.

This is the only known study to date to evaluate the implementation of the NICE guidelines recommended treatment for BDD in clinical practice. Furthermore, a sample of patients and clinicians were interviewed to elicit their evaluation of treatment.

Method. A total of 48 patients with a primary diagnosis of BDD who were offered treatment between 2006 and 2018 were identified. Questionnaires routinely completed at time of assessment were Yale Brown Obsessive Compulsive Scale for BDD (YBOCS-BDD); Montgomery-Asberg Depression Rating Scale (MADRS); Beck Depression Inventory (BDI) and Sheehan Disability Scale (SDS). Assessments were conducted by clinicians with expertise in BDD. Clinical data including risks and sociodemographic information were collated and analysed. Data were examined with intention to treat analysis. Thematic Analysis (TA) was used to analyse data from semi-structured interviews conducted with ten clinical staff and seven patients regarding their experiences of treatment. Qualitative data were coded and themes identified.

Result. Clinical data at assessment indicated impaired functioning plus high risks and substance misuse. There was a higher percentage of females (58%); average duration of BDD was 19.23 years. Clinical outcomes indicated significant improvements in the total sample from baseline on measures of BDD, depression and functioning ($p = 0.001$). Patients described their progress in terms of living skills, social interactions and quality of life. The main themes identified included the significance of the therapeutic relationship expressed by both patients and clinicians; the lack of early intervention and knowledge of BDD in healthcare.

Conclusion. Current recommendations for treating BDD were found to be beneficial overall. However, there are patients who are non-responders and including experiences of patients' and clinicians' perspectives provided valuable insights into other options for treatment which are lacking and could enhance current recommendations where CBT and medication have not enabled progress. The young onset age with long duration, highlights the need for developing awareness of BDD so that it is not a hidden disorder.

A service evaluation of the use and outcomes of inpatient detoxification for the treatment of alcohol and opiate dependence within a community addictions service

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Aims. The 2012 Health and Social Care Act transferred Addictions commissioning from the NHS to local authorities, leading to cuts of up to 30-50% of budgets and having the greatest impact on inpatient detox services. In a system with such limited capacity, effectively triaging access to detox services and optimising the efficacy of each detox has become increasingly important. NICE offers limited guidelines to assist with making these decisions, focused on assessing the severity of dependence and risk, but provides little detail on specific predictors of success. Our aim is to evaluate the nature of cases referred for inpatient alcohol or opiate detox and their treatment outcomes. This will help develop our understanding of the factors which influence achieving abstinence, and inform future decision-making regarding suitability for inpatient detox and post-detox planning. Conclusions will form part of a review of the local alcohol care pathway guidelines.

Method. A retrospective case note review of all inpatient detox admissions between April 2019-March 2020 ($n = 113$ patients) is being undertaken. Our data collection tool extracts quantitative and qualitative data based on criteria from Alcohol use disorders (NICE, 2017), Opiate detoxification (NICE, 2019) and local pathway guidelines.