



Baseline investigations: Make baseline physical health assessments, including ECGs, mandatory for all LAI prescriptions to mitigate cardiac risks.

Review of tranquillization protocols: Revise rapid tranquillization protocols to align with evidence-based guidelines.

Polypharmacy monitoring: Regularly evaluate the rationale for combining multiple antipsychotics to minimize unnecessary polypharmacy.

Continuous audits: Perform regular audits to track improvements and identify persistent gaps in adherence to guidelines.

By implementing these measures, clinical practices can align more closely with international standards, ensuring safer and more effective care for patients receiving LAI antipsychotics.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Audit on Prolactin Monitoring for Patients on Oral/ Intramuscular Risperidone and Intramuscular Paliperidone

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Aims: Risperidone is a commonly used antipsychotic drug in the LD population. One of its common side effects is hyperprolactinemia, which can cause a range of symptoms. Women may experience oligomenorrhoea, amenorrhoea, galactorrhoea (breast milk production), and decreased libido. Men may experience decreased libido, erectile dysfunction, gynaecomastia, infertility, decreased bone mass, and galactorrhoea. These symptoms may go unnoticed in the LD population and lead to behavioural changes.

BNF advises monitoring of prolactin at baseline, after 6 months and then annually.

Methods: Identify patients on either oral or intramuscular risperidone and those receiving intramuscular paliperidone within the psychiatry case load. Determine whether these patients have their prolactin levels checked annually. All patients assessed in the East CLDT psychiatry clinic who are on risperidone or paliperidone should have their prolactin levels monitored at least once a year.

Results: Out of 106 patients, we identified 27 patients on risperidone (25.4%). 8 out of the 27 patients did not have their prolactin levels checked within the last year (29.6%). 8 out of 19 patients (42.4%) who did have their prolactin levels checked within the last year did not have them checked annually previously. This indicates that approximately 60% of patients are not receiving regular monitoring of their prolactin levels.

Conclusion: Approximately 60% of our patients are not having their prolactin levels checked annually. To address this, we can enhance our communication by including a recommendation in our clinic letters to GPs, urging them to include prolactin testing in the annual health check blood work. Additionally, it is essential to regularly monitor symptoms of hyperprolactinaemia during our clinic visits and to educate caregivers about these issues. Symptoms such as gynaecomastia can cause discomfort and may lead to behavioural

changes in individuals with intellectual disabilities. By prioritizing these measures, we can improve patient care and outcomes significantly.

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An Audit of Metabolic Monitoring Compliance in Patients Initiated on Antipsychotics Across General Adult Wards in the East Midlands

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Aims: The Lester Tool mandates baseline monitoring parameters for patients starting new antipsychotics or having their current antipsychotic regimen changed. These parameters include blood pressure, haemoglobin A1c (HbA1c)/fasting plasma glucose, lipids, lifestyle review, waist circumference, and weight, along with weekly weight monitoring for six weeks consecutively. This audit was initiated in response to concerns about rapid weight gain observed in many patients after starting certain antipsychotics. It aims to assess compliance with the Lester Tool to address the potential risks of metabolic syndrome in these patients. The audit seeks to understand the pattern of antipsychotic prescriptions as a secondary objective.

Methods: The audit was registered and ethically approved by the local research and audit department. A retrospective review of electronic health records and medication charts was conducted for 38 patients residing in two male and two female inpatient wards in the East Midlands between 17 June 2024 and 26 June 2024. Baseline parameters were audited to determine if they were measured within one week of antipsychotic initiation, and weekly weight checks thereafter. Waist circumference measurement at baseline was excluded due to concerns about its potential impact on patient self-esteem.

Results: Among baseline monitoring parameters, blood pressure had the highest compliance at 89.5%, followed by HbA1c/glucose (65.8%), lipids (57.9%), lifestyle review (55.3%), and weight monitoring (36.8%). Weekly weight follow-up compliance was low, with only 5.9% of patients meeting 100% compliance, and 41.2% of patients having no documented weight follow-up within six weeks. Non-compliance reasons were poorly documented. Risperidone was the most prescribed antipsychotic (N=9), followed by olanzapine (N=8), zuclopenthixol (N=7), and quetiapine (N=6). Olanzapine and risperidone were most frequently initiated in male wards, while zuclopenthixol and quetiapine were more common in female wards.

Conclusion: The audit identified significant gaps in compliance with the Lester Tool, which poses a risk to patients' physical health due to the metabolic side effects of antipsychotic medications. The findings underscore the need for better documentation and communication regarding baseline and follow-up measures. Recommendations include increasing awareness of baseline blood requirements during

admission, improving electronic health record functions (e.g. alerts for weekly weight checks and a drop-down to document weight check refusals), and enhancing coordination in monitoring patient weight following planned home leaves. A re-audit is ideal once the recommendations have been implemented.

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Tower Hamlets Community Learning Disability Service: Sodium Valproate Audit for Male Patients With Learning Disabilities

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Aims: People with learning disabilities are at a higher risk of developing epilepsy and bipolar disorder. For decades, sodium valproate has been used to treat these conditions. However, recent evidence suggests an increased risk of testicular toxicity in men and neurodevelopmental disorders in children born to men who were treated with valproate in the three months prior to conception. Sodium valproate is not recommended for male patients under 55 years of age unless no other effective or tolerated treatment is available.

Aims were:

To compare our prescribing practices with the latest guidelines.

To review the indication for sodium valproate in male patients with learning disabilities.

To explain the potential risks of infertility and testicular toxicity.

Methods: We conducted a cross-sectional study within our service, collecting data on all male patients currently taking sodium valproate, focusing on their age, diagnosis, and dosage. We then contacted these patients to complete the 'Risk Acknowledgement Form' which involves three steps:

1. Documentation of the prescribing decision.
2. Explanation of the risks to the patient.
3. Countersignature by both the patient and clinician.

Results: A total of 25 male patients are taking sodium valproate under our service. Of these, 16 patients are aged under 40, 6 are aged 41–50, and 3 are over 50. Ten patients have bipolar disorder, 2 have schizoaffective disorder, and 12 have epilepsy, with one patient diagnosed with both epilepsy and bipolar disorder.

Regarding dosage, 5 patients are taking less than 1000 mg per day, 18 patients are taking between 1000–2000 mg per day, and 2 are taking more than 2000 mg per day. Of the 25 patients, 10 have completed the safety questionnaires. Additionally, 11 patients receive their sodium valproate from other services, such as GPs or neurologists, while 4 patients remain pending due to reasons such as inability to contact or lack of capacity.

Conclusion: This audit highlights the ongoing use of sodium valproate in male patients in our service. Despite concerns about its risks – particularly testicular toxicity and potential impacts on fertility – sodium valproate remains one of the most effective treatments available.

The results indicate that a small number of patients are receiving doses exceeding the recommended BNF thresholds due to clinical complexity.

Moving forward, further efforts should be made to reduce sodium valproate dosages and switch to alternative mood stabilizers when

possible. Additionally, services should prioritize enhancing communication and documentation of potential risks while continuing to monitor and mitigate any adverse effects.

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Section 17 Leave Utilisation and Outcomes in Acute Adult Psychiatric Inpatients: A Closed-Loop Audit

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Aims: Evaluate the utilisation frequency and outcomes of Section 17 leave in an acute adult inpatient psychiatric unit.

Improve the quality of care through evidence-based and individualised treatment plans.

Inform ward resource allocation related to Section 17 leave.

Methods: Data collection: The audit included all seven patients admitted to New Victoria Court from April to May 2024. Data were collected from electronic patient records, documented discussions with patients and carers, and direct interviews with service users to capture experiences, benefits, and challenges of leave. Nursing colleagues were also interviewed about the long-term feasibility of this initiative.

Standard: HPFT Section 17 Leave of Absence Policy.

Intervention: A leave feedback template was designed and implemented to record leave outcomes daily, completed by the safety nurse at the end of each shift.

Data analysis: Quantitative measures included the percentage of compliance with documentation standards, incidents, and what went well during leave. Qualitative data enriched the understanding of leave's impact on recovery and ward staff capacity.

A re-audit was performed two weeks post-intervention using similar parameters.

Results: Quantitative findings: The total number of leave episodes decreased from 157 to 137, likely due to one fewer patient on the ward post-intervention.

There were no significant changes in the proportion of ground or community leave utilised.

Notably, the percentage of documented leave outcomes increased by 13.2%, and documentation of what went well during leave rose by 50.3%.

Incidents during leave decreased from 8.8% to 0%, though patient demographics and mental state changes might have confounded this.

Qualitative findings: Patient feedback revealed mixed experiences. Some patients valued leave for accessing the community, viewing it as beneficial for recovery. Others expressed frustration with restrictions, preferring discharge over limited leaves. One patient reported no need for leave at all.

Nursing colleagues supported documenting leave outcomes but highlighted concerns about additional workload. Some feedback forms were used to record general observations rather than leave-specific outcomes, requiring clarification during data analysis.

Conclusion: This audit demonstrated a significant improvement in the documentation of leave outcomes, supporting evidence-based and individualised patient care. Stable utilisation of ground and community leave aids ward resource allocation. The reduced incidents might reflect improved monitoring and risk management.

Action plan: