amounts of antipsychotic may reach the effect site at maximum dose in some patients and variations in the effect site between patients may mean higher doses are required to achieve therapeutic effect.
Method. The electronic prescription records for all patients on the eight general adult inpatient wards were scrutinised. 121 patients were prescribed antipsychotic medication. Any patients on a combination of regular antipsychotic medication or on HDAT were identified. Any patient on combination therapy or HDAT was studied to determine if Clozapine had been considered. The electronic notes of HDAT patients were analysed to ascertain whether tests recommended by Trust guidelines – BMI, blood pressure (B.P), pulse rate, ECG, FBC, U and Es, LFTs, serum prolactin, serum cholesterol and HbA1c level had been performed prior to initiation and following any dose increase.
Result. 21 of 121 patients prescribed antipsychotic medication were on combination therapy. 11 were subject to HDAT. 8 of the 11 HDAT patients were on combination therapy. Clozapine was considered before initiating HDAT in 9 of the HDAT patients. Clozapine was considered in 13 of the 21 patients on combination antipsychotic therapy, but only two were initiated on Clozapine (combined with Olanzapine or Risperidone).

100% of HDAT patients had an ECG prior to initiation of HDAT; only 36% had one after dose increases above BNF maximum. 100% of HDAT patients had their BMI measured before initiation. 91% had baseline B.P and heart rate checked. Of the recommended blood tests, 100% of HDAT patients had baseline FBC, U and Es, LFTs and serum cholesterol. Fewer patients had a baseline HbA1c level (91%) or serum prolactin (46%) measured.
Conclusion. Prevalence of HDAT across the general adult inpatient wards in the Trust was 9%, much lower than the 28% reported in the HDAT audit completed by the Prescribing Observatory for Mental Health in 2012. Patients within Mersey Care are more likely to be prescribed combination therapy than HDAT. Not every HDAT patient has been considered for Clozapine. There is a need to ensure Trust monitoring guidelines for HDAT patients are being strictly adhered to.

An audit to assess the measurement of Body Mass Index (BMI) and referral to the dietetics service following admission to the general adult inpatient wards in Mersey Care NHS Foundation Trust

Declan Hyland[1]*, Millie Prime[2] and Rabia Khaliq[2]

[1]Consultant Psychiatrist, Clock View Hospital, Liverpool, Mersey Care NHS Foundation Trust and [2]5th year medical undergraduate, University of Liverpool
*Corresponding author.

doi: 10.1192/bjo.2021.258

Aims. This audit aims to establish whether patients have their BMI measured and recorded following admission to the general adult inpatient wards in Mersey Care NHS Foundation Trust and whether, in those with a BMI >30 kg/m2, or >28 kg/m2 in those with weight-related comorbidities, they are referred to the dietetics service for input.
Background. Obesity has an increased prevalence in those with mental disorder. There are many factors that influence this, e.g. sedentary lifestyle and poor dietary intake. Medication prescribed to treat mental disorders may increase risk of weight gain. Patients with severe mental illness are at increased likelihood of developing weight-related comorbidities, particularly type II diabetes mellitus.

Many patients with severe and enduring mental illness do not regularly access primary care services. Admission to the psychiatric ward therefore provides an opportunity to address, not only the patient's mental health issues, but also any physical health issues.
Method. A list of all inpatients on the eight general adult wards was obtained on 3rd of December 2020. Inpatients on the Psychiatric Intensive Care Unit were also incorporated, providing a final sample of 148 inpatients.

An audit tool was designed, to collect demographic data for each inpatient – gender, age, ethnicity, psychiatric diagnosis, as well as BMI on admission and, if applicable, whether a referral to the dietetics service was made.
Result. Of the 148 inpatients, 91 were male, 57 female. Patient age ranged from 19 to 71 years. The majority were of "white British" ethnicity. The most common mental disorder diagnosis was schizophrenia (35 patients). For 14 of the 148 inpatients, no BMI was measured on admission. In the 134 inpatients that had BMI measured, 74 were in one of the "overweight", "obese", "very obese" and "morbidly obese" categories. Thirty-four patients met the criteria for requiring referral to the dietetics service. Of these, four were not referred, five were offered referral but declined, 17 referrals were made for other reasons, e.g. BMI <18 kg/m2, and one patient was referred despite no BMI being recorded.
Conclusion. Current practice across the general adult inpatient wards in the trust indicates a proportion of patients do not have BMI recorded following admission. This may result in a valuable opportunity to address obesity being lost. There is a need to emphasise to ward staff the importance of recording BMI as part of the admission physical health screen and of the criteria for referring an inpatient to the dietetics service.

An evaluation of the prevalence of weight-related comorbidities in patients following admission to the general adult inpatient wards in Mersey Care NHS Foundation Trust

Declan Hyland[1]*, Millie Prime[2] and Rabia Khaliq[2]

[1]Consultant Psychiatrist, Clock View Hospital, Liverpool, Mersey Care NHS Foundation Trust and [2]5th year medical undergraduate, University of Liverpool
*Corresponding author.

doi: 10.1192/bjo.2021.259

Aims. This audit aims to evaluate the prevalence of any weight-related comorbidities in patients following their admission to the general adult inpatient wards in Mersey Care NHS Foundation Trust.
Background. Obesity has an increased prevalence in those with mental disorder. There are many factors that influence this, e.g. sedentary lifestyle and poor dietary intake. Medication prescribed to treat mental disorders may increase risk of weight gain, particularly most of the second generation antipsychotics. Patients with severe mental illness are at increased likelihood of developing weight-related comorbidities - essential hypertension, ischaemic heart disease, hyperlipidaemia and type II diabetes mellitus.

Many patients with severe and enduring mental illness do not readily or regularly access primary care services. Admission to the psychiatric ward therefore provides an ideal opportunity to address, not only the patient's mental health issues, but also any physical health issues.
Method. A list of all inpatients on the eight general adult wards was obtained on 3rd of December 2020. Inpatients on the Psychiatric Intensive Care Unit were also incorporated, providing a final sample of 148 inpatients.

An audit tool was designed, to collect demographic data for each inpatient – gender, age, ethnicity, psychiatric diagnosis, as

well as the presence of any cardiovascular comorbidities and, if so, what were they and how many were present.
Result. Of the 148 inpatients, 91 were male, 57 female. Patient age ranged from 19 to 71 years. The majority were of "white British" ethnicity. The most common mental disorder diagnosis was schizophrenia (35 inpatients), followed by schizoaffective disorder (22 inpatients). Twenty-one of the 148 patients had at least one weight-related comorbidity recorded. Only 2 of the 21 inpatients with a diagnosis of one or more weight-related comorbidity had a recorded BMI in the "healthy" range. The gender split for the presence of weight-related comorbidities was almost equal. The most common comorbidity recorded was type II diabetes mellitus. Most patients with a weight-related comorbidity had only one recorded, but three patients had two comorbidities recorded, and one patient had three recorded.
Conclusion. A significant proportion of patients admitted to the general adult inpatient wards in the trust have a weight-related comorbidity. Admission to hospital provides an ideal opportunity to review the management of any such comorbidity and optimise this as required. There is a need to ensure there is a strong focus on, not only the patient's mental health issues, but also his / her physical health status.

An audit to assess physical health monitoring of patients following their admission to the general adult psychiatric inpatient wards in Mersey Care NHS Foundation Trust

Declan Hyland[1]*, Agatha Milner[2] and Ellen Carter[2]

[1]Consultant Psychiatrist, Clock View Hospital, Liverpool, Mersey Care NHS Foundation Trust and [2]5th year medical undergraduate, University of Liverpool
*Corresponding author.

doi: 10.1192/bjo.2021.260

Aims. This audit aimed to establish whether patients undergo physical health monitoring within 24 hours of admission to one of the general adult inpatient wards in Mersey Care NHS Foundation Trust, as per Trust policy.
Background. Mean life expectancy in individuals with severe and enduring mental illness (SMI) is 15-20 years shorter than that of the general population. A significant proportion of excess mortality in patients with SMI is due to natural causes, e.g. cardiovascular disease and type II diabetes mellitus. Although SMI patients are at greater risk of developing chronic physical health problems, they often receive worse health care than the general population. Shared care of SMI patients between primary and secondary healthcare professionals causes uncertainty over who is responsible for monitoring the physical health of these patients.
Method. A list of all inpatients on the eight general adult wards in the Trust was obtained in September 2020, producing a sample of 135 inpatients.

An audit tool was designed, capturing demographic data – gender, age, ethnicity. The patient's psychiatric diagnosis was recorded. The tool captured whether each of the following were measured following admission – body mass index (BMI), blood pressure (B.P), serum cholesterol level, QRISK score and HbA1c level, and, if so, whether this was done within 24 hours of admission. For those patients who were smokers, being offered nicotine replacement therapy was documented.
Result. Of the 135 inpatients, 10 didn't have any physical health monitoring completed and were excluded from the sample, making the final sample 125 inpatients. 68 of the inpatients were male, 57 were female. 98 had a diagnosis of an SMI, 27 did not. Most inpatients were of "white British" ethnicity. 91% of the sample had a BMI measured within 24 hours of admission, but only 62% had a B.P done, 59% had a serum cholesterol level done and 58% had an HbA1c level done within 24 hours of admission. 78% of eligible patients had a QRISK score calculated. 97% of inpatients who were smokers were offered nicotine replacement therapy, but only 13% accepted it.
Conclusion. The majority of patients admitted to the general adult inpatient wards have an SMI. The audit findings show need for improvement in physical health monitoring following admission. Creation and implementation of a checklist of physical health parameters to be measured within 24 hours of admission could help improve performance. Use of motivational interviewing may help increase uptake of nicotine replacement therapy in smokers.

An evaluation of the prevalence of physical health comorbidities in patients with severe and enduring mental illness following admission to the general adult psychiatric inpatient wards in Mersey Care NHS Foundation Trust

Declan Hyland[1]*, Millie Prime[2] and Ellen Carter[2]

[1]Consultant Psychiatrist, Clock View Hospital, Liverpool, Mersey Care NHS Foundation Trust and [2]5th year medical undergraduate, University of Liverpool
*Corresponding author.

doi: 10.1192/bjo.2021.261

Aims. This evaluation aimed to establish the prevalence of physical health comorbidities in SMI patients admitted to the general adult wards in Mersey Care NHS Foundation Trust.
Background. Mean life expectancy in individuals with severe and enduring mental illness (SMI) is 15-20 years shorter than that of the general population. A significant proportion of excess mortality in patients with SMI is due to natural causes, e.g. cardiovascular disease and type II diabetes mellitus. Although SMI patients are at greater risk of developing chronic physical health problems, they often receive worse health care than the general population. SMI patients more likely to engage in unhealthy lifestyle behaviours, such as poor dietary choices, smoking and physical inactivity; Antipsychotic medication prescribed to these patients can cause adverse metabolic side effects.
Method. A list of all inpatients on the eight general adult wards in the Trust was obtained in September 2020, producing a sample of 135 inpatients.

An audit tool was designed, capturing demographic data – gender, age, ethnicity, and also recording whether the patient had a diagnosis of an SMI (e.g. schizophrenia, bipolar affective disorder). The presence of any physical health comorbidities and whether the inpatient was a smoker was also recorded.
Result. Of the 135 inpatients, 10 didn't have any physical health monitoring completed and were excluded from the sample, making the final sample 125 inpatients. 68 of the inpatients were male, 57 were female. 98 had a diagnosis of an SMI, 27 did not. Most inpatients were of "white British" ethnicity. Of the 98 SMI patients, 14 had type II diabetes mellitus, 11 had essential hypertension, 12 had chronic obstructive pulmonary disease and 22 were obese (i.e. a BMI > 30 kg/m2). 70 of the 98 patients with an SMI were smokers.
Conclusion. As expected, a significant proportion of patients with SMI admitted to the general adult inpatient wards are smokers. Whilst admission to hospital may not be considered an ideal