

Coordination, Pakistan (April 11, 2023), and the Maudsley Prescribing Guidelines in Psychiatry, 14th Edition.

The following parameters were analysed:

Demographic details and clinical diagnosis of the patients.

Benzodiazepine use, including the type of benzodiazepine prescribed and the duration of use.

Assessment of benzodiazepine dependence, using the Severity of Dependence Scale (SDS), with a score greater than 7 indicating dependence.

Evaluation of whether patients were informed about the potential risks of dependence prior to initiating benzodiazepine treatment.

**Results:** Demographics and diagnoses: Out of the 35 patients audited, 29 (82.9%) were male. Diagnoses included Schizophrenia (11 patients, 31.4%), Bipolar Affective Disorder (21 patients, 60%), and Generalized Anxiety Disorder (3 patients, 8.6%).

**Benzodiazepine use:** A total of 97.1% (34 patients) were prescribed benzodiazepines, with 85.7% (30 patients) on long-term use exceeding six months. Commonly prescribed benzodiazepines included clonazepam (2 mg), bromazepam (3 mg), and lorazepam (1 mg), often based on pharmacy stock availability rather than patient-specific indications.

**Dependence and awareness:** Dependence symptoms were identified in 25 patients (71.4%). 65.7% (23 patients) were not informed about the risks of dependence or proper duration of benzodiazepine use.

**Guideline discrepancies:** Contrary to established guidelines recommending benzodiazepines for short-term use (2–4 weeks), these medications were prescribed for prolonged periods without regular risk assessments for dependence.

**Conclusion:** The audit reveals an alarming trend of prolonged benzodiazepine use among psychiatric outpatients, predominantly males with schizophrenia and bipolar disorder. The prescribing practices observed starkly contrast with international guidelines, such as NICE and Maudsley, which emphasise short-term use (2–4 weeks) and the necessity of ongoing risk assessments for dependence.

The lack of patient education on the risks of benzodiazepines and the absence of consistent, evidence-based prescribing protocols further exacerbates the problem. This is particularly concerning given the high rates of dependence and the potential for severe withdrawal symptoms upon abrupt discontinuation.

To address these issues, it is critical to:

Develop and implement national and institutional guidelines for benzodiazepine prescribing in chronic psychiatric patients.

Regularly review patients on benzodiazepines to assess the need for continued use.

Educate both healthcare providers and patients on the risks of long-term benzodiazepine use, dependence, and withdrawal.

Encourage the use of alternative, non-pharmacological interventions for managing anxiety and agitation.

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.

## Shots in Practice: An Audit of Depot Antipsychotics in Pakistan's Outpatient Psychiatry Department

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**Aims:** The primary aim of this audit was to evaluate the adherence to the Maudsley Prescribing Guidelines for Long-Acting Injectable

(LAI) antipsychotics in the outpatient department (OPD) setting at the Punjab Institute of Mental Health, Lahore, Pakistan. Specifically, the objectives were to:

Assess prescribing practices, including the use of test doses, baseline investigations, dose adjustments, dosing intervals, and combining LAIs with oral antipsychotics.

Identify gaps in clinical practices, such as patient monitoring and safety protocols, and their alignment with guidelines.

Highlight deviations like the use of LAIs in rapid tranquillization and high rates of polypharmacy.

Inform targeted interventions to improve patient safety and promote evidence-based care.

**Methods:** In July 2024, a random selection of 42 OPD prescriptions for patients receiving LAIs was reviewed. A structured proforma was designed to capture:

Patient demographics (age, gender).

Diagnosis,

Prescribing patterns (test doses, polypharmacy, and rapid tranquillization).

Safety protocols (baseline investigations, post-injection monitoring).

Patient education on medication side effects.

The proforma data facilitated a systematic evaluation of adherence to the Maudsley Prescribing Guidelines (14th edition) and provided insights into clinical practices at the Punjab Institute of Mental Health, Lahore.

**Results:** Demographics: The majority of the patients were male (76.2%) with a mean age of 41 years.

The majority of patients taking depot antipsychotics were diagnosed with schizophrenia (75.0%), followed by bipolar affective disorder (BAD) (21%), with a smaller proportion diagnosed with schizoaffective disorder (4%).

Prescribing Practices and Safety Protocols:

**LAI usage:** All patients received fluphenazine decanoate (25 mg intramuscular, biweekly), a first-generation antipsychotic (FGA).

**Polypharmacy:** All patients were concurrently prescribed a second antipsychotic, most commonly risperidone (4 mg/day).

**Patient education:** 78% of patients reported being informed about the side effects of injections. However, none was placed under post-injection observation, a significant gap in safety monitoring.

**Test doses:** No test doses were administered to patients receiving LAIs for the first time.

**Rapid tranquillization:** Fluphenazine injections were used in rapid tranquillization protocols, along with haloperidol (Serenace) and promethazine (Phenergan). This practice deviates from recommended guidelines.

**Baseline investigations:** No baseline ECG or other physical health assessments were conducted prior to initiating LAI therapy.

**Conclusion:** This audit highlights several critical gaps in the prescribing and monitoring practices for LAI antipsychotics at the outpatient department of the Punjab Institute of Mental Health. Key findings include the lack of test doses, absence of baseline physical health assessments (e.g. ECG), and insufficient post-injection observation. The use of fluphenazine in rapid tranquillization and the high prevalence of polypharmacy raise additional safety concerns.

**Recommendations:**

**Staff education:** Conduct regular training sessions on the Maudsley Guidelines, emphasizing test dose administration, baseline monitoring, and post-injection observation.

**Test dose feasibility:** Establish protocols to ensure test doses are administered before initiating LAI therapy.

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