

**Aims.** This clinical audit aimed to assess if monitoring of side effect of antipsychotics is adhered to using the Trust and National Institute of Clinical Excellence (NICE) guidelines. One of the determinants of prognosis in schizophrenia is compliance to medications. Hence, the importance to monitor patient's tolerability of side effects when they are on antipsychotic medications. Several patients during episodes of relapse have reported that experience of side effects were their main reasons for defaulting on their medications. This underpins the importance to monitor patients' tolerability of side effects when prescribed antipsychotics. Recommended monitoring scales are Glasgow antipsychotic scale, Liverpool University neuroleptic side effect rating scale, and Side effects scale for antipsychotic medication.

**Methods.** The 1st cycle of the audit was conducted from March 30th to April 30th, 2021, and the 2nd cycle was done between 4th October and 28th October 2022. In both cycles random sampling was used to select 50 patients on the caseloads of two community mental health teams. The data were collected with a tool designed using NICE guidelines and the Trust policy on monitoring of psychotropic medications.

**Results.** For all selected patients in the 1st cycle, no rating scales were used to assess side effects at three months or after one year of commencement of antipsychotics. However, there were random documentation of side effects written as case notes in 96% of patients. Extrapyramidal side effects (EPSE) were the most documented of side effects in the 1st cycle. The re-audit saw an improvement of 24% in the use of an objective rating scale to monitor side effects. Similarly, as in the 1st cycle, EPSE were the most reported side effects in the 2nd cycle.

**Conclusion.** This audit showed a significant gap in the objective monitoring of side effects of patients on antipsychotics as none of the recommended rating scales were used on the selected patients in the 1st cycle. Although, there was an improvement in the use of rating scales of up to 24% in the re-audit as compared to 0% in the 1st cycle, the uptake was still far from the ideal. There is a need for the Trust and NICE guidelines to be adhered to in the monitoring of side effects of antipsychotics as this is likely to have a positive impact on compliance to medications by patients.

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.

## Collateral History-Taking on Acute General Adult and Older Person Inpatient Wards: A Quality Improvement Project

Dr Joanna Steptoe<sup>1\*</sup>, Dr Harlene Deol<sup>2</sup>, Dr Joanna Male<sup>1</sup>,  
Dr Erica Riviere<sup>1</sup> and Dr Roisin McCarthy<sup>1</sup>

<sup>1</sup>Leicestershire Partnership NHS Trust, Leicester, United Kingdom and <sup>2</sup>Nottinghamshire Healthcare NHS Foundation, Nottingham, United Kingdom

\*Corresponding author.

doi: 10.1192/bjo.2023.476

**Aims.** To investigate current practice of collateral history-taking on inpatient adult and older person wards in Leicestershire Partnership Trust. COVID-19 visiting restrictions raised concerns that the collateral history may be side-lined due to the physical absence of carers. Collateral history is important in developing a working diagnosis and assessing level of function, and is part of ongoing assessment and formulation.

**Methods.** An initial audit of 46 patient records from 3 inpatient wards (2 adult and 1 functional old age) was carried out in January 2021 when visiting restrictions were in place. In response, a questionnaire was distributed and 2 focus groups of junior doctors conducted later in 2021; the aim being to explore factors affecting collateral history taking. A re-audit was completed in October 2022 when visiting was reinstated. 48 patient records were audited. Old Age organic wards for dementia assessment were not included in data collection, as collateral history-taking is unavoidable for initial assessment of those presenting with significant cognitive impairment.

**Results.** In 2021 and 2022, 33% and 38% of sampled patients had a collateral history taken in the first 14 days of admission. Where a collateral history was omitted, only 10% and 13% were attempted and 46% and 27% planned. Associated themes were identified from the questionnaire and focus groups including consent; accessibility of contact details; lack of confidence and variability in history-taking; accountability/ clarity on whose role it is to complete the task; lack of time/space and poor consensus on how to document a collateral history.

**Conclusion.** The results of the re-audit continue to show poor collateral history completion early in admission for both old age and adult inpatient wards despite reinstatement of visiting after the COVID-19 pandemic. Numerous issues affect the completion and documentation of good quality of collateral histories within inpatient settings of Leicestershire Partnership Trust. These have been categorised into staff, system, environmental and other factors.

This audit forms part of a wider quality improvement project. The proposed actions are as follows:

1. To share findings locally via the Trust Audit and Quality Improvement department, Trust email and Consultant Medical Advisory Committee;
2. To improve education through Trust induction, regular bitesize teaching and development of a crib sheet to be placed on each ward;
3. To consider wider quality improvement projects in line with themes identified above;
4. To undertake a further re-audit in November 2023.

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.

## Assessment of Antipsychotic Side-Effects Monitoring in Learning Disability Patients in a Medium Secure Hospital

Dr Indu Surendran<sup>1\*</sup> and Dr Johannes Cronje<sup>2</sup>

<sup>1</sup>St Helens and Knowsley Teaching Hospital, Prescot, United Kingdom and <sup>2</sup>Rowan View Hospital, Maghull, United Kingdom

\*Corresponding author.

doi: 10.1192/bjo.2023.477

**Aims.** Learning Disability population has increased neuroleptic sensitivity which predisposes to development of side-effects at even lower doses of antipsychotics. STOMP practices (Stopping OverMedication of People with a learning disability, autism or both psychotropic medications) advocate regular review of psychotropic medications, providing information about non-pharmacological therapy and involvement of patients and families about medications. Our audit aimed to understand how the side-effects in the Learning Disability patients who are on antipsychotics in a Medium Secure Hospital were being monitored in a

12-month period. The objectives were to assess whether the side-effects were being monitored regularly, whether a scale (Liverpool University Neuroleptic Side-Effect Rating Scale or LUNSERS) was being used or not, the grade of staff conducting the assessment and whether the outcomes being scored and reviewed adequately in Multi-Disciplinary Team meetings or Care Programme Approach meetings.

#### Methods.

- It was a retrospective, cross-sectional audit involving inpatients on the Learning Disability Wards of Rowan View (Medium Secure Hospital under Merseycare) in the time period 01/06/21 to 31/05/22
- No patients were excluded
- Data pertaining to assessment of side-effects to antipsychotics were collected from electronic database PACIS, the computer database used in Rowan View using Microsoft excel tool created by author
- Descriptive statistics were used to analyse data

**Results.** There were 27 patients included in the study from four different learning disability wards in Rowan View Hospital. In all but one (96.3%), side-effects to antipsychotics were assessed at least once in 12 months, but formal assessment using a rating scale was conducted in only 88.5%. In majority of patients, only one assessment was done in 12 months (43.8%) whilst the maximum was 3 assessments in a year in 34.8%. None of the assessments had the grade of staff noted whilst only 8.7% assessments were scored despite 91.3% being calculated and only 26.1% assessments even reviewed further. All patients reported side-effects to some extent.

**Conclusion.** The modality and frequency of reviewing side-effects to antipsychotics in this neuro-sensitive patient population was noted to be inadequate. The practice of using LUNSERS appears to be completed only superficially with questionable delivery and review of results. There is no formal guideline available nationwide for basing this assessment of side-effects despite STOMP actions (other than suggestions) and a real deficit was identified. A creation of a formal guideline for monitoring side-effects in patients with Learning Disability is needed and is currently being addressed by Rowan View Patient Safety Team.

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.

### Auditing the Treatment of Post-Traumatic Stress Disorder in Patients Experiencing Inner-City Homelessness

Miss Philippa Christey-Reid and Dr Ruth Thompson\*

University of Manchester, Manchester, United Kingdom

\*Corresponding author.

doi: 10.1192/bjo.2023.478

**Aims.** Post-traumatic stress disorder (PTSD) is a mental health diagnosis resulting in symptoms which make daily functioning challenging and higher cognitive ability often troublesome, resulting in a diminished quality of life that requires specific intervention to improve. The objective of this audit was to evaluate whether evidence based best practice is being met, regarding the treatment of PTSD in 62 individuals experiencing inner city homelessness. The overarching aim of this research was to shine a light on some of the prominent obstacles that are preventing access to healthcare, particularly in a population that historically struggle to raise their hand and ask for help.

**Methods.** The method used was a classic audit-cycle structure, using quantitative and qualitative measures to visualise outcomes. Data were gathered through retrospective analysis of patient documentation, communications between services and records dating back to each original diagnosis.

**Results.** The results indicated that best practice in the form of trauma-focused therapies is not occurring as outlined by national guidance within this sample, but instead medication is acting a crutch, allowing individuals to cope with daily life. Over the 13-year period, 11% of individuals received some form of psychological therapy. Possible reasons for this suboptimal outcome were investigated, resulting in recognition of an array of barriers faced by the homeless population in accessing required therapeutic intervention. Results indicated the most common reasons for unsuccessful therapy were lack of contact or engagement by the individual, discharge on the grounds of substance misuse, then lack of record or follow-up within the service records.

**Conclusion.** In conclusion, barriers to the delivery of effective therapy are multifactorial and recommendations have been made here to promote integration of care across services, possibly providing an alternative pathway for these patients. Forward thinking models of psychologically informed environments may be useful to deliver treatment to people experiencing homelessness, in way that is accessible and approachable to them. Additionally, it has been recognised that improvement in communication across services regarding mental health interventions is required, to allow continual evaluation and improvement of care in the area. Finally, the question was raised whether current guidance is suitable and generalisable to the homeless population, particularly those under complex circumstances and co-morbid with substance or alcohol misuse. All recommendations have been made in the aim of improving provision of care for this population, to avoid deepening of already established health inequalities and to combat the inverse care law.

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 of the Metabolic Side-Effects on Autistic Inpatients on a Rehabilitation Ward

Dr Zurima Toloza Diaz\* and Dr Azmathulla Khan

London, United Kingdom

\*Corresponding author.

doi: 10.1192/bjo.2023.479

#### Aims.

- To evaluate current compliance in monitoring metabolic side effects for the patients with the diagnosis of autism, following the recommendations of NICE guidelines.
- Establish evidence based practices to reduce morbidity and increase quality of life.
- To identify areas of improvement.

**Methods.** Springs centre is a male locked secure rehabilitation ward, specialised in treating people with Autistic Spectrum Disorder (ASD), Learning Disabilities (LD) and co-morbid mental health conditions. It is a 17-bedded ward for male adults between 18 and 65 years old. Service users are transferred from hospitals or community placements located at the South East of England.

We collected data from service users admitted to the Springs Centre between 1st of January and 31st of July 2022. The selection