

Aims. Clozapine is a well-established and widely practiced treatment for treatment-resistant schizophrenia. Due to its significant side effect profile, it requires intense monitoring, including monthly blood tests and medical reviews. A patient's attitude towards clozapine can impact compliance with treatment and its monitoring process. This survey intended to identify the community mental health patients' perception of the clozapine treatment and its monitoring process and to help improve current practices of the service.

Methods. A structured survey with 17 questions was administered to patients registered at the community clozapine clinic via face-to-face or phone conversation at an Australian Community Mental Health Service by the principal researcher and clozapine coordinators.

Results. 17 out of 25 eligible patients (68%) participated; the mean age was 39.7 years. There were nine female and eight male participants. 94% of patients were on clozapine for more than one year. 70.5% agreed that clozapine helped to improve mental health, and they understand clozapine side effects and monitoring process. 76.5% agreed that the treating team provided psychoeducation. Seven participants reported clozapine improved side effects compared with previous medications. Three disagreed that clozapine improved side effects, and six remained neutral. Hypersalivation (35.2%), constipation (23.5%) and weight gain (17.6%) were identified as the worst side effects. Nine (52.9%) participants reported that they make healthy life choices. Factors affecting motivation for a healthy lifestyle are mental health symptoms (47%), finances (47%) and physical health well-being (52.9%). Only 35% identified motivation from others as necessary for a healthy lifestyle. Fatigue/poor motivation (47%) and mental health (35.2%) prevent them from making healthy choices. Side effects and finances equally (23.5%) impact healthy choices. Eleven participants (64.7%) felt clozapine monitoring was a positive experience, and 88.2% felt they had enough support during the clozapine monitoring process and were adequately informed about their treatment plan. Two participants disagreed that they were informed of their treatment plan. The majority (82.3%) said no change was needed in the monthly medical officer-led clozapine clinic or six-monthly psychiatrist-led clozapine clinics. Text messages (88.2%) and phone conversations (47%) were the most preferred method for treating team communication about treatment.

Conclusion. The majority of patients identified that clozapine helped to improve mental health, and the monitoring process was a positive experience. Most participants were aware of clozapine and its monitoring process. Psychosocial support will be essential to improve quality of life and might improve the negative perception of clozapine's side effects.

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.

Improving the Management of Neuropsychiatric Presentations in Early Intervention Services (EIS)

Dr Henry Finn* and Dr Emily Easter

South West London and St George's Mental Health Trust, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.364

Aims. Early Intervention Services (EIS) are in a unique position to assess patients presenting with their first episode of psychosis.

The possibility that an organic disorder may be underlying their presentation must be ruled out, often necessitating neuroimaging and/or input from neurology and neuropsychiatry.

We aim to improve the management of neuropsychiatric presentations in EIS. We will determine the incidence of cases, from the London Boroughs of Sutton and Merton, which warrant referral to neurology, neuropsychiatry and neuroimaging. We will then review referral pathways and provide justification for community services, such as EIS, to *autonomously* request referrals and neuroimaging.

Methods. We retrospectively reviewed the complete caseloads of EIS for Sutton and Merton (n = 121). We considered the neurological comorbidities of patients to determine the incidence of cases which warranted a referral to neurology, neuropsychiatry and/or neuroimaging. We reviewed how requests were made and the subsequent results.

Results. 15% of the EIS caseload had a neurological comorbidity. Migraine was the most common condition (8.3%), followed by traumatic brain injury (3.3%), headache (2.5%), and seizure (1.7%). There was one case each of epilepsy, stroke, transient ischaemic attack, cavernoma and cerebral venous thrombosis. 83% of patients with a neurological comorbidity had received neuroimaging and all imaging results were either normal or confirmed known pre-existing neurological disease. The 17% of patients who did not receive neuroimaging had only migraine as a neurological comorbidity. One patient was reviewed by neurology and diagnosed with psychosis presumed to be secondary to paraneoplastic syndrome. All patients that fulfilled criteria for a neuropsychiatry referral had this completed electronically. However, there was no clear pathway to request a review by neurology, and Sutton EIS had difficulties autonomously requesting and accessing the results of neuroimaging, delaying provision of appropriate care.

Conclusion. There is a small but significant burden of neurological comorbidity among EIS patients. In our brief study, we found one patient whose symptoms of psychosis were likely attributable to an organic cause. Accessible pathways to refer patients for neuroimaging, and subsequently to neurology and/or neuropsychiatry if indicated, are crucial in the assessment and management of first episode psychosis where an organic cause is suspected. Access to these resources should be efficient and autonomous for EIS. We are in the process of implementing referral guidance alongside a direct electronic referral process to request neuroimaging and further input from neurology and/or neuropsychiatry, to optimise care for patients and our service.

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.

Improving the Visibility and Accessibility of Physical Health Information in a Forensic Medium-Secure Inpatient Unit

Dr Rijul Bohra^{1,2}, Dr David Kelsey¹ and Dr Jon FitzGerald^{1*}

¹Oxleas NHS Foundation Trust, London, United Kingdom and

²South London and Maudsley NHS Foundation Trust, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.365

Aims. To improve the visibility and accessibility of secure inpatients' physical health needs by measuring staff satisfaction levels towards physical health information and monitoring.