

- Power of Attorney or in a Best Interest Meeting to 95% (n = 20) from 85% (n = 12) in the previous audit.
- An increase in percentage of documented evidence of pharmacy input on covert medication administration plan to 100% (n = 21) from 47% (n = 7) in the previous audit.
  - An increase in percentage of documented evidence of covert medication administration in the drug charts to 100% (n = 21) from 53% (n = 8) in the previous audit.
  - An increase in percentage of documented evidence of covert medication review date on the covert medication initiation forms to 85% (n = 18) from 67% (n = 10) in previous audit.
  - A decrease in percentage of documented evidence of MDT discussion prior to starting covert medication plan to 90% (n = 19) from 100% (n = 15) in previous audit.

**Conclusion.** This re-audit showed some improvement with 100% compliance in 4 out of 10 standards, however, there's still room for improvement to get the compliance to 100% across all the standards.

We therefore recommended strict adherence to existing covert medication initiation plan form, with particular attention to be paid to the standard of proper documentation of the details of MDT discussions around covert medication plan initiation, as there was surprisingly a reduction noted in this standard.

Finally, we recommended that another re-audit be considered within 2 years of completion of this re-audit.

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## Identification and Management of Hyperprolactinaemia in Patients With Intellectual Disabilities Who Are Prescribed Antipsychotic Medication: A Retrospective Audit

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**Aims.** Hyperprolactinaemia has long-term complications including reduced bone mineral density (BMD). People with an intellectual disability (ID) have a greater burden of disease and reduced life expectancy compared with the general population, including an increased risk of osteoporosis and fractures. There is a higher prevalence of antipsychotic prescriptions in people with ID which increases the risk of hyperprolactinaemia. Therefore, regular serum prolactin monitoring is important in this group. The aims of this audit were:

- To identify how many patients with ID are prescribed antipsychotic medication and of these, how many have had prolactin levels measured in the last 12 months.
- To identify how many patients had elevated prolactin levels (>530 mIU/L).
- To identify if results had been managed as per current guidelines.

**Methods.** Data was reviewed from the Richmond and Kingston psychiatry caseloads using the electronic patient record, Care Notes. Each patient was reviewed against the inclusion criteria of diagnosis of ID and currently prescribed antipsychotic medication.

125 patient records were reviewed on Care Notes. 50 patients were excluded as they were not prescribed an antipsychotic medication. The remaining 75 patients met the inclusion criteria.

**Results.** 75 patients were prescribed an antipsychotic. Of the 10 different antipsychotics prescribed, the most common were risperidone (50.7%) and olanzapine (30.7%). Of those prescribed an antipsychotic, 39 (52.0%) had their prolactin levels measured in the last 12 months.

The prolactin levels measured ranged from 82 mIU/L to 4890 mIU/L. 16 (41.0%) patients had elevated prolactin levels. In those with elevated prolactin, 68.8% were prescribed risperidone.

Of the patients with elevated levels, 81.3% had their results discussed with them and treatment options considered. The majority of patients were monitored and screened for symptoms. In some cases, psychotropic medication was reduced with a view to stopping and others continued to be monitored. Two patients were prescribed aripiprazole 2.5mg as an adjunct.

Those who had not had their prolactin levels discussed were all awaiting appointments as the blood tests had been taken recently.

**Conclusion.** A key area identified is how to increase uptake of blood tests in this patient group. Closer liaison with GP surgeries and proactive discussions with patients about the importance of screening for hyperprolactinaemia may help to improve outcomes. Referral to our in-house needle desensitisation service may also be helpful.

There is also scope for future research regarding the management of hyperprolactinaemia in the ID population due to the increased risk of reduced BMD.

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## Driving in Home Treatment Teams: Are We Talking About It Enough? An Audit Covering Kingston and Richmond Boroughs in South West London and St George's NHS Trust

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**Aims.** Legality of driving and serious mental illness is often poorly understood by service users and staff. The risk of rare but serious consequences indicate the value in including driving risk in initial assessments. The Driving and Vehicle Licensing Authority (DVLA) advises not to drive and notify them of changes in condition or concerns around an individual's ability to drive. Crisis periods can represent changes in condition for individuals with chronic mental health conditions including psychotic disorders, manic episodes, severe anxiety and depression, and personality disorders. It therefore is pertinent for home treatment team (HTT) clinicians to consider driving safety, in patients requiring crisis intervention. The aim of our audit was to identify what proportion of patients on the Kingston and Richmond HTT caseloads are asked about driving and implement changes to facilitate discussion thereby improving safety.

**Methods.** Retrospective data was collected from Rio clinical record software from the entire Richmond HTT and Kingston HTT caseloads at baseline, two and four months post-intervention. Clinical records were reviewed to establish if driving

was being discussed. Data was inputted anonymously into Excel and simple statistical analyses conducted.

Inclusion criteria were patients on the Richmond Kingston HTT caseloads on the date of data extraction for cycles 1, 2 and 3. Patients were excluded who had not yet had their initial assessment.

Following initial data collection we joined stakeholders at Trust-Wide HTT Governance meeting covering five boroughs and presented findings. We agreed changes to implement including incorporating a driving prompt in the initial assessment proforma and providing a DVLA leaflet in the welcome pack.

**Results.** From baseline data of combined caseloads, 17.7% of patients had documented evidence of driving discussion. At two months, re-audit showed that 33.3% of patients were asked about driving. With consideration of delays in change implementation with large teams and shift work, a third data collection cycle was completed 4 months post intervention. This showed that 56.0% of patients were asked about driving.

**Conclusion.** The changes implemented have been effective in sustaining increased awareness on this important topic and facilitating discussion with patients. There is potential to increase awareness further by expanding this as a trust-wide, regional or national initiative whilst enhancing stakeholder engagement.

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### A Re-Audit of the Assessment of the Nutritional Status of Patients Admitted to the General Adult Inpatient Wards in Mersey Care NHS Foundation Trust

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**Aims.** Obesity and malnutrition have increased prevalence in individuals with mental disorder. Patients with severe mental illness are at increased likelihood of developing weight-related comorbidities, particularly type II diabetes mellitus.

Admission to the psychiatric ward provides an opportunity to address, not only the patient's mental health issues, but also any physical health issues.

The aim of this re-audit was to assess whether patients were managed in compliance with the Mersey Care NHS Foundation Trust Nutritional Screening Protocol on eight general adult inpatient wards across the Trust.

**Methods.** Data from the first five admissions (starting from 1<sup>st</sup> April 2023) to eight general adult inpatient wards in the Trust was collected and assessed.

A total of 40 inpatient admissions were identified. The results were collated and compared to the standard – Mersey Care's Nutritional and Hydration Policy.

**Results.** 36 patients (90%) had a Malnutrition Universal Scoring Tool (MUST) completed within 72 hours of admission. Of the four patients (10%) who didn't have a MUST score within 72 hours of admission, three were completed after 72 hours.

46% of patients had a MUST score of 0 (low risk), 31% a MUST score of 0 (high risk obesity), 10% a MUST score 1 (medium risk) and 13% a MUST score of 2 or above (high risk).

Of the five patients with a MUST score of 2 or above (high risk), three (60%) were compliant with all elements of the

Nutrition Screening Tool Care Plan. Of the 12 patients with a MUST score of 0 (high risk obesity), seven (58%) were compliant with all elements. Of the four patients with a MUST score of 1 (medium risk), all were compliant with all elements.

Overall, 31 (79%) patients had every element of the Nutrition Screening Tool Care Plan completed.

**Conclusion.** There was significant assurance of systems and processes in place and working well to ensure compliance, with only minor issues of concern identified.

Whilst the MUST score within the first 72 hours following admission had been completed in most inpatients, referrals to the dietician had not been done consistently in line with Trust policy. This is an area that requires addressing. Some training may need to be delivered to underline the importance of adhering to Trust policies.

An action plan to circulate the audit findings to all general adult inpatient wards across the Trust and re-auditing with a larger sample size across the Trust has been recommended.

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### An Audit of Baseline Physical Health Monitoring in Patients Under the Care of Mersey Care NHS Foundation Trust Who Are Commenced on Lithium

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**Aims.** Lithium is clinically indicated for use in the UK for treatment and prophylaxis of mania, treatment and prophylaxis of bipolar disorder, treatment and prophylaxis of recurrent depressive disorder and treatment and prophylaxis of aggressive or self-harming behaviour. Prior to commencing lithium, there is a need for several physical health checks and blood tests to be completed to ensure that lithium remains appropriate to prescribe.

This audit aimed to establish whether Mersey Care NHS Foundation Trust's prescribing practices of lithium are in keeping with national guidance prior to initiation and how the Trust's performance compared with national performance as identified by the Prescribing Observatory for Mental Health (POMH) lithium audit.

**Methods.** A total of 127 patients under the care of the Trust who were prescribed lithium (lithium carbonate and lithium citrate, tablet and liquid formulations) were identified using the Trust's electronic record system and electronic prescription chart system. The POMH lithium audit tool was used to capture data for each lithium patient as Mersey Care NHS Foundation Trust was participating in the national POMH lithium audit. Each patient's electronic record was scrutinised to determine whether the following were measured prior to lithium being initiated – weight/body mass index (BMI)/waist circumference, Thyroid Function Tests (TFTs), serum calcium level and estimated Glomerular Filtration Rate (eGFR).

**Results.** Of the sample of lithium patients included in the audit, 78% of patients had a weight/BMI/waist circumference done prior to initiation of lithium; 80% of patients had a serum calcium level; 93% had TFTs done; and 100% of patients had an eGFR completed prior to initiation of lithium.