

the national prescribing practices as identified in the POMH-UK Quality Improvement Project (QIP) 12b.

**Methods.** The medical secretaries were contacted and asked to provide a list of patients seen as outpatients between March–September 2021 who have a diagnosis of personality disorder.

As there were multiple psychiatrists working in a team the cases to include were taken evenly from each caseload.

**Results.** The frequency of diagnosis of personality disorder was more likely in females (31/40). Most common personality disorder diagnosed was EUPD (88.5%) followed by mixed Personality disorder (11.5%).

Among sample of patients selected, around 75% were prescribed some psychotropic medication including 52.5% (21/40) who were prescribed an antipsychotic medication.

Around 47.6 % (10/21) of the antipsychotic prescriptions were a new recommendation. Out of all the antipsychotic medications prescribed, quetiapine was by far the most common antipsychotic prescribed followed by aripiprazole.

In 38% of cases where antipsychotics were prescribed specifically for the management of Personality Disorder a rationale was given. Predominantly they were prescribed to reduce mood instability and impulsivity, and to aid sleep. Furthermore, none of the rationales given was in line with NICE recommendation.

Only 3.8% (5/21) of those prescribed antipsychotics were given a written information about antipsychotic effectiveness in PD and a plan to reduce antipsychotic medication was documented in only 28.57% (6/21).

A comorbid diagnosis was present in 62.5% (25/40) of the patients and the most common one was complex PTSD. The frequency of antipsychotic prescription was higher in those with a comorbid diagnosis (57.1%) and 42.8% in those without a comorbid diagnosis. However, there were differences in comorbidities present for patients prescribed antipsychotics as compared with those not prescribed antipsychotics. Those on antipsychotics tended to have comorbid diagnoses on the psychosis, bipolar spectrum disorders and PTSD whereas those not on an antipsychotic tended to be on the depressive or anxiety spectrum.

The other psychotropic medications used were antidepressants and benzodiazepines.

**Conclusion.** In general, the frequency of prescribing antipsychotic medication to patients with personality disorder in the community mental health teams across Cumbria (52.5%) appears to be lower than the national average (57%). However, the prescriptions did not meet the requirements set out by the NICE guidelines. A significant gap between the recommendations and practice was identified.

In 38% of cases, in which antipsychotics had been prescribed specifically for personality disorder there was a rationale given. Even when a rationale was given it was to treat intrinsic features of Personality disorder which is contrary to what NICE recommends. Only 3.8% of prescriptions were supported with written information on the efficacy of antipsychotics in personality disorder.

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**Audit of Compliance With Stopping the Overprescribing of People With Autism Spectrum Condition (ASC) and Intellectual Disability (STOMP) Within the Child and Adolescent Mental Health Services (CAMHS) in Warrington, Mersey Care NHS**

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**Aims.** To assess compliance with the standards set in the Royal College of Psychiatrists (2021) Position Statement PS05/21: Stopping the overprescribing of people with ASC and Intellectual disability (STOMP) within the Child and Adolescent Mental Health Services (CAMHS) in Warrington, and Mersey Care Consent to Examination and Treatment Policy SD06

**Methods.** A retrospective analysis of the electronic record of children and young persons (CYPs) having a diagnosis of either ASC, attention-deficit/hyperactivity disorder (ADHD), or both, and taking psychotropic medication while actively receiving care at Alders Warrington CAMHS between 1st May 2023 and 31st May 2023, was performed. The audit sample included 18 CYPs meeting the criteria, and we conducted the audit against 14 Compliance standards.

**Results.** 18 CYPs were included in the audit. 10 (55%) had a comorbid diagnosis of anxiety disorder, depression, or both, while eight (45%) had OCD, OCD Traits or Tic disorder. Four CYPs (22%) had challenging behaviour, including self-injurious behaviour in one of them. Although 17 (95%) of the CYPs had a mental disorder, the clinical indication for the psychotropic medication, which was documented for all patients, was also for behavioural problems viz challenging behaviour, and self-injurious behaviour, for 3 (17%) CYPs. For one patient (6%), there was no behavioural support plan (BSP), before the commencement of psychotropic medication. Three patients were prescribed psychotropic medication for behavioural problems. Two of the three patients with challenging behaviour had already commenced psychotropic medication before referral to the locality. All eligible patients had an initial multi-disciplinary team (MDT) meeting before prescription and routine 3-monthly reviews for efficacy and side effects. In all the cases, a specialist prescriber prescribed medication, and mental capacity was assessed and documented. Where necessary, a decision was taken in the patient's best interest. The service met all other requirements for compliance with standards set in the RCPsych position statement except for three criteria.

**Conclusion.** Overall compliance with STOMP guidelines at the Alders Warrington CAMHS was 98%, with Significant Assurance. Dissemination of good practices and an early re-audit is strongly recommended.

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**Audit of Electroconvulsive Therapy Service Provision in Lincolnshire Partnership Foundation Trust: Current Standards and Adherence to National Guidance**

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**Aims.** To improve the quality of care received by service users of Electroconvulsive Therapy (ECT) treatment in Lincolnshire Partnership Foundation Trust (LPFT) by measuring the compliance of the local ECT clinic in Lincolnshire in accordance with National Institute of clinical excellence guidance and ECT accreditation services standards.

**Methods.** Pre-audit work up includes consultations with ECT clinic lead and stake holders to ensure ethical and governance standard are met. This audit is conducted with the permission of trust quality and safety team.

Sample population is identified from ECT clinic registry, Lincoln. A total of 10 patients who received ECT treatment between January 2023 and August 2023 are included regardless whether the necessary information is available on the clinical system or not, to minimise selection bias. Retrospective data collection by using Rio electronic case records. Descriptive analysis of data using Microsoft Excel and evaluation of results is based on 3 key domains such as indication, consent process and monitoring.

**Results.** A total of 10 service users, comprising 30% males and 70% females, underwent treatment in both inpatient (80%) and outpatient (20%) settings, primarily for severe depressive illness. In 70% of cases, a pre-ECT assessment was documented to evaluate potential risks and benefits. The consent procedure was completed by a psychiatrist in 70% of instances. However, ongoing consent was not consistently reviewed at each ECT treatment.

Baseline monitoring using the Clinical Global Impression and Comprehensive Psychopathological Rating Scale was conducted in 20% of cases, with no follow-up assessments performed after each treatment. The Montgomery-Åsberg Depression Rating Scale was employed at baseline for 40% of patients, yet there was no evidence of weekly monitoring. While the Montreal Cognitive Assessment was administered to all patients at baseline, it was not conducted after every four treatments.

Post-ECT follow-up data revealed that less than a quarter of patients underwent clinician reviews. Validated rating scales were utilized in no more than a fifth of patients at both one week and two months after treatment.

**Conclusion.** The findings suggest the need for improved documentation of the entire consent process and in regularly assessing the ongoing validity of consent. Moreover, there is a need for stronger monitoring at baseline, during, and after ECT treatment. It is recommended to revise the local ECT record pathway by December 2023, with a follow-up re-audit scheduled for March 2024 to evaluate the effectiveness of the implemented changes.

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## Driving Status in Patients Admitted to Acute Psychiatric Ward and DVLA Advice

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**Aims.** DVLA guidance is very clear about patients not driving during or shortly after episodes of acute mental illness. There is an obligation for patients to inform the DVLA if they are unwell. The obligation for doctors to inform the DVLA if the patient chooses not to, and continues to drive when they should not, is also well known.

This audit aims:

1. To identify the number of patients whose driving status was recorded following their admission to an acute psychiatric ward.
2. To identify the number of patients discharged with correct DVLA compliant advice.
3. To identify the number of patients whose notes reflected correct driving status information on discharge.

**Methods.** Patient ward notes and discharge summary documents relating to their admission on to the PICU ward were examined retrospectively for recorded evidence of patient's driving status and any documented DVLA advice given. Patients admitted from November 2022 and April 2023 were reviewed. 68 patients were identified and systematic sampling techniques identified a sample of 30 patients.

Keyword search included "Driving", "License", "Car", "Driving license", "DVLA".

**Results.** 30 patients were reviewed in total.

40% of sample patients had no driving status recorded on their notes.

Of the 60% of sample patients who were confirmed to be driving/held license, nearly half (47%) had no recorded advice documented regarding the DVLA or driving after an acute MH illness on discharge.

A third (33%) of sample patients were recorded as having been given generic advice regarding driving only.

Only 20% of sample patients recorded to be driving, were documented as having been given correct advice as per DVLA guidance on discharge.

**Conclusion.** This audit demonstrated that driving status is currently poorly recorded in patients admitted to PICU and documentation of correct DVLA-compliant driving advice being given on discharge to relevant patients is also poor. Patients may not be receiving important information that they need.

Providing correct and accurate advice to patients regarding the DVLA rules and psychiatric illness should be part of a safe and robust discharge plan, and forms part of the clinical teams obligations to the patient. Identifying patients as drivers and improved documentation of driving status and evidencing appropriate advice being given is key.

A number of interventions were implemented and a re-audit will be undertaken in Spring 2024. If successful at improving rates of DVLA compliant advice being given, it would be hoped these interventions could be shared across the trust.

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## Monitoring of Blood Clozapine Levels After a Change in Smoking Status for Patients Treated With Clozapine: A Clinical Audit From Hull Community Mental Health Team

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**Aims.** According to The Medicines and Healthcare products Regulatory Agency (MHRA) Drug safety update in August 2020 regarding clozapine, monitoring blood clozapine levels for toxicity is now advised in certain clinical situations such as when a patient stops smoking or changes to e-cigarette.