

- >80 years
- History of low sodium
- AKI during admission
- Relevant comorbidities (see above)
- >1 antidepressant
- Other meds that can cause hyponatraemia
- More frequent monitoring for all those with with multiple risk factors AND who are starting/increasing antidepressant:
 - baseline sodium plus repeat after 2 and 4 weeks
 - Communicate to GP the need for 3-monthly sodium monitoring for those with above risk factors
 - Re-audit in 6-12 months' time

Audit on antipsychotic prescribing in children and young people with a learning disability under the care of mental health services in Surrey

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Aims. To check the extent to which National Institute of Clinical Excellence (NICE) guidelines were being followed in clinical practice with regards to prescribing antipsychotic medication to Child and Adolescent Mental Health Services (CAMHS) patients with a diagnosed learning disability (LD).

Method. A data collection tool (based on a similar Royal College of Psychiatrists [RCPsych] audit) was filled out with retrospective data from patients' clinical records, then analysed using Microsoft Excel and Microsoft Powerpoint.

The agreed standards were the NICE guidelines.

There were no ethical issues as the data were retrospective and anonymised.

Sample size was 13, comprising 7 males and 6 females.

All service users were less than 18 years of age.

Result. 7 out of the 13 patients who were prescribed antipsychotics had a Severe/Profound LD.

Among the 5 patients who had been prescribed antipsychotic medication, 4 were on Risperidone and 2 were on Aripiprazole. The reasons for starting antipsychotic medication were clearly documented for all 5, the most common reasons being overt aggressive behaviour and general agitation/anxiety.

Only 1 patient had antipsychotic medication initiated in the previous 12 months. NICE guidelines had been generally followed for the management of this case, with good documented evidence.

For the other 4 patients, in whom antipsychotic medication was initiated more than 12 months ago, there was a lack of documentation of the subsequent assessment of side effects, extra-pyramidal side effects, body weight, blood pressure, glycaemic control and lipid profile. 1 of these patients did not have a documented review of antipsychotic medication in the previous 6 months. For the other 3 patients, their medication reviews did not consider whether to reduce the dose or stop antipsychotic medication.

1 patient had been transferred to primary care, with a clear transfer of prescribing responsibility and documented evidence that written guidance was provided to primary care which addressed all the necessary management details.

Conclusion. Although there was clear documentation of reasons for initiating antipsychotics, there appeared to be a lack of awareness of NICE guidelines for antipsychotic medication

reviews, side effect and metabolic markers assessment, and their documentation. This is an area for potential change in practice to conform better to national guidelines and improve patient care.

Baseline ECGs done in memory clinics in Leicestershire

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Aims. To ascertain the compliance of the Mental Health Service of Older People (MHSOP) memory clinics in obtaining ECGs, based on the agreed criteria.

Background. Cholinesterase inhibitors are a main pharmacological treatment for Alzheimer's dementia (AD). These drugs may worsen pre-existing cardiac conditions or cause significant cardiac side effects. A baseline ECG can be beneficial before starting patients on these medications. Previously in Leicestershire, all memory clinic patients were receiving routine ECGs. However, new standards were set based on the NICE guidelines and criteria outlined in other regions, to reduce the use of this time consuming and expensive investigation for patients who may not require it.

Method. A total of 120 patients attending memory clinics in Leicestershire over a 6 month period (April to September 2019), were randomly selected and their electronic records retrospectively reviewed. The data collection tool was designed to encompass the key aspects of the criteria for obtaining an ECG for those attending the memory clinic. The information was analysed using Microsoft Excel.

Result. Of the 120 patients, 23 (19.2%) were diagnosed with AD, 10 (8.33%) with mixed and 19 (15.8%) with vascular dementia. 68 (56.7%) had a diagnosis of "other" which included mild cognitive impairment or diagnosis still under investigation. 0 patients were diagnosed with Lewy Body Dementia or Parkinson's dementia. Of the total number of patients, only 10 had an ECG done, 2 with a diagnosis of AD, 1 with mixed dementia, 1 with vascular dementia and 6 "other". The 10 ECGs done were all requested by nursing staff.

Although 27 (22.5%) patients were identified to have a diagnosis of AD or mixed dementia, plus at least one of the criteria for an ECG, only 6 (22.2%) were discussed with the Multi-Disciplinary Team (MDT) following which only 3 of the 27 patients (11.1%) had an ECG

Conclusion. Despite having clear criteria for requesting an ECG for those attending the memory clinic, compliance over the 6 month period was low. The following recommendations may be useful in improving compliance:

Displaying the ECG algorithm in the memory service clinic rooms.

Raise awareness amongst memory service clinicians of the criteria for requesting ECGs.

"Are they medically fit?" - clinical audit on the physical assessment of mental health patients in A&E

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