Neurodiversity Within an Adult Home Treatment Team in Newham, London

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Aims. An increasing proportion of patients presenting in crisis to Newham Home Treatment Team (NHTT) had been noted to exhibit clinical signs and symptoms of neurodiversity. The aim of our project was to identify the number of confirmed and suspected autism and ADHD cases over a 12 month period. We also collated data on gender, age, presenting complaint, medication, and use of screening tools.

Methods. The project involved a retrospective case note review of the NHTT (South) caseload from November 1st 2020-October 31st 2021. This involved searching caseload and electronic patient records on RiO for keywords: "autism", "ADHD", "ASD", "Asperger", "Attention Deficit Hyperactivity Disorder", "AQ10". Patients were included if neurodiversity was suspected or already diagnosed. Data were collected on age at presentation, gender, presenting complaint, NHTT diagnosis, other diagnoses, Autism Spectrum Quotient (AQ-10) score, whether screening for attention deficit hyperactivity disorder (ADHD) was completed, age at first presentation to services, and medications at discharge.

Results. Over a 12 month period 49 patients (out of 258) presenting to NHTT South raised clinical suspicion of neurodiversity, representing 19% of the caseload and on average one new patient per week. The majority of these (47) related to autism, 13 of which had confirmed diagnosis (M = 26, F = 23). Of the 36 for whom there was clinical suspicion of autism, an AQ10 score was recorded for 18. 14 patients were suspected to have ADHD, 6 of which were confirmed (M = 5, F = 9). There was not a significant impact of gender. The majority of patients included (33) presented with a mood disorder (M = 15, F = 18), and a minority (13) with psychotic disorders (M = 7, F = 6). Over half of patients included presented with suicidality (M = 11, F = 14), and just under half had received a diagnosis of personality disorder (M = 7, F = 16). 21 patients were prescribed anti-psychotic medication (M = 13, F = 8), and 24 were prescribed an antidepressant (M = 9, F = 15).

Conclusion. Our findings demonstrate that neurodiversity may currently be under-diagnosed and is often mis-diagnosed, with suspicion frequently raised in previously undiagnosed adult psychiatric patients presenting in crisis. There is need for increased awareness of presenting features of neurodiversity within secondary mental health care services, and particular screening for patients experiencing suicidality may be beneficial. The AQ10 is under-utilised as an independent screening tool, and should be promoted to aid in identifying neurodiversity. Patients who may be neurodiverse are frequently prescribed antipsychotic and antidepressant medication, and further studies exploring prescribing practices in this patient sub-set may be useful.

Re-Audit of Compliance With Standard Operating Procedure for Prescription of Depot Medication Within the Wolverhampton Older Adult Services

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Aims. 1) To re-audit the current practice of depot prescribing within the Wolverhampton Older Adult Enhanced Community Mental Health Teams (ECMHT). 2) To assess whether the implementation of a memory aid for prescribers has improved compliance of current practice to the Black Country Healthcare Foundation Trust (BCHFT) standard operating procedures (SOP) protocol.

Methods. All depot cards were identified from the Wolverhampton Older Adult ECMHT in January 2022. The cards were assessed for their compliance with the 15 standards for depot prescription writing as set out by the BCHFT SOP protocol. If a standard was not met, reasons for non-compliance were documented. The compliance rate for each standard was then compared to the results from a previous audit performed in January 2021.

Results. A total of 13 depot cards were identified. Out of the 15 standards, 6 of them had a 100% compliance rate. The two standards with the lowest compliance rate were 'Standard 3' and 'Standard 7'. Standard 3 states that "Prescriptions should be signed and dated appropriately, including full signature and name printed". This standard only achieved 15% compliance. This was a 60% reduction from the previous 75% compliance. Standard 7 states that "The interval expressed should be using the word 'every'". This standard achieved a compliance rate of 31%. This was a 12% improvement from the previous 19%.

Conclusion. This re-audit has shown there is still significant room for improvement regarding depot prescribing. The reason for non-compliance to Standard 3 was largely due to prescribers not printing their names alongside their signatures. This is likely due to the lack of an assigned space for "Prescriber's name" to be printed on the form. Also, like the previous audit in 2021, prescribers are still not using the word 'every' when filling in the frequency of depots (Standard 7). Despite this, there is a 12% improvement in compliance rate which shows that the memory aid did help some prescribers to comply to Standard 7.

These results will be discussed at the trust's Clinical Audit and Effectiveness Committee meeting. We will then revise the community depot cards to include columns for both prescriber's signature and name. Finally, we will harmonise depot cards from all localities in BCHFT. We will continue to include the memory aid at the front of all depot card folders as it has proven effective. We aim to complete these by March 2022.

Cardiovascular Disease Risk in SMI Across Various Settings in a Semirural Area – a Study During COVID-19 Pandemic

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Aims. The risk for cardiovascular-related death is predicted to be higher in individuals with Serious Mental Illness (SMI) due to increased prevalence of common cardiac risk factors like smoking, physical inactivity, poor diet, substance use and hyperlipidemia among them.

Methods. The aim of this retrospective study was to evaluate the physical health of patients with SMI in various settings- acute inpatient, tertiary care hospital and community.

We estimated the cardiovascular disease risk of schizophrenia patients with the aid of Framingham Risk Score (FRS) assessment

tool, which can quantitatively predict both the heart age and 10-year CVD Risk percentage of patients aged ≥ 30 years. The clozapine to norclozapine ratio was compared with triglyceride levels, body weight, BMI, and fasting blood glucose in patients after treatment with clozapine. Southlake Regional Health Center's practice was compared with the national standards set by Diabetes Canada 2018 guidelines by conducting a clinical audit.

68 non-diabetic, patients aged ≥ 30 years with all the risk factor records for FRS assessment were selected from a cohort of 183 patients registered in the schizophrenia clinic of Southlake Regional Health Centre. The data were collected from patient records from the 75 patients registered with Assertive Community Treatment Team in Georgina, Ontario.

The sample size of the study on inpatients was 49 participants from the acute psychiatry ward consisting of 28 females and 21 males during the month of November 2021.

Results. Males, on average, were found to have an intermediate 10-year CVD risk (~11.2%; FRS total points: 11.27) in comparison to females who, on average, had a low 10-year CVD risk (~7.3%; FRS total points: 11.19). 26% of the patients using FRS were calculated to be at high risk and 28% with intermediate risk of developing a CVD. The average heart age of the sample patients was 60 years, which was 9 years higher than the total average age (51 years). The investigated biomarkers of Hemoglobin A1C, triglycerides, and glucose serum concentration were examined graphically, separated into categories of the ratio measurements of 0–2, 2–3, and 3+. For all biomarkers, lower values were more desirable. Triglycerides were the lowest in the 3+ ratio category. Hemoglobin A1C and glucose serum concentration were lowest in the 0–2 ratio category. 100% of patients with diabetes had their blood sugar levels measured and 66.67% were referred to an endocrinologist. In patients without diabetes, 91.30% had their blood sugar levels measured, 39.13% had their HbA1C levels measured, and 6.52% had neither their HbA1C, nor their blood sugar levels measured.

Conclusion. Cardiovascular complication can be one of the leading causes of death in the next 10 years among schizophrenia patients due to age, poor lifestyle choices, and current estimations via the FRS assessment tool. Further studies need to be conducted with a larger sample size and more recent data to examine any adverse lifestyle changes in schizophrenia patients during the pandemic, which could have negatively influenced their cardiovascular health. It is recommended that doctors weigh the risks vs benefits of prescribing clozapine to patients with high triglyceride levels.

Audit of Prolactin Levels Monitoring for Inpatients on Antipsychotics in SABP

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Aims. To establish whether our practice is meeting NICE and Maudsley guidelines in establishing baseline prolactin levels in an inpatient set-up before starting treatment with antipsychotic medications with a medium or high-risk of causing hyperprolactinaemia.
Methods. Data were collected retrospectively from case notes of 127 patients from 9 wards at Surrey and Borders Partnership NHS Foundation Trust (SABP).

We reviewed if the baseline prolactin was measured for inpatients before commencing on antipsychotics with medium or high risk of hyperprolactinemia.

We reviewed if patients with elevated prolactin levels were assessed and managed appropriately.
Results. SABP is currently achieving 43% in recording serum prolactin levels for inpatients who are on antipsychotics with medium or high-risk of hyperprolactinemia respectively.

Inpatient ward 76 patients out of total 127 were on antipsychotics with medium to high-risk of developing hyperprolactinemia. 33 patients had their serum prolactin checked bringing the compliance to 43%, 2 patients were excluded due to incomplete data bringing the sample size to 31.

3 had elevated prolactin. Out of 3 patients, 1 patient was managed appropriately with MRI brain, followed by change of antipsychotic medication and repeat prolactin levels. For 1 patient, prolactin level was rechecked. Unfortunately, no documentation of assessment of symptoms of hyperprolactinemia was found in all three patients case notes.
Conclusion. The trust is falling short of meeting NICE and Maudsley guidelines of monitoring prolactin level. It is possible to introduce a robust system within the Trust so that we are complaint with a NICE and Maudsley prolactin monitoring guidelines.

We need to local Trust guidelines for management of hyperprolactinaemia in line with NICE and Maudsley guideline of monitoring prolactin levels.

Safety netting advice and leaflets explaining symptoms of hyperprolactinaemia should be provided to all the patients on antipsychotics with medium to high risk of developing hyperprolactinemia.

Improving Capacity and Consent to Treatment Recording, Park House Hospital

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Aims. Re-audit for adherence of all inpatient wards at Park House Hospital to Trust Consent to Treatment policy. Improve hospital compliance to Trust Consent to Treatment policy. Reduce prescribing errors. Improve trainee confidence and knowledge of Consent to Treatment
Methods.
- Cross sectional audit.
- Data collected between 8th and 12th November 2021
- All wards in Park House Hospital
- 5 patient records and medication charts reviewed per ward.
- Proforma used.
- Data analysed using Excel.
- Interactive teaching on Consent to Treatment delivered by Dr McKnight to Core Psychiatry Trainees on 3rd July 2020.
- Dr McKnight presented the original audit data and consulted the Pharmacists and Consultants to assess and improve ward systems for recording Consent to Treatment. (26th May and 30th April 2021).
- Dr McKnight presented to Greater Manchester Mental Health, Mental Health Act and Mental Capacity Act Quality Improvement Group (30th June 2020).
Results.
- No wards had 100% capacity forms documented, kept in medication charts and uploaded to Paris.
- 7/9 wards had 100% compliance for completing T2/3/S62 forms.