Methods. Two cohorts of psychiatry trainees in Tower Hamlet's East London Foundation Trust received four teaching sessions, each of one hour duration, on TFP theory and techniques. All the sessions were delivered online, using video teleconferencing software. 14 Trainees completed 2 questionnaires, pre- and post-teaching: the Attitude to Personality Disorder Questionnaire (APDQ) and the Clinical Confidence with Personality Disorder Questionnaire (CCPDQ). The APDQ asks the responder to score from 1–6 the frequency they experience certain feelings towards patients with PD. In the absence of a suitable instrument, we developed the CCPDQ consisting of a set of 13 questions rated on a 6-point Likert scale addressing key issues identified in TFP including establishing and maintaining the treatment frame and in implementing the 4 main techniques. We also conducted a 1-hour focus group post teaching which was videorecorded, transcribed, and analysed thematically.
Results. On quantitative analysis, the Wilcoxon signed-rank test indicated statistically significant improvements in the total APDQ score ($P = 0.003$, $r = 0.81$) and in the CCPDQ questionnaires ($P = 0.001$, $r = 0.88$).

The thematic analysis showed an overall positive effect of the TFP teaching on trainees' attitude and confidence: they felt it improved their understanding of the nature of personality disorder, their awareness and management of countertransference, awareness of object relations and relation dyads at play in the encounter.
Conclusion. Training junior doctors about TFP theory and techniques as applied to PD can significantly improve their attitude towards these patients and their technical confidence in the clinical encounter. Of note, our workshop is resource light and can easily be delivered by remote teaching. Based on these findings, teaching of TFP in the core psychiatric training curriculum should be considered.

Case Series Evaluating the Use of Combined Long Acting Injectable Antipsychotics in Three Patients Within Forensic Services

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Aims. Antipsychotic polypharmacy is a relatively common practice, despite a lack of robust evidence. In 2018, the National Clinical Audit of Psychosis evaluated the treatment of 8000 patients with a diagnosis of schizophrenia or schizoaffective disorder, and found 10% were receiving non-clozapine antipsychotic polypharmacy. This included 432 patients receiving one oral & one long acting injectable (LAI) antipsychotic and 2 patients receiving two LAI antipsychotics. An audit within our service, found that 24 of 88 (27%) inpatients were receiving non-clozapine antipsychotic polypharmacy. Of these, 3 were prescribed two LAI antipsychotics. A literature review found very limited evidence supporting the use of combined LAI antipsychotics, with publications relating to a total of 18 cases. Presented here is a case series, reviewing the use of LAI antipsychotic polypharmacy in three patients within Devon Partnership Trust.
Methods. The case series reports on three male inpatients, who are under the care of secure services within Devon Partnership Trust. All are currently prescribed two LAI antipsychotics. Two have a diagnosis of treatment resistant schizophrenia and one of schizoaffective disorder. All are complex, necessitating recurrent or lengthy admissions, and present with significant risk to others when unwell. In each case, there have been trials of multiple antipsychotics, but only one has had a previous trial of clozapine.
Results. Published case reports highlight the positive effects of LAI polypharmacy, noting an improvement in mental state and lack of adverse effects. The cases presented here show significant variability, with one patient improving significantly, the second to a lesser extent, and the third remaining under high level observations.

All cases are complex with decisions taken on a background of high risk, after multiple failed trials of medication.

Although no specific adverse effects were reported, none of the patients regained sufficient insight to engage in treatment decisions and physical health monitoring. It is therefore difficult to quantify the adverse effect burden and weigh this against perceived efficacy.
Conclusion. Combined LAI antipsychotic medication is a possible treatment option in complex individual cases. Prescribing decisions are based on perceived clinical benefit, and the evidence base remains limited, with little understanding of long-term effects or consequences.

Unlike high dose antipsychotics, there is no formalised guidance for prescribing combined LAI antipsychotics. Treatment targets and review processes were not always explicit. A more robust approach, would provide greater clarity around the practice and aid with future decision making.

Morning Pseudoneutropenia in a Patient With Borderline Personality Disorder Treated With Clozapine

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Aims. Neutropenia associated with clozapine affects up to 3% of patients. For the purpose of clozapine treatment, absolute neutrophil count (ANC) between 1.5–2.0 × 109/L is considered as amber result; requiring twice-weekly blood sampling until when it returns to normal. Interestingly, some patients on clozapine may develop transient neutropenia also known as Morning Pseudoneutropenia (MPN), or pseudoneutropenia. It is a phenomenon where normal diurnal variation of circulating white blood cells (WBC) and in particular ANC become more accentuated. In these patients, blood samples taken in the morning would tend to have amber results, while blood samples taken on the same day in the afternoon will have normal ANC. A case is reported where a patient with severe emotionally unstable personality disorder (EUPD) developed MPN 38 days after clozapine initiation.
Methods. AA is a 19-year-old white lady with a diagnosis of severe EUPD. Prior to starting clozapine, AA had tried several oral and depot antipsychotics, antidepressants and lithium without success. AA was started on clozapine. Her initial pre-clozapine blood count taken in the morning was WBC-5.8 x109/L and her ANC was 2.7 x109/L. AA improved quickly on clozapine. However, five weeks later, her first amber report was received. AA went on to have another six amber results before MPN was suspected. AA blood sampling was moved to the afternoon. There were no more amber results thereafter.
Results. To my knowledge, this is the first published case of a patient with EUPD treated with clozapine who went on to develop MPN. Recurrent amber results with samples taken before mid-day