

- Patients with an SMI are 3–6 times more likely to die due to coronary artery disease. 70% of patients in inpatient psychiatric units are smokers, a strong independent risk factor for cardiovascular disease.
- Smoking cessation is a potent modifiable risk factor that can prevent mortality and reduce morbidity.

Method. A cross-sectional review of all 34 inpatients across four general adult acute psychiatric wards.

Patient records were explored using the Aneurian Bevan Health Board admission proformas to identify evidence of smoking status and whether advice was offered.

Result. Smoker but not given cessation advice $n = 13$ (38%)

Not asked about smoking $n = 11$ (32%)

Smoker and given cessation advice $n = 4$ (12%)

Non-smoker $n = 6$ (18%)

Conclusion. Patients were asked about their smoking status the majority of the time (68%) but provision of advice or nicotine replacement therapy was only done in 14% of potential smokers (identified smokers and patients not asked about smoking status).

A consideration to be taken into account is that on admission, a patient's physical health status may be unknown, with the additional difficulty of a patient's acute distress complicating the physical examination, smoking status and modification of patient's smoking status may not be the highest priority in that context.

Data regarding asking about smoking were different amongst wards, potentially signifying differences between assessors willingness to ask about smoking status.

There is a lack of smoking cessation literature available on the wards and patients are often unaware of what options are available to quit smoking.

The audit simply determined whether or not assessors were documenting smoking status, it does not measure the quantity or quality of smoking cessation advice provided.

Further quality improvement projects should be launched, with focus groups as the initial step at further investigating inpatient smoking rates, as well as attempting to reduce them in a more systemic way.

An audit comparing telephone reviews to standard face-to-face consultations within child and adolescent mental health services at Massereene House

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Aims. This audit was carried out in response to the Coronavirus pandemic. The COVID-19 pandemic has forced many teams to review how they provide care to their patients. Due to attempting to reduce the spread of COVID-19, the Child and Adolescent Mental Health Service within the Northern Health and Social Care Trust largely switched to telephone reviews instead of face-to-face reviews for non-urgent outpatient appointments from March 2020 onwards. The aim of this audit was to establish whether or not service users found telephone reviews to be as useful and therapeutic as the previous standard face-to-face reviews.

Method. A questionnaire was used to assess opinions on telephone reviews. Those who were answering the questions were asked to rate their answers on the following scale: "not at all", "a little", "somewhat" or "a great deal". There was an "any other comments" section at the end where service users could give detailed opinions on how successful they thought telephone

reviews were. A sample of twenty patients was involved. This cohort of twenty patients was a mixture of ten ADHD reviews and ten medication reviews. The audit was conducted by one person and this was done via the telephone.

Result. For questions one to four (which will be fully outlined in the poster), the most popular category chosen was "somewhat" and this indicates that the majority of patients found telephone reviews somewhat better than face-to-face appointments. For question five (which was- "Overall, was the help you received good?"), 80% of service users stated that the help that they received was "a great deal" better than the help that they had received at previous face-to-face appointments. Lastly, for question six (which was- "If a friend or family member needed similar help, would you recommend that they are phoned by our service?"), 80% of service users said that they would recommend our service "a great deal" to family members or friends.

Conclusion. Generally the feedback was positive for the telephone reviews. However, some still outlined a preference for face-to-face reviews. There may have been bias in this audit as it was the same doctor who did the telephone reviews as conducted the audit. To conclude, telemedicine is likely to become more popular in the future especially as the Coronavirus pandemic is still currently a worldwide problem therefore it is important to explore how service users feel about this as a way of communicating with the clinicians who are treating them.

An audit to review the extent to which appropriate preconception advice is given to women being discharged from mental health wards on psychotropic medication, in line with NICE guidelines

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Aims. The release of the Cumberlege Report in 2020 served as a reminder of the importance of informed consent for women when they are started on treatment that may affect their fertility or future pregnancies.

Our aim was to evaluate current performance with regards to advice given to women of childbearing age around contraception, impacts of psychotropic medication on fertility and future pregnancies, and availability of preconception counselling.

Method. Standard identified as NICE Guideline 192 (Antenatal and Postnatal Mental Health), sections 1.2 and 1.4.

60 female inpatients were selected by looking at the most recent discharges prior to 03/11/2020 from 3 local acute adult wards. All females aged between 18 and 48 years were included.

Electronic notes were reviewed for each patient. The discharge summary and last four ward round entries were reviewed, then key-word search of the patients' records was performed using the terms "pregnan*", "conception", "contraception", and "fertility".

The following information for each patient was documented in a spreadsheet:

Discharge medication

Is there any discussion or advice around contraception?

Have women taking antipsychotic medication been given advice regarding the possible impact on fertility?

Has the potential impact of psychotropic medication on a future pregnancy been discussed?