- To ensure that the guidelines by MHRA are adequately followed.
- To evaluate our practice relating to completing the Risk Acknowledgement Form for Sodium Valproate.

Methods. First audit cycle August 2021:

From the General Adult Database (NHS GRAMPIAN), we identified 33 women between the ages of 18–60 years who were prescribed Sodium Valproate as a mood stabiliser in the period between August 2020 until August 2021. Data were obtained from patients' records to ensure patients were still open to psychiatry services, compliant with Sodium Valproate, had regular contact with specialists and identified Valproate risk acknowledge form existed and adequately filled.

Univariate analysis was used to analyze the result.

THE INCLUSION CRITERIA:

- Adult female patients(18–60) who are open to psychiatry services.
- On Sodium Valproate as a mood stabilizer.

Second audit February 2022:

A second audit was conducted using the same standards and timescale as for the primary audit. Using telephone and emails, the teams were contacted and encouraged to complete the relevant documentation.

Results. First audit cycle August 2021:

- There were a total of 33 patients included in the audit.
- 97% of the patients were in contact with psychiatry services and specialists.
- **Only one patient had an Annual Risk Acknowledgement Form (ARAF) filled and scanned to her E-notes.**
- 66% of women were between the ages of 45–60 years of age.

Second audit cycle February 2022

The results showed 39 female patients (18–60) were on Sodium Valproate as a mood stabiliser. The mean age was 45 (18–60). We identified Completed Annual Risk Acknowledgement Form (ARAF) forms on 21 patients.

The proportion of completed ARAF was increased from 3% to 54%.

Conclusion. Conclusion of the first cycle:

97% of the patients were in contact with psychiatry services and specialists.

- **Only one patient had an Annual Risk Acknowledgement Form (ARAF) filled and scanned to her E-notes.**

Conclusion of the second cycle:

There was a significant increase in compliance with the MHRA guidelines regarding Sodium Valproate prescription in women of childbearing age in our department.

The proportion of completed ARAF was increased from 3% to 54%.

- Valproate is highly teratogenic, and evidence supports that use in pregnancy leads to neurodevelopmental disorders (approx. 30– 40% risk) and congenital malformations (approx. 10% risk).
- Valproate must not be used in women and girls of childbearing potential unless the conditions of the Pregnancy Prevention Programme are met and only if other treatments are ineffective or not tolerated, as judged by an experienced specialist.
- The MHRA advises that all healthcare professionals must continue to identify and review all female patients on valproate.
- The Annual Risk Acknowledgement Form should be used for all future reviews of female patients on valproate
- Specialists should comply with guidance given on the form if they consider the patient is not at risk of pregnancy, including the need for review in case her risk status changes.

Adherence of CAMHS Community Center, Winsford to the NICE Guidelines With Regards to Identification and Management in Depression in Children and Young People (NG134)

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Aims. To evaluate whether the practice in the generic CAMHS team Winsford is in line with the guidelines recommended by NICE in identification and management of depression in CYP. To formulate an action plan that might be needed for the recommendations that are not met currently.

Methods. To collect the relevant information about the identification and management of depression in young people in our community center by following methods:

1. Review of online case notes, protocols, pathway descriptions, screening forms and proformas
2. Random review of the last 12 months of practice with random five cases studied per case manager regarding identification and management of depression in the children and young people at the center. To assess this, a proforma will be prepared from the guidelines relevant to the team members. This proforma will be sent to all the clinical workers of the team who will be required to fill it and return it to the lead author.

The population to be included will be all secondary school aged children residing in West Cheshire who are referred to and assessed and managed by the CAMHS community center, Winsford

Results. I am working on this audit currently and will be obtaining the results in two months' time and hopefully will be able to submit the audit poster well before the International Congress.

Conclusion. This audit will help the team to assess how diligently they are following the recommended NICE guidelines for the identification and management of depression in children and young people and to make appropriate changes in the process to meet the guidelines that are not currently met.

An Audit of Adherence to the Pre-Referral Process for Acute Inpatient Admissions in a Male and a Female Acute Inpatient Unit Over Six Months in Birmingham and Solihull Mental Health Foundation Trust (BSMHFT)

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Aims. In view of the limited number of acute inpatient beds relative to demand in England, a thorough assessment prior to referral is paramount in ascertaining clinical need. A comprehensive risk assessment is crucial in light of patient safety and assessing

risk to others. Moreover, the appropriateness of an acute bed should be considered, and whether psychiatric intensive care or forensic services may be more appropriate for the patient. In line with this, the Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) admissions policy details standards of the assessment prior to referral to acute inpatient services. Pre-referral assessment should be carried out by a multidisciplinary team including a senior doctor. It should include rationale and plan of care for admission, risk assessment and section status on admission alongside type of bed being requested. Referrals are accepted from multiple teams including Home Treatment, the Place of Safety and Liaison Psychiatry. Aim: To audit adherence to the pre-referral policy for acute inpatient admissions to a male and female ward in BSMHFT, including comprehensive assessment, plan of care and consideration of appropriate bed type.

Methods. A retrospective audit of pre-referral documentation for all admissions from April to September 2019 to a male and separate female acute inpatient unit at the Zinnia Centre, Birmingham was carried out. This included 83 male admissions and 82 female admissions. Documentation was reviewed on the clinical system Rio. Parameters reviewed included assessing clinician, assessment summary, capacity assessment, consideration of bed type, plan of care and section details.

Results. Overall, almost half of admissions (49%) were assessed by a full Mental Health Act team, 34% by a senior psychiatric doctor and the remainder by psychiatric nurses in the referring department. An up-to-date assessment summary was completed in the majority of cases (67%) prior to referral. Risk assessments were completed in 82% of cases. 35% of cases included a detailed plan of care which met audit standards. Capacity assessment alongside outcome was documented in 13% of cases. The type of bed was only considered in 13% of cases.

Conclusion. Whilst assessment and risk documentation was completed in the majority of cases, few cases had a clear plan of care and appropriateness of bed type was rarely considered in assessment. Greater adherence to the pre-referral process could facilitate treatment decisions during admission and seek to ensure a safer inpatient environment.

Monitoring of ADHD Medication: Are We in Line With NICE Guidelines? a Closed Loop Audit

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Aims. Attention Deficit Hyperactivity Disorder (ADHD) in adults is a growing clinical problem and its prevalence among patients being referred to the General Adult Psychiatry clinic is rapidly increasing. The treatment of ADHD involves the use of medications such as methylphenidate, atomoxetine and lisdexamfetamine. These medications can cause significant adverse effects including arrhythmias, hypertension and appetite suppression. NICE guidelines stipulate that individuals on such medications should have weight, blood pressure and heart rate monitored every 6 months. The aim of this closed-loop audit was to assess if weight, heart rate and blood pressure are being monitored in line with current NICE guidelines in those who are on medication to treat ADHD in a Community Mental Health Team in Glasgow.

Methods. Patients with an ADHD diagnosis were identified through a search of electronic case records. Electronic records were reviewed for each patient identified to assess if weight, heart rate and blood pressure had been recorded in the last 6 months. The results of the first cycle of this audit was presented at a local meeting in May 2021 with relevant clinicians present. The patient cohort identified was subsequently re-audited in December 2021 to assess if there had been an improvement in the monitoring of these medications.

Results. 30 patients were identified who had an ADHD diagnosis. 15 male and 15 female patients were identified. Patient age ranged from 18–50. 10 patients did not engage with services and were so subsequently excluded from our analyses. There was a substantial improvement in the monitoring of weight, heart rate and blood pressure in the second cycle compared with the first cycle of this audit. 45% of patients had their weight recorded (previously 15%), 40% had their heart rate recorded (previously 8%) and 50% had their blood pressure monitored (previously 19%).

Conclusion. There has been a significant improvement in monitoring heart rate, blood pressure and weight every 6 months in line with NICE guidelines in the second cycle compared with the first cycle of this audit. However, we are still not currently meeting NICE guidelines. This is of particular clinical significance given the increasing prevalence of patients with an ADHD diagnosis and subsequent increase in the use of these medications. The COVID-19 pandemic and the reduction in face-to-face reviews has likely had an impact on our ability to monitor these medications.

Assessing the Anticholinergic Burden in the West Memory Assessment Service (MAS)

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Aims. Aim: Evaluate the recording of the Anti-Cholinergic Burden (ACB) score for patients referred to the West Leeds Memory Assessment Service (MAS). Objectives: 1) Calculate the Anti cholinergic Burden score of all patients referred to the West MAS in June 2021 where this has not already been done. 2) Determine if there is a need to review the process for assessing this component of the cognitive assessment in MAS.

Methods. All patients who were referred to the West MAS in June 2021 were included in this project. Data were collected from GP referral letters, the referral meeting documentation and patients' GP prescriptions.

These records were checked for a documented ACB score. If ACB scores were not found, they were calculated based on a patient's GP prescription. Several ACB calculators were used to do this, as NICE does not recommend a specific scoring system.

Results. There were 60 referrals in June 2021. Within this data set, there were no documented ACB scores found at the point of referral.

The different scoring systems used led to considerably different ACB scores, with the lowest figure suggesting 20.4% of patients had a raised ACB score (n = 10).

In all three scoring systems used, the medication most frequently leading to a larger anticholinergic burden is Amitriptyline.

Conclusion. Within the service, during the referral process we are not routinely documenting anticholinergic burden. We are in the process of agreeing a standardised ACB tool to review all new referrals to the service and determine how we can communicate these findings with referrers. We are looking to improve local awareness of ACB scoring across the memory pathway and will undertake a re-audit of practice in 3 months to establish if the proposed changes improve our results