

Psychopharmacology

Developing a New Lithium Policy

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Aims. The psychiatry liaison team at Chelsea and Westminster Hospital (C&W) specialises in working together with different healthcare teams to improve patient outcomes. Following feedback received from ward teams who manage the patients that we support on a daily basis, we identified a need for an accessible and user-friendly document that could give some guidance towards safely managing patients on lithium, including lithium toxicity. We do not anticipate medical teams at C&W to initiate lithium therapy without liaison psychiatry input. The most likely scenario where staff will encounter lithium is in patients admitted whilst on established lithium therapy. The aim of the guidance document is to support our medical and surgical colleagues across the hospital site to safely continue to prescribe lithium.

Methods. To create this document, we reviewed joint Lithium Policies across several NHS Trusts in England. This policy has been adapted from Central and North West London's own policy to be more specific in supporting best practice for clinicians in initiating, monitoring and adjusting lithium therapy in a safe and timely way.

Junior doctors in liaison psychiatry wrote policy which was re-drafted with consultant support and input. Additionally, specialist advice was provided by mental health pharmacists for subsequent revisions. At present, the policy is awaiting discussion at a prescribing group meeting prior to starting the implementation process across the trust.

Results. Multidisciplinary feedback from pharmacy has advised that this guidance is particularly useful because lithium patients are so infrequent (approximately 55 patients on lithium at C&W in a 12 month period). Ward teams are therefore unfamiliar with prescribing and managing lithium, and crucially, at recognising signs and symptoms of toxicity. The guidance is not only functional, but is incredibly accessible. It is well laid out and makes use of colour to make it user-friendly. It is an appropriate length and includes a one page overview that is ideal for printing or for quick-reference.

Conclusion. Developing this lithium policy has been a key patient safety project. We hope this document will be a useful and safe tool for ward teams to refer to. Liaison psychiatry continue to have an excellent relationship with our ward colleagues and we hope this policy represents our ongoing dedication towards service development.

During this process, we have been grateful for the expert help from our pharmacy colleagues and have learnt about how liaison psychiatry can support ward teams by creating a robust and easy to follow guideline.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Challenges of Chemsex in Health, Justice, and Social Care Settings: Developing a Coordinated Response

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Aims. Chemsex refers to the use of specific drugs before or during sex to sustain, enhance, disinhibit, or facilitate the sexual experience, primarily amongst gay, bisexual and other men who have sex with men. The main drugs associated with Chemsex are crystal methamphetamine, gamma-hydroxybutyrate/gamma-butyrolactone, mephedrone and ketamine. There are complex biological, psychological, and social factors that influence why someone may choose to engage in Chemsex that are yet to be fully elucidated. However, there are global concerns that such harm is increasing both in prevalence and complexity, including interfaces between the health, social care and criminal justice systems. Chemsex has been identified as a priority for the UK Home Office Drug Strategy since 2017; however, the response to date has lacked a coordinated approach between the multiple services and agencies where Chemsex can present.

Methods. West London NHS Trust hosted a day-long meeting of the Chemsex Expert Reference Group (ERG) on 27th July 2022 at the London School of Hygiene and Tropical Medicine. This comprised of a group of clinicians and academics across the NHS, criminal justice system and third sector, with the meeting focused on three main clinical questions: what do we need to know about working with this complex and vulnerable group of people?; What is the research needed to improve this?; What are the aspiration clinical pathways that should be developed?

Results. The ERG identified several gaps in our knowledge including a paucity of epidemiological data, the importance of cultural competency around the health needs of LGBTQ+ people, inconsistencies in the knowledge of healthcare professionals on how to manage emergency presentations such as methamphetamine-induced psychosis, GHB withdrawal and GHB overdose and risk assessment and risk management for those who may also be a victim and/or a perpetrator of a criminal offence in the Chemsex context. The group's core values for service and pathway development were identified as to be authentic, competent, non-judgemental and that lived experience should be at the centre of service development, as well as being evidence-based and supported by national clinical guidelines.

Conclusion. What was apparent was the ambition and interest from across so many clinical specialities, and some incredibly positive work that is already ongoing. It is hoped that the outcomes of this ERG can help progress this to a more cohesive set of responses, and the development of an evidence-based, multi-agency approach to assessment and treatment for this complex group.

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