other mood stabilizers; pre-initiation monitoring was poor for both carbamazepine and valproate. There was general improvement in the standards compared with the 2018 audit.

The guidelines for monitoring mood stabilizers apart from lithium needs to be made popular especially pre-initiation monitoring for valproate and carbamazepine.

An Audit on the Prescribing of Antipsychotics Among People With Recorded Emotionally Unstable Personality Disorder (EUPD) Within a Community Mental Health Service in Stroud, Gloucestershire

Dr Amir Palermo* and Dr Claire Dibben

Gloucestershire Health and Care NHS Foundation Trust, Stroud, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.461

Aims. (1)To quantify the prevalence and duration of the prescribing of antipsychotics among people with a record of EUPD, particularly those without a mental health comorbidity that licenses an antipsychotic prescription; (2)To determine whether gender, age, and mental health comorbidities affect the likelihood of being prescribed antipsychotics; (3)To determine whether off-license use of antipsychotics among those with EUPD have ever been reviewed, with the aim of having these prescriptions stopped or reduced.
Methods. Study design: Retrospective cohort study.

Setting: Data sourced from Stroud Recovery's electronic patient record of 287 people. Cohort entry was defined as the date of referral to Stroud Recovery. End of follow-up was the date of audit (20/11/2022).

Primary outcome measures: Prevalence and duration of antipsychotic prescription among people with a record of EUPD within the Stroud Recovery caseload.
Results. Of the 287 people registered with Stroud Recovery, 37 (13%) had a recorded diagnosis of EUPD. 30 (81%) were ever prescribed antipsychotics. Only 6 of these 30 people (20%) have a mental health comorbidity that licenses an antipsychotic prescription (3 with bipolar affective disorder; 2 with severe depression requiring antipsychotic augmentation; 1 with schizoaffective disorder).

The rest belonged to a subgroup of 24 people (80%) with recorded EUPD who were prescribed antipsychotics but with no history of co-morbid illness that licenses their use. This subgroup was predominantly female (75%) and aged 20–29 years (46%). Quetiapine was used in this subgroup the most, followed by olanzapine and aripiprazole. 12 (50%) have had more than one antipsychotic prescribed. None were prescribed for less than 1 week (defined by NICE as short-term use). In fact, the mean duration of antipsychotic prescription in this subgroup was 36.79 months. Only 10 (42%) had these prescriptions reviewed with the aim of having them stopped or reduced. None were offered a routine physical review.
Conclusion. According to NICE guidelines, antipsychotics are not recommended in the treatment of EUPD, not recommended in the treatment of medium to long-term impulsivity and other symptoms of EUPD, and antipsychotics should be reviewed for people with the aim of reducing and stopping unnecessary drug treatment. Contrary to NICE guidelines, in this community mental health service, antipsychotics are frequently prescribed for extended periods to people with recorded EUPD but with no history of a co-morbid illness that licenses their use. An urgent review of clinical practice is warranted, including the effectiveness of such prescribing and the need to monitor for adverse effects, including metabolic complications.

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.

Physical Health Monitoring in the Memory Service

Dr Cara Pattiata* and Dr Tolulope Olusoga

Tees, Esk and Wear Valley NHS Foundation Trust, Harrogate, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.462

Aims. Local guidelines state that pulse rate, weight, ECG if indicated, and bloods (U&E, LFT) are monitored in patients prescribed an acetylcholinesterase inhibitor or memantine. This can affect management as the above parameters can affect medication selection and titration. Aberrant measurements can indicate drug related adverse events. Compliance to standards will optimise patient safety. This audit aims to assess compliance to these guidelines in one Memory Service in the Trust.
Methods. This is a single-centre, baseline, retrospective audit performed on 19/10/2022.

An internal database was used to identify all patients seen for a diagnostic assessment between September 2021 and October 2022. Patients who were prescribed an acetylcholinesterase inhibitor or memantine were eligible for selection. These were randomised to identify 30 cases.

Information was gathered through electronic patient notes, clinician diagnostic letters, referral forms, and pathology specimen result reporting software.
Results. Compliance were as follows:

- Pulse rate recorded: 97%
- Weight recorded: 0%
- ECG requested when indicated: 20%
- Blood samples taken and the results recorded: 100%

Pulse rate is part of the assessment proforma and blood sampling is a requirement prior to referral. This suggests that having guidelines incorporated to local protocols enhances compliance.

Weight was not routinely monitored: the rationale behind this being part of the guidelines is that rivastigmine can cause weight loss as per the BNF due to loss of appetite. However, on speaking to the Memory Team, this was not routinely done in the service as staff appear to rely on reports of appetite loss.

ECG was not routinely done when patients fall under the criteria for indications. Clinicians appear to judge the requesting on ECGs pragmatically based on their clinical judgment rather than guidelines alone.

Blood pressure is not a requirement in the guidelines for monitoring so cannot be audited. However, this is essential for decision making of treatment commencement, titration, switching, or titration.

Findings suggest that local guidelines may need to be reviewed.
Conclusion. This audit suggests some general learning points as well as service-specific ones.