

patients, 11 (32.35%) demonstrated new-onset ECG changes; 8 with new sinus tachycardia, 1 with new QTc prolongation and 2 with additional rhythm strip abnormalities. Based on these new findings, 50% were then referred for a repeat ECG. No plan had been made for the other 50%. ECGs of 8 (23.53%) individuals demonstrated changes which remained present across the consecutive ECGs. Plans for these patients included referral for cardiology opinion (25%), repeat ECG (25%) and dose reduction (50%). A further 8 patients demonstrated an improvement in findings on their most recent ECG. In 3 (37.50%) of these cases, Clozapine had been reduced during the period between ECG recordings. 7 (20.59%) individuals demonstrated no ECG changes.

**Conclusion.** Our findings suggest many individuals prescribed Clozapine develop ECG abnormalities, with the largest proportion developing sinus tachycardia. Regular monitoring remains beneficial within the outpatient department to determine the nature of ECG changes, and further methods may be required to ensure appropriate management plans are in place should these changes arise.

### Investigating the Influence of the Pandemic on the Wandsworth Home Treatment Team

Mr Ibrahim Ali<sup>1</sup>, Dr Allerdiena Hubbeling<sup>2\*</sup> and Dr Saurabh Saxena<sup>2</sup>

<sup>1</sup>St. George's, University of London, London, United Kingdom and

<sup>2</sup>South West London and St. Georges Trust, London, United Kingdom

\*Presenting author.

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**Aims.** This study aimed to determine the impacts of the COVID-19 pandemic on the Wandsworth Home Treatment Team (HTT), South West London and St. George's Mental Health NHS Trust. We hypothesised that demographics and illness characteristics of patients would differ before and during the first wave of the COVID-19 pandemic and that concerns about possible infection with COVID-19 influenced the decision to be referred to the HTT. Additionally, we hypothesised that there would be fewer face-to-face contacts during the initial months of the pandemic.

**Methods.** Routinely collected data from the trust's electronic records (RiO) were compared from the 15<sup>th</sup> March – 15<sup>th</sup> May in both 2019 (control) and 2020 (early pandemic). Patients could have a maximum of 1 variable absent to be included in the study and should have been under the care of the WHTT for longer than 2 days. Overall, 301 patients were included in this study, 181 from 2019 and 122 from 2020. Variables compared were: marital status, age, sex, ethnicity, diagnosis, referral source, referral urgency, referral reason, referral weekday, count seen (number of contacts with a clinician), face-to-face contacts, and length of stay.

**Results.** The demographic variables: age, sex, marital status, and ethnicity were not significant. Likewise, the length of stay of patients, referral reason, and referral weekday were also not significant. However, during the early pandemic, there was an increase of 11% in the diagnosis of psychotic disorders/psychotic episodes ( $p = 0.039$ ). Further, the referral urgency of patients within the 2020 period was significantly raised ( $p > 0.01$ ). The referral source of patients was significantly different with an increased number of patients having been referred to the HTT from the ward ( $p = 0.017$ ). The mean interactions (count seen) between patients and clinicians significantly lessened from 2019

to 2020, 12.8 Vs 10.2 ( $p = 0.008$ ). Moreover, the percentage of face-to-face contact had also decreased from 2019 to 2020, 56.1 Vs 46.6 ( $p = 0.007$ ).

**Conclusion.** Overall, less patients received care from the home treatment team during the first wave of the pandemic. Age, marital status, sex, ethnicity, length of stay, referral reason, and weekday were not significant. On the contrary, the diagnosis of patients, count seen, face-to-face contacts, referral urgency, and referral source were statistically significant. These findings reflect a different referral pattern to the Wandsworth HTT during the initial months of the pandemic accompanied with fewer face-to-face and other interactions overall.

### Psychosis Early Intervention in Southwark – Gold Standard Prescribing vs Reality

Dr Jenny Irvine\*, Dr Xiaofei Fiona Huang and Dr Yasamine Farahani-Englefield

South London and Maudsley NHS Foundation Trust, London, United Kingdom

\*Presenting author.

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**Aims.** The RCPsych Standards for Early Intervention in Psychosis Services documents Gold Standard treatment, including: every service-user with psychosis is offered antipsychotic medication; if their illness does not respond to therapeutic dose of 2 different antipsychotics, they are offered clozapine. The Southwark Team for Early Psychosis ('STEP') in the South London and Maudsley Trust (SLaM) treats adults in their first 3 years of psychosis diagnoses. We aimed to compare prescribing practice in STEP to RCPsych Standards.

**Methods.** STEP's caseload of 296 individuals was reviewed on 7th June 2021. Those excluded: inpatients/under Home Treatment Team; not yet assessed. Final number of outpatients assessed = 269. Data gathered: 1) Taking an AP? If taking an AP, the name and dose of AP. If not taking, trial discontinuation with medical advice or unsupervised refusal? 2) Remission status 3) Total number of AP trials. Uncertainties in categorisation were reviewed by the 2 other contributors.

**Results.** In 269 outpatients on 7/6/21, 186(69%) were taking an antipsychotic (167:19 oral:depot), with a further 62(23%) recommended but declining. 21(8%) were not recommended, following change in diagnosis or resolution of psychotic symptoms.

7 service-users had down-titrated off AP with medical collaboration. All but 1 remained in remission. 35/47(74%) who discontinued AP independently had relapsed.

172 patients were reliably taking antipsychotic medication as prescribed. 56(32.5%) had ongoing psychotic symptoms (ranging from non-preoccupying residual delusions to distressing delusions/hallucinations). 4 symptomatic service-users were prescribed lower than BNF minimum effective doses.

Of those symptomatic and on hypothetically therapeutic doses ( $n = 52$ ; median% of BNF Maximum Dose 50%; mean 54%), 26 were on their 1st AP, 26 on or beyond their 2nd AP. 8 service-users had ever trialled clozapine.

**Conclusion.** Even in an experienced EI team for a highly psychiatrically morbid population, there remain gaps between best practice and actual prescribing.

Close to 1/3 of patients taking their prescription weren't in remission, almost all of whom had room to increase doses or trial an alternative medication. Clozapine is under-utilised in the treatment resistant group. For those who stopped AP, supervised tapering is a reasonable treatment option.