

Methods. A retrospective audit of case notes of patients ($n = 16$) known to community psychiatric team (CMHT) and specialist perinatal mental health (PNS) services in Wolverhampton, who notified their pregnancy between December 2020 and December 2021. Demographic and clinical data were collected from the electronic records.

Results. The sample had a mean age of 28.8 ± 6.3 years (range: 19 to 39 years), and 68.8% of them were Caucasian. A wide range of psychiatric diagnoses were present, most (62.5%) had comorbid diagnoses; and 25% had substance use, most commonly cannabis. Mean duration of gestation at the review following notification of pregnancy was 14.5 ± 7.7 (range: 6 to 29) weeks. It was observed that 25% were not taking psychiatric medications prior to pregnancy, 43.8% stopped taking their medication prior to the psychiatric review, most stopping abruptly, and 31.2% had continued their medication. The medications included aripiprazole, olanzapine, quetiapine, venlafaxine, sertraline and promethazine. Following the review, only 18.8% continued their medications. Of the 13 (81.3%) patients who were not taking medications, 9 (69.2%) had adverse mental health outcomes, with 2 (15.4%) patients requiring inpatient care. However, later 8 (61.5%) started taking medications whilst under the care of PNS. All of them had mental capacity to decide regarding their psychiatric treatment at the review.

Conclusion. Most psychiatric patients avoided taking psychotropic medications initially during pregnancy, however, a considerable proportion restarted their medications following review with the perinatal psychiatry team. The majority of patients who did not take medications had negative mental health consequences. It is important to develop an evidence base about the use of psychiatric medications in pregnancy and the associated short and long-term outcomes that may help the quality of information shared with patients.

Improving COVID-19 Vaccination Uptake in Service Users Admitted to an Acute Inpatient Psychiatric Ward

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Aims. It is well known that individuals suffering from mental illness have more comorbidities and lower life expectancies compared to the general population. It is unsurprising therefore, that these individuals are more vulnerable to both contracting COVID-19, and developing severe illness if infected. When patients are admitted to a psychiatric inpatient unit this offers an invaluable opportunity to ensure that unvaccinated patients are identified, and if consenting, are supported to receive whichever dose of the vaccine they require. We undertook an audit to examine the proportion of patients admitted who had not received their first, second or third dose of the COVID-19 vaccination. Reviewed in the context of gender, age, ethnicity, legal status, mental health diagnoses and additional comorbidities, in order to determine any trends that might assist in improving uptake. We then repeated the audit aiming to offer the appropriate COVID-19 vaccination to every newly admitted unvaccinated patient. If refused, to then counsel reluctant patients, providing simple, understandable vaccine information, and to re-offer vaccination.

Methods. The audit took place on a mixed adult psychiatric inpatient ward in London.

The first cycle of the audit was completed retrospectively. Data were collected from the electronic notes of new admissions from November and December 2021 (total 41). This included information on COVID-19 vaccination status, and documentation of vaccines offered and administered during admission. Additional information was also compiled to calculate risk stratification scores.

Subsequently, we repeated the audit cycle for admissions in January and February 2022 (on-going). However, this time with the aim that all patients have their COVID-19 vaccination status documented promptly, and that their next vaccination is offered/administered during admission if required.

Results. Results from the initial audit cycle showed 33/41 patients had not received a full set of COVID-19 vaccinations (or no vaccination record found). Only 6/33 unvaccinated patients were offered the next vaccination during admission, and 3/33 actually received one. 21/33 patients without a full set of vaccinations were BAME (Black, Asian and minority ethnic).

Initial results from the second cycle showed an improvement in the number of patients offered the vaccine. 5/10 unvaccinated patients were offered vaccines in January, however data collection is ongoing.

Conclusion. Although our data set is not yet complete, initial results show that a simple intervention such as early identification of unvaccinated patients on admission, can act as a prompt to clinicians to ensure vaccines are offered. Thereby, increasing vaccine compliance in this vulnerable patient group.

The Prevalence of Electrocardiogram (ECG) Changes in Patients on Clozapine

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Aims. Clozapine is an atypical antipsychotic primarily used in the management of individuals with schizophrenia and schizoaffective disorders, prescribed to those with symptoms unresponsive to alternate antipsychotic medications. Clozapine is known to have cardiovascular side effects and is associated with an increased risk of significant cardiac events including myocarditis, cardiomyopathy, and sudden cardiac death. Regular electrocardiogram (ECG) monitoring is recommended to facilitate early detection of cardiac complications. This study aimed to identify the prevalence and evaluate the nature of ECG changes, assessing for tachycardia and corrected QT (QTc) interval prolongation, in patients prescribed Clozapine, and to determine whether the appropriate action was taken following identification of these changes.

Methods. We conducted retrospective data collection examining consecutive ECGs of 50 adult patients prescribed Clozapine within the East sector of the Cherrywood Outpatient Psychiatry Department at The Royal Oldham Hospital. Patients were identified using the clinic's Clozapine database. The PARIS electronic record system and patient written notes were utilised to obtain patient demographics, diagnoses, and ECGs. We assessed rate, rhythm and QTc intervals amongst the ECGs taken and compared the most recent ECG findings with those from previous ECGs.

Results. Of the 50 patients prescribed Clozapine, 34 were identified as having 2 consecutive ECGs in their notes, enabling ECG comparison and assessment for changes. Amongst these 34

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

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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 15th March – 15th 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

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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.