



**Methods:** The audit will involve a retrospective review of medical records over a month in the Heddfan Psychiatric Unit. Data will be collected and analysed to evaluate prescribing patterns, including:

- Frequency of benzodiazepine and hypnotic prescriptions.

- Duration and dosages of treatment.

- Documentation of prescribing rationale and adherence to guidelines.

Data Collection: The following data points were collected:

- Patient demographics (age, gender, diagnosis, and length of stay).

- Type of benzodiazepine or hypnotic prescribed (e.g. lorazepam, zolpidem).

- Dosage and duration of each prescription.

- Indication for use (e.g. agitation, insomnia, anxiety).

- Use of multiple benzodiazepines or hypnotics simultaneously.

- Adverse events reported during treatment (e.g. falls, agitation).

- Discharge plans, including tapering schedules or withdrawal strategies.

**Results:** Of the total sample observed, out of the 40 patients, 38 were prescribed PRN benzodiazepines. The indication was agitation in about 18 and anxiety in the other 20.

Most patients studied were commenced on lorazepam (35 of 38; 92%) while the rest received diazepam (3 of 38).

Out of the 38 patients, only 12 were reviewed for PRN medication in a week. Only one patient had their PRN medicines stopped while exactly half continued receiving PRN benzodiazepine for more than 3 weeks. 28 patients out of 38 were written up for a maximum dose of up to 4 mg per day. 2 patients received 8 mg and one patient received 15 mg diazepam.

50% (20) of patients received zopiclone as a secondary sedative of which 66% (8) continued for 3 weeks or more than 3 weeks.

Of the total 20 patients, 3 (15%) were on regular benzodiazepine of which 2 received diazepam and 1 received zopiclone.

The most common concurrent antidepressant prescribed was sertraline, closely followed by mirtazapine. Among antipsychotics, there was an equal prescription of regular olanzapine, quetiapine and aripiprazole.

Of the total sample, 27.5% (11 patients) were already on regular benzodiazepine, of which 4 were receiving diazepam, followed by 3 receiving temazepam and 1 was on clonazepam.

**Conclusion:** Our recommendations from this audit are as follows:

- Enhanced training for prescribers on guideline adherence.

- Increased involvement of pharmacists in monitoring and auditing prescriptions.

- Development of standardized protocols for prescribing and tapering benzodiazepines and hypnotics.

- Promotion of non-pharmacological alternatives to manage agitation and insomnia.

We will be liaising with the pharmacist to generate a protocol for weekly reviews during ward rounds and to make a protocol for reducing PRN medications and stopping them, both while in the inpatient unit and at discharge.

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.

## Are Patients Aged 18–25 Reviewed After One Week of Starting a Selective Serotonin Reuptake Inhibitor in a Primary Care Setting?

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**Aims:** The National Institute for Health and Care Excellence (NICE) recommends that individuals aged 18–25 or those at increased risk of suicide should be reviewed within one week of initiating or increasing a selective serotonin reuptake inhibitor (SSRI) dose. This study aimed to assess compliance with these guidelines in primary care, identify barriers to timely reviews, and evaluate changes following a previous audit.

**Methods:** A retrospective review was conducted using SystmOne to identify patients aged 18–25 who started an SSRI between 1 December 2023 and 15 July 2024 in a Nottingham GP surgery. Data collected included the time from SSRI initiation to a booked and completed review, as well as instances of non-attendance (DNA). Findings were compared with a prior audit (1 August–24 November 2023) to assess improvements and ongoing challenges. Following the first audit cycle, results were shared and discussed within the practice, prompting greater awareness from all members of the multidisciplinary team (MDT) upon current guidance and performance.

**Results:** In the initial audit, none of the 21 eligible patients had a review booked within one week, with an average booking time of 20 days and 30 days to an actual review. In the re-audit, 36 eligible patients were identified, with a slight improvement in booking time (19 days) and review completion (23 days). Three patients (8.3%) had a review scheduled within the recommended one-week timeframe.

The main barrier remained appointment availability, with a shortage of GP slots limiting one-week follow-ups. High DNA rates persisted, with 14 patients missing their reviews in the re-audit. No standardised approach to DNAs was implemented, with some patients receiving multiple recall attempts and medication re-issues, while others had no further action documented.

**Conclusion:** Over this one-year period, noticeable improvements were observed in both booked and actual SSRI review times. However, most patients still did not receive a timely review. Limited appointment availability and inconsistent follow-up for DNAs remained significant challenges. Expanding the role of other healthcare professionals, such as pharmacists, to conduct initial medication reviews could improve guideline compliance and reduce GP workload. Establishing a standardised protocol for DNAs, ensuring a set emergency medication supply and a timely follow-up, is essential to improving patient safety and treatment outcomes.

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.

## Audit on Naloxone Dispensing for Clients Prescribed Opioid Substitution Treatment (OST) in the CGL Service in East Sussex

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**Aims:** To identify any patients on OST who have not been offered or received naloxone.

- To improve documentation of naloxone provision.

- To explore reasons why clients have declined naloxone.

The standard audited against was that 100% of clients prescribed OST should be offered naloxone. This is advised in the Department of Health publication “Drug misuse and dependence, UK guidelines