

is detected, it should be clearly documented to aid handover to primary care providers and medical teams (8,9).

Method. The standard for this audit was set according to SIGN 157 (9). Data were collected retrospectively from consults sent to a liaison psychiatry of old age service within an acute hospital setting. The medical discharge summaries from July to December 2019 were reviewed. Two key data points were collated, the diagnoses of delirium by either medical or liaison psychiatry team and the inclusion of this diagnosis in the patient discharge summaries. An updated delirium protocol was devised and introduced in the hospital setting in January 2020 to include tools for effective diagnosis of delirium and instruction to include this diagnosis if made in patient's discharge summaries. Re-audit was initiated following the introduction of the updated delirium protocol for the period of January to March 2020.

Result. A total of 116 patients were assessed from July to December 2019. 102 discharge summaries were available for review for the purpose of this audit. Prior to the introduction of the updated delirium protocol, delirium was diagnosed by the liaison team in 57% of all referrals. Delirium was underdiagnosed by medical teams in 73% of those subsequently diagnosed. The diagnosis of delirium was present in 42% of all discharge summaries to primary care providers. Subsequent to the introduction of the updated protocol, delirium was diagnosed in 48% of all liaison referrals during the time period specified. The proportion of under-diagnosis of delirium by medical teams stayed at 73%, the diagnosis of delirium was present in 53% of discharge summaries.

Conclusion. The recognition and diagnosis of delirium in the general medical setting continues to be a key issue in the management of older adults. The importance of this diagnosis and its associated after effects needs to be disseminated amongst all care providers. Greater efforts to enhance these aspects of delirium management in the acute hospital setting are required.

Lithium monitoring in patients over 65 in NHS Greater Glasgow and Clyde

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Aims. Our aim was to identify current practice for Lithium monitoring for >65s in NHS GGC and assess compliance to local Lithium monitoring guidelines.

Method. A retrospective analysis was undertaken of patient data (demographics, diagnosis, biochemistry results) with Caldicott approval at two points over the course of 2018/19. For the first analysis, old age Community Mental Health Teams (CMHTs) were approached and asked to provide a list of their patients on Lithium. This was then assessed for compliance to Lithium monitoring guidelines.

For the second analysis, pharmacy provided data for every patient in the health board dispensed lithium, regardless of whether they were open to a CMHT or not. We were then able to identify patients who we had not picked up on our initial analysis, and re-assess the entire data set for compliance to Lithium monitoring guidelines.

Result. From our first analysis, 13 CMHTs identified 155 patients on Lithium. There was a high variability in how these patients were identified. 44% of patients were monitored by CMHTs

who took bloods and chased them, 38% were monitored by GPs who were prompted by CMHTs in routine clinic letters, and 14% were monitored by GPs who were prompted by CMHTs more assertively using a lithium register. Overall, Lithium plasma monitoring was done well irrespective of method (91%), however compliance to the local standards was poor (58%) with proactive CMHT prompting GPs appearing to be the most effective method (71%).

In our second analysis, we identified 508 patients >65 in NHS GGC prescribed Lithium. Of those, 44% were open to old age psychiatry, 25% general adult psychiatry and 19% were not open to anyone. Of those open to old age services, only 58% had been identified in the previous audit. Lithium monitoring compliance was better in those open to a CMHT versus those not (61% to 23%), and better in CMHTs where monitoring was done by CMHTs rather than GPs. For each CMHT, there were roughly 7 patients per catchment area on Lithium not open to psychiatry.

Conclusion. Lithium monitoring does appear to be highly variable and not particularly compliant with local standards. CMHTs have inconsistent methods of identifying patients prescribed Lithium. There are a significant number of patients not open to old age CMHTs prescribed Lithium, and these patients have poorer compliance to Lithium monitoring. Of patients open to CMHTs, CMHT-led monitoring appears superior to other forms.

A national cross-sectional survey and interviews exploring the relationship between well-being and burnout in doctors

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Aims. Doctors' mental health is a national concern – the General Medical Council, British Medical Association and Health Education England pledge to improve their well-being. Well-being has no common definition, instead pathogenic measures such as burnout are published as a demonstration of doctors' wellbeing. Yet, the relationship between burnout and well-being has not been explored.

Aim. to investigate the relationship between burnout and well-being.

Hypothesis. they are negatively associated, but not opposites.

Method. An online cross-sectional national survey was distributed to doctors of all grades and specialties via the Royal Colleges and doctor organisations. The Oldenburg Burnout Inventory (OLBI) measured burnout, and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) measured well-being. Correlation coefficients between total scores of these measures estimated the relationship. Additionally, semi-structured interviews explored personal definitions of wellbeing and its relationship with burnout. Thematic analysis was carried out.

Result. 64 doctors completed the OLBI and WEMWBS. Comparing the total scores for the questionnaires with Spearman's rho indicates a moderate negative correlation ($r_s = -0.658$, $p = 0.00$, $n = 64$). Total scores were made into binary variables, a Chi-square test showed that a low WEMWBS score (<40) and a very high risk OLBI score (≥ 2.85 exhaustion and ≥ 2.6 disengagement) were statistically significantly associated ($X^2(1, N = 64) = 4.232$, $p = 0.04$). Three themes emerged from the 10 interviews conducted: the importance of networks/relationships outside work; scepticism towards