

University. Data were collected using stratified randomized sampling. A total of 661 prescriptions were selected and analysed for legibility by three experts. SPSS version 26.00 and Graph Pad Prism were used to enter and analyze the data. Descriptive statistics, correlational model and multinomial logistic regression were applied.

**Results.** A total of 1982 drugs were prescribed in 661 prescriptions. A total of 46.0% prescriptions were classified in grade 2 and 32.1% in grade 3. On average, 55.74% prescriptions were found to be complete. On average, prescriber's information, patient's information and medication details were present in 72.64%, 57.25%, and 36.73% prescriptions, respectively. Grade 1 (AOR = 0.62), grade 2 (AOR = 0.83), and grade 3 (AOR = 0.85) prescriptions had less odds of being complete compared to grade 4 prescriptions.

**Conclusion.** Majority of the prescriptions prescribed at tertiary care hospitals were barely legible and also quite a number of prescriptions were incomplete.

### 'Just Say No' (Or at Least Ask Why) STOMP Medication Reviews in Tower Hamlets Community Learning Disability Service

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**Aims.** 'STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organizations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life'. Our aim was to reduce the percentage of psychotropic burden on the LD and/or autism caseload in Tower Hamlets.

**Methods.** We reviewed the internal LD caseload that fit STOMP eligibility criteria (prescribed antipsychotics without an indicated mental health diagnosis).

We calculated the% of BNF maximum dose for individual service users, aimed to reduced this, and reviewing the cumulative dose reduction achieved across the service, before and after an intervention.

The primary intervention was the introduction of a pharmacy led clinic for service users meeting the criteria. This allowed closer f/u from LD pharmacist, thorough medication histories independent of their routine psychiatric reviews, and using GASS and BAI scales to quantify change achieved to their quality of life.

We used early and rigourous people participation to consider the role medications (and their overprescription) in service users quality of life, and asked what service users want out of these medication reviews. Several focus groups were ran without People Participation Lead.

**Results.** Prior to starting of clinic - Of 29 STOMP eligible patients within TH CLDS, we have reduced antipsychotics in 8 of them through general raising awareness of STOMP (presentations to staff, reviews of GP letters to identify service users within the caseload who are likely to benefit and/or be receptive to dose

reductions etc). So far total reduction of 45.4%, (and a total of three patients have been stopped all together).

**Conclusion.** The majority of the results and intervention are yet to be collated, and we are collecting these over the next 2 months, but provisionally we hope to conclude that by reducing the quantity of psychotropic medication we prescribe will improve the quality of life for our service users

### What Is the Evidence for Using Anti-Epileptic Drugs to Treat Agitation and Irritability in Huntington's Disease?

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**Aims.** Background: Huntington's disease (HD), due to the pathological expansion of CAG trinucleotide repeats within the Huntington's gene on chromosome 4p (1), is an autosomal dominant progressive neurodegenerative disease with motor, cognitive and neuropsychiatric symptoms that includes irritability and agitation in an estimated 38–73% of HD patients (2) which is characterized by impatience and a tendency to become angry in response to minimal provocation. Expert consensus recommends implementation of environmental and behavioural strategies then commencing treatment with SSRI's, Neuroleptics or Anti-Epileptic Drugs (AED) (3). No previous papers, to our knowledge, have examined the newest antiepileptic agents or have identified the most efficacious antiepileptics for this use. Aim: We present a review of the literature describing antiepileptic treatments for agitation and irritability in HD focusing on identification of the most efficacious antiepileptics and the role of newer antiepileptic agents for this use.

**Methods.** A search in the main database sources (EMBASE, MEDLINE, Allied and Complementary medicine) was performed in order to obtain a comprehensive evaluation of available antiepileptic psychopharmacological treatments in HD for agitation and irritability.

**Results.** Antiepileptic (AED) agents described in consensus statements and case studies have included sodium valproate, carbamazepine and lamotrigine, which work by inhibition of voltage gated Na and Ca channels, and are often combined with antipsychotic agents for improvement of pathological mood swings and irritability. However, none of the papers identified were Level III or better.

**Conclusion.** No specific mood stabilizing antiepileptic psychopharmacological treatment of the Psychiatric symptoms of irritability and agitation in HD was identified. Overall, the use of AED have weak evidence base with no quantifiable outcome measures, such as such as the Disruptive or Aggressive Behavior behavioural subscale of the Unified Huntington's Disease Rating Scale or the Neuropsychiatric Inventory, indicating improvement of symptoms identified. Surveys and expert opinions were based on their personal knowledge of the HD populations and the selection of the experts surveyed was not systematic which could influence the practice pattern results. The review indicates a pressing need for treatment studies to determine which psychopharmacological and behavioral treatments are most efficacious.