they are aware of the importance of completing them and how to complete them appropriately. In addition, if possible, making the VTE risk assessment a required field to submit the physical health aspect of the clerking proforma would aid in increasing compliance rates. A re-audit in 6–12 months is also recommended.

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Audit of Renal Function Monitoring and Indications in Patients Prescribed Memantine at Ribchester Centre: A Review of Compliance With Pre-Prescription Guidelines

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Aims: To assess whether renal function tests are appropriately reviewed prior to the prescription of memantine, in accordance with NICE clinical guidelines, ensuring the safety and effectiveness of medication.

To assess if memantine is prescribed according to the indications listed in NICE guidelines.

Methods: This retrospective audit reviewed patients with a diagnosis of dementia, seen at old age psychiatry outpatient clinic Bury from 1 August to 31 October 2024.

The review focused on patients starting memantine during this period, assessing whether renal function was evaluated prior to initiation, the indication for memantine use, and whether it was prescribed as monotherapy or adjunctive therapy.

The targeted population included patients over 18 years, with a sample size of 395 (August: 118, September: 151, October: 126). Data were collected by reviewers from 1 to 15 November, using letters on Paris and online care records, and recorded in an Excel sheet.

Results: Of the 12 patients recommended for memantine, only three had a diagnostic indication explicitly documented in their letters, in alignment with NICE guidelines.

In two cases, memantine was prescribed as an adjunct therapy alongside acetylcholinesterase inhibitors – donepezil in one instance and rivastigmine in the other.

For one patient, memantine was utilized specifically for the management of severe Alzheimer's disease.

All patients had their estimated glomerular filtration rate (eGFR) and renal function test (RFT) documented in the GM records.

For seven patients, these details were not included in their correspondence but present on GM record.

For the remaining five patients the letters either explicitly mentioned the eGFR or referenced the eGFR.

Conclusion: Guideline adherence: Only 3 out of 12 memantine prescriptions had diagnostic indications documented per NICE guidelines, indicating incomplete compliance.

Prescribing practices: Memantine was used appropriately as adjunct therapy in two cases and for severe Alzheimer's in one case.

Renal function monitoring: While all patients had eGFR and renal function tests documented in GM records, these details were not clearly recorded in correspondence for 7 patients, highlighting communication gaps.

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A Clinical Audit on Pre-Treatment Assessment Protocol Adherence to Clozapine Therapy

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Aims: This study meticulously evaluated adherence to the pre-clozapine initiation protocols outlined in The Maudsley Prescribing Guidelines in Psychiatry, 13th Edition. The study, conducted at different psychiatry units of the Punjab Institute of Mental Health Lahore, Pakistan, aims to evaluate the comprehensiveness of baseline evaluations and uncover significant deficiencies in monitoring vital physical health markers (like ECG) crucial for patient safety and treatment effectiveness.

1. In this study the clinical practices of pre-clozapine are critically assessed based on standard guidelines

2. It delineates the systemic, clinical, and administrative impediments affecting adherence to pre-clozapine workup protocols.

3. The completeness, accuracy, and consistency of documentation are ensured during the study.

Methods: This retrospective analysis examined case notes from 42 patients to evaluate compliance with pre-clozapine workup protocols at the Punjab Institute of Mental Health, Lahore. The data was examined in accordance with The Maudsley Prescribing Guidelines in Psychiatry, 13th Edition, to evaluate clinical practices, identify hurdles to adherence, and assess trends in the completion of assessments and the accuracy of documentation.

Results: The baseline assessments included a full blood count, liver function test, urea and electrolytes analysis, and plasma glucose measurement, all of which were conducted in 100% of cases. However, electrocardiography (ECG) was performed in only 76% of patients before clozapine initiation. Blood lipid profiling was completed in 33% of cases, while erythrocyte sedimentation rate (ESR) and plasma troponin assessments were conducted in only 19% and 14% of cases, respectively. Notably, C-reactive protein (CRP), beta-natriuretic peptide, and general physical examinations were entirely absent from the records, highlighting significant gaps in baseline cardiovascular and haematological risk assessments.

Conclusion: This audit identified significant gaps in pre-clozapine workups at the Punjab Institute of Mental Health, Lahore, including protocol deficiencies, inadequate staff/doctors training, sampling errors, and inconsistencies in prescriber practices. Communication breakdowns among participants and administrative constraints, such as funding and staffing limitations. To address these challenges, the implementation of standardized protocols, enhanced staff/doctor training, improved participants' communication/documentation, adequate resource allocation, and quality assurance measures. Strengthening these areas is critical to ensuring a comprehensive and safe clozapine initiation therapy.

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