Anticholinergic Burden Rationalisation Before Dementia Treatment in an Old Age Psychiatry Community Team

Dr Isaac Alakeji, Dr Aruna Ravishankar and Miss Siobhan Jeffery

Devon Partnership NHS Trust, Exeter, United Kingdom

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Aims: To carry out a retrospective audit of medical records of people with newly diagnosed dementia in North Devon Community Older People's Mental Health Team for any evidence of anticholinergic burden review before dementia treatment.

Methods: Data for 49 patients with dementia were identified based on evidence of clinical coding on SystmOne (the Trust's new electronic records system) from November 2023 to August 2024. Most of the newly diagnosed patients with dementia were not captured due to missing clinical coding.

Electronic records, including GP referral letters, assessment notes, and MDT discussions, were reviewed to determine whether anticholinergic medicines were rationalised and whether ACB scores were recorded before initiating medication for dementia.

In addition, pre-referral medications were reviewed from the GP referral letters to establish pre-referral anticholinergic burden and ACB scores.

Values from the ACB calculator were used for anticholinergic burden estimation in this audit as it collates information from the German Anticholinergic Burden Scale and the Anticholinergic Cognitive Burden Scale, which have been demonstrated to have the highest validity and reliability. According to the NICE guideline [NG97], there is not sufficient evidence to recommend one validated tool over the others.

Results: Out of 49 patient records, 27 were included in this audit. Twenty-two were excluded due to not meeting the inclusion criteria.

None of the clinicians documented that anticholinergic medicines were rationalised, and only 2 (7.4%) documented that the patient's current medications were reviewed.

There was no documentation of ACB score for any of the patients included in this audit; whereas, the vast majority (70.4%) of them were on regular medications with anticholinergic burden before presentation and such medications were prescribed for their anticholinergic effect in 1 out of 10 (11.1%) of cases.

More than half (52.6%) of the audit patients with pre-referral anticholinergic burden had ACB scores of 3 or higher (high risk).

The most commonly prescribed medications leading to raised ACB were metformin, lansoprazole and sertraline in descending order of frequency.

Those prescribed specifically for their anticholinergic effect were solifenacin and oxybutynin with ACB score of 3 each.

Conclusion: We are not documenting that we rationalised anticholinergic medicines before initiating anti-dementia treatment.

Almost 3 out of 4 of the patients referred to our team for dementia diagnosis were on medications with an anticholinergic burden. More than half of those on anticholinergic medications had ACB scores in the high-risk range.

The most commonly prescribed medication resulting in anticholinergic burden was metformin.

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.

Evaluating Standards in Psychiatric Admission Processes

Dr Basil Aldweik, Dr Monsur Badmus, Dr Balaji Wuntakal and Dr Neil Kotecha

Royal College of Psychiatrists, Portsmouth, United Kingdom

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Aims: For the first QIP our objective was by August 2024, a completion of admission checklists jobs on clerking by out of hours Doctors in Solent and Southernhealth Foundation Trusts Psychiatric Inpatient Units by 100%.

However, if tasks were not completed, we would be expecting documentation of the reason why on SystmOne tabbed Journal and Rio progress notes (electronic records).

Methods: For the first QIP, 30 patients were randomly selected from current admissions in three facilities: The Limes (10 patients), The Orchards (Maples and Hawthorn, 5 patients each) and Elmliegh Hospital (10 patients).

For the completed audit Cycle, 35 patients were randomly selected from current admissions in four facilities: The Limes (10 patients), The Orchards (Maples and Hawthorn, 5 patients each), Elmleigh Hospital (10 patients), and Ravenswood House Forensic Hospital (5 patients).

The audit involved reviewing clerking documentation on SystmOne and Rio, measuring performance indicators for the completion of admission tasks, including DNACPR, mental capacity assessments, mental state examinations, physical examination, current medications, allergies and sensitivities, and VTE assessments.

During our first QIP, a guide was introduced in the trainee handbook to demonstrate how to complete an admission on S1 in addition to a video demonstration, link shared with all doctors working within the trust.

Results: There was excellent compliance with admission tasks across most wards, with a 100% completion rate in the Limes, The Orchards and Ravenswood House. Key achievements included successful documentation of physical examinations, current medications, allergies, and sensitivities. The audit demonstrated substantial progress in standardising admission documentation processes.

Conclusion: The audit results showed excellent overall compliance in completing admission tasks across most wards, with particular success in completing physical examinations, current medications, allergies, and sensitivities documentation. This audit reflects significant progress in standardising admission documentation across psychiatric inpatient units. This audit's findings will support continued improvements in admission processes, enhancing both compliance and patient safety. The results have been disseminated trust wide and incorporated as part of the junior doctor induction programme.

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Mental Health Act 1983 Assessments: Audit of Compliance With GMC and Legal Expectations

Dr Leila Ali, Dr William Melton and Dr Navjot Ahluwalia

Rotherham, Doncaster and South Humber NHS Foundation Trust, Doncaster, United Kingdom