## Audit of Physical Health Monitoring in Patients With Intellectual Disabilities Prescribed Antipsychotics in Adult Intellectual Disability Service in Rivington Unit, Greater Manchester Mental Health NHSFoundation Trust

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**Aims:** This audit aimed to:

Evaluate compliance with NICE and GMMH guidelines for physical health monitoring in adults with intellectual disabilities prescribed atypical antipsychotics.

- Identify gaps in current monitoring practices.
- Enhance patient safety by highlighting areas requiring improvement.Support better long-term outcomes through early detection of physical health issues.

**Methods:** Electronic clinical records (Paris) were reviewed using a bespoke audit tool based on NICE and GMMH protocols. Data were collected for the period February 2024–January 2025. Variables included demographic information, intellectual disability severity, diagnosis, and completion of recommended physical health checks. Data were analysed descriptively using Excel and presented graphically.

**Results:** Seventy-eight patients were included (approx. 60% of the caseload). Of these, 57.5% were male and 73.08% were White British. Most were aged 18–39 years, and around half had mild intellectual disability.Compliance with routine blood monitoring ranged from 71.79% to 76.92%. In contrast, prolactin monitoring was completed in only 28.21% of patients, and ECG completion was notably low at 17.95%. These findings highlight significant variation in adherence to different components of the monitoring protocol.

**Conclusion:** While compliance with routine blood tests was generally good, prolactin andECG monitoring were markedly poor. Improved documentation, clearer communication with primary care, and targeted interventions are required to ensure comprehensive physical health monitoring for this vulnerable population.

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.

## Blood Monitoring Practices in Older Adult Psychiatric Inpatients: A Retrospective Audit

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**Aims:** Clinicians working in an Older People's Mental Health (OPMH) inpatient unit noted that blood tests, particularly urea and electrolytes (U&E), were frequently completed when patients were commenced on psychotropic medications. An audit was undertaken to describe current practice and assess its alignment with relevant guidance. NICE and BNF guidelines do not recommend routine blood monitoring for memantine or pregabalin. RCPath advises renal function testing only if significant clinical changes indicate acute renal or electrolyte-related issues. Additionally, NHS England guidance advises all blood tests should have a documented rationale.

**Methods:** Case notes of 30 OPMH inpatients who were initiated on memantine and/or pregabalin and had further blood tests taken after initial admission bloods between June 2023 and June 2024 were reviewed. The audit evaluated:

(1) Whether blood tests had a documented rationale

(2) Their temporal association with initiation or titration of these medications.

**Results:** 92 blood tests were taken for 30 patients. Rationale was documented for 62% of tests (n=37). Of those with rationale documented, 58% had a clinical indication e.g. suspected infection, general deterioration. Monitoring renal function due to psychotropic medication was documented as the rationale for 42% (n=24), all patients had previously normal kidney function. Among tests without a documented rationale, 25% (n=23) may have related to memantine or pregabalin initiation or titration. A temporal pattern was observed, with dose changes sometimes occurring shortly after U&E testing.

**Conclusion:** A notable proportion of blood tests lacked a documented rationale and observed monitoring practices for memantine and/or pregabalin did not consistently align with current guidance. The observed temporal pattern may suggest an association, but this represents our own interpretation of the available documentation. Some tests may have been clinically justified but not recorded. While routine blood testing can support early detection of clinical issues, it also carries potential drawbacks, including patient distress and incidental findings that may prompt further investigations. We recommend multi disciplinary discussions to review the rationale for current monitoring practices, encourage adherence to guideline recommendations, and clear documentation of rationale for all blood tests.

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## An Audit of Practice Quality and Alignment With Evidence Based Standards

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**Aims: Additional Author Dr Bethany Ranjit Consultant Psychiatrist.**

To evaluate compliance with NICE national standards for physical health monitoring in adults receiving ADHD medication in the community setting along with reviewing the side effects profiles and follow up intervals.

NHS England commissioned a project to consider ADHD service provision.This highlighted a significant number of challenges our ADHD services face with increases in demand for ADHD services. In tandem with this NICE recommends that physical health monitoring (blood pressure, heart rate and weight) should take place prior to initiating medication and at a minimum of six-monthly intervals, alongside structured side-effect reviews. Given the significant increases in the outpatient ADHD patient caseloads, we were concerned about the documentation and monitoring requirements of this demographic of patients.

**Methods:** A retrospective cohort audit of **207** adults prescribed ADHD medication by YCC CMHT was undertaken. Data extracted included demographic details, medication type and dose, dates and completeness of physical observation checks, and physical comorbidities. Additional variables collected included duration on stable dose, carecoordination status and psychiatric comorbidities. These were included to assess suitability for sharedcare transition.
**Results:** The sample included **105** males and **102** females, with a mean age of **36.1** years. Medications prescribed were **Lisdexamfetamine 63.3**%, methylphenidate XL 20.3%, methylphenidate IR **4.3%**, guanfacine **3.9**%, **Atomoxetine 2.9**% and **Dexamphetamine 0.5**%. **60%** of patients had been on a stable dose for more than six months. Physical health observations were recorded for **174 patients 84.1%**, although documentation was frequently incomplete, with missing pulse or weight entries. No standardised monitoring tool was used. Monitoring intervals were within NICE recommendations for **30.9%**, whereas **28.5%** were reviewed between 6–12 months, **24.6%** beyond 12 months and **15.9%** had no monitoring recorded. Psychiatric comorbidities were present in **37%** of patients. Physical comorbidities included Asthma **7.2%**, Hypertension **2.8%**, Fibromyalgia **2.4%**, Polycystic ovarian syndrome **1.9%** and Hypothyroidism **1.9%**.
**Conclusion:** A substantial proportion of patients did not receive physical health monitoring within recommended intervals, and documentation quality was inconsistent and varied in detail. The absence of standardised tools likely contributed to underreporting of relevant adverse effects. Operational challenges, including limited access to monitoring equipment and continued prescribing despite nonattendance, were notable barriers. Implementing electronic prompts and adopting standardised monitoring templates may improve adherence to guidelines and enhance patient safety. Whilst also enhancing patient suitability for shared-care transitions.

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## High-Dose Antipsychotic Therapy Monitoring in a Community Rehabilitation Cohort: A Cross-Sectional Audit From Sussex Partnership NHS Foundation Trust

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**Aims:** High-Dose Antipsychotic Therapy (HDAT) is associated with increased risk of adverse physical health outcomes and requires robust monitoring in line with Royal College of Psychiatrists (RCPsych) guidance and local Trust policy. This audit aimed to:

1. Assess compliance with Sussex Partnership NHS Foundation Trust (SPFT) HDAT physical health monitoring policy.
2. Assess compliance with theRCPsychconsensus statement on HDAT monitoring.
3. Identify patterns of antipsychotic polypharmacy within a community rehabilitation cohort.

**Methods:** A cross-sectional audit was conducted in December 2025 within the East Sussex Rehabilitation Pathway (ESRP), part of SPFT. The cohort included adults aged 18–65 receiving care from a community rehabilitation team in Eastbourne. Medication records were reviewed, and the antipsychotic high-dose calculator was used to identify patients prescribed HDAT in accordance with BNF criteria. Data were collected from electronic patient records (Carenotes) and HDAT monitoring forms. Variables included diagnosis, ethnicity, number of antipsychotics prescribed, and completion of recommended HDAT monitoring (blood tests, ECG, weight/physical observations, GASS side-effect scale, and HDAT documentation).
**Results:** Eleven patients met criteria for HDAT, representing approximately 18% of the rehabilitation caseload. The majority were White British (64%).

Paranoid schizophrenia was the most common diagnosis (64%), followed by schizo affective disorder (27%) and persistent delusional disorder (9%). Most patients (73%) were prescribed two antipsychotics, while 27% were prescribed three, indicating a high prevalence of antipsychotic polypharmacy.

Compliance with HDAT monitoring was variable: blood tests and weight/physical observations were completed in 45% of patients, ECGs in 27%, GASS was offered in 27%, and HDAT documentation was fully up to date in 36% of cases.
**Conclusion:** HDAT use within this community rehabilitation cohort was relatively common and largely driven by antipsychotic polypharmacy in patients with severe and enduring psychotic illness. Monitoring compliance was inconsistent and fell short of RCPsych and local policy standards. These findings highlight the need for improved identification of HDAT, better utilisation of monitoring tools, and strengthened multidisciplinary oversight to ensure safe, high-quality care. Findings were presented to the multidisciplinary team, and an action plan for improvement was formulated, with re-audit planned in six months.

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## Clinical Audit of the Use, Prescribing and Review of Anxiolytics and Hypnotics Within Acute Psychiatry

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**Aims:** To identify the use and prescribing of anxiolytics and hypnotics pre-admission, during the inpatient admission and on discharge and if such medications are reviewed during the inpatient admission on the adult mental health male and female wards.
**Methods:** A list of patients admitted from 01-Dec-2024-28-Feb-2025 were collated using IBM Cognost Analytics. The electronic patient records (EPR) were used to identify patients who were discharged after 28-Feb2-2025, and such patients were excluded from the audit. Medications prescribed pre-admission were identified using the medicines reconciliation in the EPR. Medications prescribed during the inpatient admission and on discharge were found on the electronic prescribing system and EPR. Microsoft forms were used to collate data and Microsoft excel was used for data analysis. Lorazepam, promethazine, diazepam and zopiclone prescriptions were analysed.
**Results:** A total of 100 prescriptions on the female and 35 prescriptions on the male were prescribed during the inpatient admission. 26% (female) and 46% (male) of prescriptions were reviewed throughout the inpatient admission and documented. 6% (female) and 0% (male) of prescriptions were reviewed weekly. 9% (female) and 14% (male) prescriptions were changed in terms of dose, frequency and/or maximum dose.

A total of 48 (female) and 18 (male) prescriptions on the male wards were prescribed upon discharge. 71% (female) and 22% (male)

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