medium secure unit is taken seriously, hence the higher percentage of people who have their physical health checked in this study.

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.

Improving Valproate Prescribing Practices in Women of Childbearing Age: An Audit Cycle in a Psychiatric Inpatient Setting in Qatar

Dr Ahmad Alater, Dr Zidan Masoudi, Dr Sazgar Hamad, Dr Majid Al Abdulla and Dr Yousaf Iqbal

Hamad Medical Corporation, Doha, Qatar

doi: 10.1192/bjo.2025.10542

Aims: Prescribing valproate to women of childbearing age in psychiatric settings requires a nuanced approach due to its teratogenicity. The Medicines and Healthcare Products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE) guidelines emphasize the importance of avoiding valproate in this population, considering alternative medications, discussing benefits, side effects, and teratogenicity, conducting pregnancy testing before initiation, and ensuring the use of highly effective contraception. This study aimed to evaluate current prescribing practices against MHRA and NICE guidelines within Hamad Medical Corporation (HMC) psychiatric inpatient units.
Methods: An initial audit was conducted between 25/10/2022 and 25/10/2023, followed by a re-audit between 10/11/2023 and 10/11/2024. The audit involved a retrospective review of electronic health records of all female patients of childbearing age (16–49) admitted to the psychiatry hospital and prescribed valproate for a psychiatric indication. Data were collected using a proforma, and the audit was approved by the HMC Audit Committee.
Results: During the first audit period, 32 patients were prescribed valproate. Of these, only 1 patient (3%) had documented discussion about teratogenicity, 7 patients (21%) about benefits, and 3 patients (9%) about side effects. 21 patients (65.6%) underwent pregnancy testing before prescription. However, none of the patients received documented education about highly effective contraception.

In response to these findings, results were widely disseminated within the department, and educational sessions were conducted for doctors and pharmacists. Additionally, the need to develop national guidelines was emphasized to ensure safer prescribing practices. Noteworthy, during the re-audit phase, there was an expansion in bed capacity for female patients.

The re-audit showed a reduction in valproate prescribing to 21 patients. Documented discussions on teratogenicity increased to 10 patients (47.6%), while 5 patients (23.8%) had discussions about benefits and 14 patients (66.7%) about side effects. Pregnancy testing before prescribing improved to 19 patients (90%). Additionally, 8 patients (38.1%) received documented education on effective contraception.
Conclusion: The re-audit demonstrated significant improvement in pregnancy testing, and noticeable progress in other aspects, though further work is required. This study underscores the importance of educational sessions and interdisciplinary collaboration among doctors and pharmacists to enhance prescribing practices. Towards sustained improvement, systematic changes are needed, including shifting clinicians' perceptions of valproate prescribing, developing local guidelines, and introducing strict governance measures. This audit has served as a catalyst for the development and implementation of national guidelines and has led to the initiation of a quality improvement project.

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.

Dementia and Driving (2nd Cycle Audit)

Mohammed Al-Dabbagh, Dr Faquiha Muhammad and Dr Dolapo Odegbaro

NHFT, Northampton, United Kingdom

doi: 10.1192/bjo.2025.10543

Aims: This is round 2 of audit focusing on assessing the compliance of health professionals with the UK law by informing the drivers with dementia about their legal requirement to report their condition to the DVLA and their insurance companies. The aim of this audit is to ensure public safety by adhering to the General Medical Council (GMC) guidance; "Confidentiality: patients' fitness to drive and reporting concerns to the DVLA or DVA", as well as the Driving with Dementia or Mild Cognitive Impairment Consensus Guidelines for Clinicians; endorsed by RCPsych and Alzheimer's Society. This will help ensure public safety and prevent potential accidents or incidents caused by impaired driving.
Methods: This is the second cycle of the audit, including patients diagnosed in 2024. First cycle was completed last year for patients diagnosed in 2022. Retrospective data was collected from SystmOne. 40 patients were selected randomly from 807 patients referred to the memory clinic of Watermill resource centre in Berrywood Hospital.

Inclusion Criteria: Patient referred to the service between 1 January–31 December 2024 who were diagnosed with Dementia.
Results: The results showed that Compliance with informing patients to report to the DVLA following their diagnosis has improved from 73% to 80%. The compliance with informing patients to report to their insurance companies fell from 45% to 0% in the second cycle. Out of the 40 patients diagnosed with dementia, 34 had a recorded risk assessment. 5 patients were driving at the time of assessment. 3 patients were referred to occupational therapy for a driving assessment. 4 out 5 driving patients were informed they must report to the DVLA (compliance 80%), and 1 out 5 driving patients were informed they must contact their insurance company (compliance 20%). No documented evidence was found about informing the patients about consequence of not reporting to the DVLA and insurance companies. There was no record of medics having to contact the DVLA.
Conclusion: Overall, the audit revealed a need for improvement in compliance and documentation. It is recommended that health professionals strictly adhere to their responsibilities in risk assessment and informing drivers with dementia about their legal requirements regarding informing DVLA and insurance companies. Clear documentation should be made using a standard template available.

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.