## Metabolic Screening in Psychiatric Patients: Impact of a Quality Improvement Initiative

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**Aims:** Metabolic syndrome is highly prevalent among psychiatric rehabilitation patients, with rates ranging from 40–60% globally. The condition significantly increases the risk of cardiovascular disease and type 2 diabetes, compounded by psychotropic medications, sedentary lifestyles, and poor dietary habits. Despite established guidelines from the National Institute for Health and Care Excellence (NICE), the International Diabetes Federation (IDF), and the World Health Organization (WHO), which recommend regular metabolic screening every 6 months for patients on long-term psychotropic medications, compliance with metabolic screening in psychiatric settings remains inconsistent. This audit aimed to evaluate and improve compliance with these metabolic screening practices in psychiatric rehabilitation units through targeted interventions.

**Methods:** A two-cycle audit was conducted involving 33 patients (26 males, 7 females) across five residential psychiatric units. The first cycle assessed baseline compliance with the 6-month metabolic screening guidelines, revealing significant gaps. Interventions included the implementation of a structured metabolic screening tool, GP coordination, and staff education. Screening was based on the guidelines for waist circumference, fasting glucose or HbA1c, blood pressure, triglycerides, and HDL cholesterol. The second cycle evaluated compliance with the 6-month screening interval.

**Results:** In the first cycle, only 15.15% of patients had complete metabolic screening conducted within the recommended six-month period, while 30.30% had incomplete screenings and 54.55% had missing data. Following the interventions, the second cycle showed improvements in screening compliance. In the second cycle, 66.67% of patients were screened within the recommended six-month period, while the remaining 33.33% were not screened within the recommended period of six months.

**Conclusion:** The structured metabolic screening tool and targeted interventions significantly improved compliance with metabolic screening guidelines as recommended by NICE, IDF, and the WHO. These findings emphasize the importance of regular metabolic screening and the need for continued efforts to improve adherence to established guidelines in psychiatric rehabilitation units.

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.

## Evaluation of Lithium Monitoring Practices for Patients in a Community Mental Health Team: An Audit Report.

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**Aims:** This audit aimed to assess the adherence of lithium monitoring practices within the Enhanced Teams of Folly Hall Community Mental Health Team (CMHT) to national and local guidelines. By identifying gaps and areas for improvement, the audit sought to enhance patient safety, optimize lithium therapy outcomes, and support service improvements.

**Methods:** A retrospective audit was conducted using data from 18 patients actively prescribed lithium. Information was collected from medical care plans, ICE (Integrated Clinical Environment) laboratory reports, and progress notes in SystmOne. The audit measured compliance with national (NICE NG181) and local monitoring standards, including:

Serum lithium levels (every 3 months).
Renal function tests (every 6 months).
Thyroid function tests (every 6 months).
Calcium levels (every 6 months).
Side effect monitoring (at every review or at least every 6 months).

Data collection was facilitated via a standardized Microsoft Form, and compliance was categorized as fully met (91–100%), partially met (81–90%), or not met (<81%).

**Results:** Lithium monitoring compliance was suboptimal: only 44.4% of patients had their lithium levels checked every 3 months.

Renal and thyroid function tests showed better adherence, with 94.4% and 88.9% compliance, respectively.

Calcium monitoring was inadequate, with only 61.1% compliance.

Side effect monitoring was well-documented (100% compliance), and prompt action was taken for all patients experiencing side effects (66% had dose reductions, and 33% had lithium discontinued due to severe adverse effects).

Action was not taken for one patient with out-of-range lithium levels, highlighting a significant safety concern.

**Conclusion:** The audit revealed significant deficiencies in lithium level and calcium monitoring, posing potential risks to patient safety. While renal and thyroid function monitoring showed high compliance, lithium level checks were insufficient, particularly for long-term users. The findings underscore the need for improved monitoring adherence to prevent toxicity and optimize treatment efficacy.

Recommendations:

1. Professional reminders in clinic rooms outlining lithium monitoring schedules.
2. Establishing a lithium monitoring registry for centralized tracking.
3. Regular discussion in business meetings to reinforce monitoring schedules.
4. Designation of a lithium monitoring champion to oversee compliance.

A re-audit is also being planned to evaluate the impact of these interventions.

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## Venous Thromboembolism Risk Assessment Audit

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**Aims:** This audit is most relevant to acute inpatients at a general psychiatric hospital (St Ann's Hospital and Chase Farm Hospital) in which there is high turn over of acutely unwell psychiatric patients being admitted. This set of patients are at significant risk of venous thromboembolism due to immobility and the nature of their illnesses.

People with psychiatric disorders may be at risk of developing venous thromboembolism, particularly when acutely unwell and admitted to an acute psychiatric ward. This may be due to the presence of risk factors such as reduced mobility due to psychiatric illness or sedation, dehydration due to poor oral intake or comorbid physical illnesses. The use of antipsychotic medications also increases thrombotic risk. Parity of esteem for mental health is a priority for health care and should include equity of provision for the management of physical health problems in those people presenting primarily with mental illness.

Also, there are issues which may cause concerns with regard to VTE prophylaxis in this population such as capacity to consent to interventions, interactions of psychotropic medications with pharmacological thromboprophylaxis and risk issues around the use of pharmacological and mechanical strategies for people who self harm.

The aim of this audit is to find out if admitting doctors are complying with North London NHS Foundation Trust policy and Department of Health guidelines. This will be carried out looking at 40 admissions across 4 wards in St Ann's Hospital and Chase Farm Hospital between 1/1/2023 to 30/6/2023.

**Methods:** Data collection using designed questionnaire.

Standards: Trust policy and Department of Health guideline to be used as standard.

**Results:** Out of the 40 admission cases viewed, none of them had VTE risk assessment done. Hence no data available to analyse.

**Conclusion:** It is unfortunate that doctors are no longer doing VTE risk assessment on an acute psychiatric ward. This is still being emphasized by Department of Health.

It is should be noted that about 25% of those who have pulmonary embolism die from it and DVT can lead to pulmonary embolism. It also should be noted that after the age of 40 years risk of VTE almost doubles every decade.

Recommendations:

Assess all acute psychiatric patients to identify risk of VTE and bleeding as soon as possible after admission to hospital or by the time of the first consultation review, using a tool published by a national UK body, professional network or peer-reviewed journal. The most commonly used risk assessment tool for hospital is the Department of Health risk assessment tool.

Reassess all people admitted to an acute psychiatric ward for risk of VTE and bleeding at the point of consultant review or if their clinical condition changes.

Consider pharmacological VTE prophylaxis with fondaparinux sodium if Low Molecular Weight Heparin is contraindicated for people admitted to an acute psychiatric ward whose risk of VTE outweighs their risk of bleeding.

Continue pharmacological VTE prophylaxis for people admitted to an acute psychiatric ward until the person is no longer at increased risk of VTE.

Action Plans:

This audit should be repeated in 12 months time.

This audit report should be discussed during induction programme in August this year.

This audit report should be shared with all consultants in the trust.

Nursing staff to check if admitting doctor has completed the VTE risk assessment as part of admission clerking.

Ward consultants including Dr Neru, ward managers and Dr C. Ozongwu (if available) to monitor the implementation of these recommendations.

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## Cervical and Breast Cancer Screening Discussions With Female Adult Inpatients: An Audit Cycle

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**Aims:** To assess whether discussions about breast and cervical cancer screening occur during female patient admissions to acute inpatient wards.

To evaluate the impact of an intervention on the rate of completion of these discussions.

To explore the obstacles which limit these discussions

**Methods:** Female adult patients aged 25–70 years old, admitted to Acute Adult Psychiatric Inpatient Wards (Galleywood, Topaz), Mother and Baby Unit (Rainbow), or Psychiatric Intensive Care Unit (Christopher Unit) between 1/2/2022 and 30/4/2022 were included in baseline data collection (n=57).

Patients aged 25–54 were eligible for cervical cancer screening discussions and aged 50–70 years old for breast cancer screening discussions.

Physical health check proforma and ward review entries were reviewed.

Resident doctors completed a survey to identify barriers to completing these discussions.

An intervention involving enhancing teaching during induction for resident doctors and local academic teaching was implemented over 9 months.

A re-audit was conducted with admissions meeting the same criteria during the period 1/12/2023 to 29/02/2023 (n=34).

**Results:** In the baseline data, 4 out of 43 patients (9%) who were eligible for cervical cancer screening and consented to having a physical health check were included in discussions about cervical cancer screening. This increased to 5 out of 26 (19%) patients during the re-audit.

In the baseline data, 1 out of 15 patients (7%) who were eligible for breast cancer screening and consented to having a physical health check were included in discussions about breast cancer screening. Completion rate remained low with no discussions taking place with the 5 eligible and consenting patients during the re-audit.

Feedback from resident doctors included that there was not enough time to ask these questions during admission, that the patient was unable to answer these questions or that they felt the questions were not relevant.

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