An Audit of Compliance With NICE Guideline: Obesity: Identification, Assessment and Intervention by the Forensic Community Mental Health Team Based at a Supported Accommodation

Dr Chung Mun Alice Lin[1] and Dr Neeti Sud[2]*

[1]National Institute of Health Research Newcastle Biomedical Research Centre and the Translational and Clinical Research Institute, Newcastle Upon Tyne, United Kingdom and [2]Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle Upon Tyne, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.492

Aims. In England, 64.8% of adults are currently classified as overweight or obese, with rates even higher in the North East at 68.6%, especially in adults with severe mental health illnesses. This additional body weight has the potential to increase the risk of developing a number of serious health conditions including diabetes, heart disease and even cancer. Studies have shown that patients with schizophrenia have a 2.8–3.5 increased likelihood of significant weight gain and reduction in life expectancy of 15–20 years, mainly due to preventable physical illness. Monitoring of risk factors for this, particularly weight gain, is therefore crucial. The NICE Guideline (2014) recommends that patients are routinely categorised into BMI categories to assist with obesity identification, management, and monitoring. A waist measurement is also advised to help with risk stratification. Patients with psychosis or schizophrenia, especially those taking anti-psychotics are also recommended to be offered a combined healthy eating and physical activity programme by their mental healthcare provider. Finally, patients with rapid or excessive weight gain, abnormal lipid levels or problems with blood glucose management should be offered appropriate interventions. Our main objective was to identify whether the obesity assessment, monitoring and intervention care delivered by our community team is in line with current guidance.
Methods. A total of 12 residents living in community forensic supported accommodation and currently taking antipsychotic medications were included. Data reviewed were from September 2020 to September 2021. Data audited were from electronic medical records.
Results. This audit found that 10 out of 12 patients (83%) fell into either the overweight or obese BMI categories (seven obese and three overweight). Only four patients had agreed to have their waist circumference measured, which meant only four patients were able to be appropriately risk stratified. One patient was identified as pre-diabetic and another diabetic. All patients identified to be overweight or obese received appropriate lifestyle advice. Qrisk scores, to assess cardiovascular risk, were calculated for the majority of eligible patients, except for two.
Conclusion. This audit highlights that patients who are on regular antipsychotic treatment and living in the community are at high risk of obesity and its associated complications. It is important to perform regular health checks in this cohort due to this risk, both to improve their quality of life and prevent significant morbidity and mortality. Waist circumference measurements should be encouraged to enable risk stratification and accurate documentation will enable timely treatment intensification.

A DVLA Notification Audit in Forensic Supported Accommodation

Dr Chung Mun Alice Lin[1], Miss Nicole Lim[2] and Dr Neeti Sud[3]*

[1]National Institute of Health Research Newcastle Biomedical Research Centre and the Translational and Clinical Research Institute, Newcastle University, Newcastle upon Tyne, United Kingdom.; [2]Newcastle University, Newcastle upon Tyne, United Kingdom and [3]Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.493

Aims. The Driver and Vehicle Licensing Agency (DVLA) in England, Scotland and Wales are legally responsible for deciding if a person is medically unfit to drive. This means they need to know if a person holding a driving licence has a condition or is undergoing treatment that may now, or in the future, affect their safety as a driver. The driver is legally responsible for telling the DVLA about any such condition or treatment. Doctors should therefore alert patients to conditions and treatments that might affect their ability to drive and remind them of their duty to tell the appropriate agency. Patients with acute schizophrenia or an acute psychotic disorder must not drive and must notify the DVLA. In alliance with the above, the GMC advises that clinicians have a responsibility to explain the above information to the patient and inform them that they have a legal duty to inform the DVLA. Doctors should also inform patients that relevant medical information may need disclosing about them to the DVLA if they continue to drive against advice, and any advice given should be documented. The main objective of this audit is to identify if notification of DVLA for forensic patients living in supported accommodation, is in accordance with the DVLA guidelines.
Methods. A total of 12 residents living in community forensic supported accommodation who have a notifiable diagnosis were included. Data collection took place in September 2021, looking through all previous records relating to the search words "DVLA", "drive", "driving" and "license". Data audited were from the trust's electronic patient records.
Results. Diagnoses included paranoid schizophrenia, delusional disorder and personality disorder. Antipsychotic medications included Olanzapine (oral and IM), Clozapine and Zuclopenthixol +/- antidepressants. Legal status included community treatment orders (civil section), voluntary community patients and those on a conditionally discharged restriction under secretary of State supervision. Two patients held full driving licences and a further two held provisional licences, with DVLA documented discussions and notification compliance at 100%. The remaining eight patients had no documentation regarding driving nor DVLA discussions or notification.
Conclusion. This audit found that DVLA discussions are not currently well documented, with only four patient records that have this recorded. Although it is the clinical team's responsibility to advise the patient to notify the DVLA, it is ultimately the patient's responsibility to notify the DVLA themselves. DVLA discussions need to be had regardless of driving status and documentation should reflect this.

Audit: Do Electronic Mental Health Records Match General Practice Shared Records of Medications and Allergies for Patients Residing at a Community Forensic Supported Accommodation?

Dr Kate Bernard[1] and Dr Neeti Sud[2]*

[1]Newcastle University, Newcastle upon Tyne, United Kingdom and [2]Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.494

https://doi.org/10.1192/bjo.2022.493 Published online by Cambridge University Press