Aim is to assess whether vitamin D deficiency is identified and managed appropriately according to the 2022 NICE vitamin D guidelines.

Standard:

1. All patients to have vitamin D level tested on admission.
2. All patients with vitamin D level of 50 and below to be prescribed vitamin D as per guidelines.
3. If calcium deficiency co-exists with vitamin D deficiency, patients to be prescribed replacements for both as per guidelines.
4. All patients to be referred for specialist services if vitamin D deficiency presents with the following: eGFR <30, hypercalcaemia, or granulomatous conditions.

Methods: The audit was registered with the Trust following discussion with the ward managers and consultants. All inpatients on two MHSOP wards on the day of data collection were included. Using an audit questionnaire, retrospective data was collected from electronic patient notes, paper drug charts and electronic blood reporting system. Data was analysed on Excel. The re-audit occurred six months later following intervention.

Interventions following the initial audit involved designing a vitamin D awareness poster for the wards, meetings with the ward pharmacist and presentation at the local MHSOP clinical effectiveness meeting to raise awareness.

Results: First cycle: 34 patients were included. 30 out of 34 (88%) patients had their vitamin D levels tested on admission or had a recent level. Out of the 30 patients who had recent vitamin D levels on record, 15 patients had adequate vitamin D levels, seven had insufficient levels, and eight had deficient levels. Out of the 15 patients who had insufficient or deficient levels, nine patients (60%) were prescribed vitamin D. One patient who required specialist services did not get referred.

Second cycle: 33 patients were included. 31 patients out of 33 (94%) had vitamin D testing on admission. Out of the 31 patients, 12 patients had deficient or insufficient vitamin D levels requiring prescription. Nine out of these 12 patients (75%) were prescribed vitamin D.

Conclusion: Following simple interventions to raise awareness, the re-audit results showed improvements in vitamin D testing on admission as well as improved management. Ongoing communication with pharmacists and rotating resident doctors is required to sustain awareness and improve adherence.

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 Physical Health Assessments in Alcohol Use Disorder: A Service Audit

Dr Mario Lepore, Dr Chris Joseph and Dr Mike Kelleher

South London and Maudsley NHS Foundation Trust, London, United Kingdom

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Aims: Individuals seeking support from drug and alcohol services often experience significant physical health challenges, with many presenting with comorbid conditions such as liver disease. Early identification of these conditions is vital for ensuring holistic and effective patient care. This audit aimed to evaluate the proportion of clients with alcohol use disorders who had recently undergone blood tests, Fibrosis-4 (FIB-4) scoring (a non-invasive marker for liver fibrosis) and FibroScan. The audit also sought to identify gaps in current clinical practices and provide recommendations to optimise care pathways for this population.

Methods: The medical records of 200 clients, representing two-thirds of the total population with alcohol as their primary substance of use, were reviewed. Data were collected to determine whether clients had received necessary blood tests (including liver function and platelet count) to facilitate FIB-4 scoring, and whether FibroScan assessments had been offered or completed. Reasons for incomplete investigations were recorded to identify potential barriers to care.

Results: Out of the 200 clients, 175 (87.5%) had recent blood test results and 134 (67%) had all components required to calculate FIB-4 scores. A total of 90 (40%) had undergone Fibroscan testing. Several factors contributed to incomplete investigations, including client refusal or non-engagement, incomplete blood test requests and failure to reoffer FibroScans to those with abnormal liver function tests. With regards to incomplete blood tests, it was identified that aspartate aminotransferase (AST) levels were not routinely measured unless a specific request for this was made, something not all staff members were aware of.

Conclusion: The audit highlighted factors contributing to gaps in the completion of necessary blood tests and FibroScans among individuals attending alcohol treatment services. In response, we have implemented targeted clinician training, updated blood test request protocols to ensure all necessary components for FIB-4 calculation are included, and revised guidelines to ensure FibroScan is reoffered to clients with abnormal liver function tests. These improvements are expected to enhance the consistency and quality of physical health assessments for this vulnerable group. A follow-up audit will be conducted in six months to assess progress.

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A Closed Loop Audit of DEXA Scan Compliance in a Tier 4 Specialist Eating Disorder Unit

Dr Chisom Madu

North East London Foundation Trust, London, United Kingdom. Cygnet Hospital Ealing, London, United Kingdom

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Aims: This closed-loop audit aimed to evaluate adherence to NICE guidelines for DEXA scans in a Tier 4 Specialist Eating Disorder Unit and assess the impact of structured recommendations to address gaps in care, including improved integration of scans into protocols, better documentation, and enhanced patient education.

Methods: Clinical notes of 54 patients admitted over two years were reviewed against six key standards derived from NICE guidelines. These guidelines recommend DEXA scans for individuals with anorexia nervosa after 9–12 months of illness, with follow-ups every two years while the eating disorder remains active. Scans should be interpreted by qualified professionals, with patients educated on maintaining a healthy BMI as the primary means of improving bone health. Initial findings informed the development and implementation of recommendations focused on integrating DEXA scans into

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