Enhancing Smoking Cessation Support: Audit of Nicotine Replacement Therapy (NRT) in Psychiatric Inpatient Care

Dr Nikhil Gauri Shankar[1], Dr Hadiya Kar[2], Dr Wamiqur Rehman[1], Dr Aanika Hoque[1], Dr Ishraq Elahi[1], Okwuchi[2] and Reddy[1]

1Betsi Cadwaladr University Health Board, Wrexham, United Kingdom and 2Betsi Cadwaladr University Health Board, Bangor, United Kingdom

Additional Authors:
doi: 10.1192/bjo.2025.10591

Aims: This audit aimed to evaluate the prescription practices of Nicotine Replacement Therapy (NRT) in adult psychiatry inpatient wards in North Wales. Given the high prevalence of smoking among individuals with mental health disorders, the Welsh Government's legislation mandating smoke-free hospital grounds underscores the importance of effective NRT use to support smoking cessation and improve mental and physical health outcomes. Specifically, the audit assessed adherence to key standards, including timely provision of NRT, assessment of smoking status, and documentation of contraindications and drug interactions.

Methods: The audit reviewed all patients admitted to the inpatient psychiatry wards over one week, with no exclusion criteria. Data were collected from patients' paper records and drug charts using a standardized audit proforma. The standards evaluated included: (1) documentation of smoking status, (2) provision of NRT within four hours of admission, (3) documentation of contraindications, and (4) consideration of drug interactions. Compliance percentages were calculated to identify areas for improvement.

Results: The audit revealed that smoking status was assessed in 79% of patients, while NRT was offered within the four-hour target in 59% of cases. However, contraindications and drug interactions were considered in just 14% of cases. While NRT was generally offered to most patients, significant gaps were identified in documenting contraindications and drug interactions.

Conclusion: This audit highlights the effective use of NRT in more than three-quarters of cases but underscores a need for improved compliance in documenting contraindications and drug interactions when prescribing NRT in psychiatric inpatient settings. Recommendations include enhancing clinician awareness and training on best practices for NRT documentation and developing a standardized tool to streamline and ensure adherence to these standards. Continued evaluation and refinement of NRT practices in psychiatric care can contribute to better health outcomes for patients with mental health disorders, aligning with public health efforts to create smoke-free healthcare environments.

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.

Procyclidine Use in Long-Acting Injectable Antipsychotics

Dr Shalina Mitchell and Dr Prabin Gautam

Kent and Medway NHS & Social Care Partnership Trust, Dartford, United Kingdom

doi: 10.1192/bjo.2025.10592

Aims: Following a Serious Untoward Incident investigation into a patient death where blood tests revealed procyclidine overdose, significant concerns emerged regarding procyclidine prescribing practices. A notable discrepancy was identified between the Summary of Product Characteristics and British National Formulary regarding maximum daily procyclidine dosing, with evidence of 40 mg daily doses being administered. This raised questions about prescribing practices, particularly in patients receiving long-acting injectable antipsychotics. The incident highlighted the need to evaluate current prescribing patterns, assess protocol adherence, monitor effectiveness through GASS scores, and ensure appropriate documentation of procyclidine therapy.

Methods: A retrospective clinical audit was conducted within the Dartford, Gravesham, and Swanley Community Mental Health Team (DGS CMHT) from September 15, 2023, to January 7, 2024. The audit examined 36 patients receiving long-acting injectable antipsychotics. Data collection encompassed patient demographics, psychiatric diagnoses, antipsychotic medication details, and procyclidine usage patterns. The review also included an analysis of Glasgow Antipsychotic Side-effect Scale scores to assess medication side effects and an evaluation of procyclidine review documentation.

Results: Analysis showed that 39% (14/36) were prescribed regular procyclidine, with doses ranging from 5 mg to 30 mg daily. None of the patients were initiated on the recommended 2.5 mg TDS dosing regimen. Regular procyclidine reviews were documented for 92.9% of patients, and 64% demonstrated improvements in their GASS scores. The patient cohort was predominantly male (75%), with 44% aged between 55–64 years. The most common primary diagnoses were schizophrenia (69%) and bipolar disorder (25%), with other conditions accounting for 6% of cases.

Conclusion: The audit demonstrates both strengths and areas requiring improvement in procyclidine management at DGS CMHT. While the high rate of regular reviews (92.9%) and positive GASS score improvements (64%) indicate effective symptom management, non-adherence to recommended starting doses, inconsistent review intervals, and gaps in electronic documentation were important areas for improvement. Clear guidance, staff training, and updated clinical guidelines have been commenced to enhance patient safety, with a follow-up audit planned to monitor improvements.

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.