

Aims. This audit assesses the adherence to and effectiveness of rapid tranquilization protocols in a tertiary care psychiatric facility in Pakistan, particularly focusing on the use of intramuscular (IM) haloperidol and promethazine. The evaluation also includes an analysis of how these practices align with the prescribed guidelines for managing psychiatric emergencies.

Methods. A comprehensive retrospective analysis of patient records from January to December 2023 was conducted. The focus was on assessing the sequence of interventions (de-escalation techniques, oral medication, IM administration), medication choices, adherence to protocol steps, and documentation of patient monitoring post-administration. Descriptive and inferential statistical methods were applied to analyze the data.

Results. Among 482 patient records:

The primary diagnoses included schizophrenia (44%), bipolar disorder (29%), and severe depression with psychotic features (27%). IM haloperidol and promethazine were predominantly used, with 68% of cases bypassing oral medication or de-escalation attempts. Only 60% of cases showed adherence to the recommended protocol steps, including assessment for medical causes and optimization of regular prescriptions. In 12% of cases, a second injection was necessary, with the interval between injections undocumented in 15% of these cases. Vital monitoring post-administration was not recorded in 30% of cases. Medication unavailability was an issue in 8% of aggressive cases. Protocol deviations included the omission of recommended pre-treatments, such as ECG for haloperidol and the lack of alternative options like buccal midazolam or inhaled loxapine.

Conclusion. The audit reveals significant deviations from established guidelines in the rapid tranquilization process. The frequent omission of non-invasive interventions and the lack of consistent monitoring and documentation practices highlight areas needing immediate improvement. Training in de-escalation techniques, adherence to step-wise intervention protocols, and ensuring the availability of a range of medications are crucial. This study underscores the importance of aligning psychiatric emergency practices with established guidelines to ensure patient safety and effective treatment outcomes.

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.

Identifying Perimenopausal Symptoms in Women Diagnosed With Depression: A Focused Audit at a Tertiary Care Hospital

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Aims. This audit aimed to assess the recognition and management of perimenopausal symptoms in women diagnosed with depression at the Psychiatry Outpatient Department (OPD) of Benazir Bhutto Hospital, Pakistan. It focused on identifying gaps in screening for perimenopausal symptoms among these patients.

Methods. Conducted over a year, this retrospective audit included 250 women aged 45–55 years, previously diagnosed with depression. Post-diagnosis screening for perimenopausal symptoms was performed using the Menopause-Specific Quality of Life Questionnaire (MENQOL) and the Greene Climacteric Scale.

Data on initial diagnostic criteria, treatment modalities, and patient outcomes were reviewed. Follow-up interviews provided insights into ongoing symptom management and treatment satisfaction.

Results. The retrospective screening revealed that 78% of these women had significant perimenopausal symptoms per the Greene Climacteric Scale, which were initially overlooked. MENQOL results showed 65% experiencing a substantial impact on quality of life due to menopausal symptoms. Treatment primarily consisted of antidepressants (used by 82% of patients), while 8% received psychological counseling, and 10% were advised on lifestyle adjustments and non-hormonal therapies. Only 45% of the patients reported satisfactory symptom management, indicating a potential discrepancy between the treatments for depression and the underlying perimenopausal condition.

Conclusion. The audit at Benazir Bhutto Hospital demonstrates a high incidence of undiagnosed perimenopausal symptoms in women treated for depression, suggesting a critical need for improved screening protocols. The results indicate that integrating perimenopausal symptom assessment into the initial diagnostic process for depression could lead to more effective, individualized treatment strategies. This approach may enhance the overall treatment satisfaction and quality of life for perimenopausal women, underscoring the importance of holistic patient care in psychiatric settings.

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Monitoring Initiation and Administration of Covert Medication(s) for Service Users in Amber Ward of Millbrook Mental Health Unit, Nottinghamshire Healthcare NHS Foundation Trust: A Re-Audit of Compliance With Maudsley Prescribing Guidelines in Psychiatry

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Aims.

1. To evaluate standards of practice regarding initiation and administration of covert medication(s), with comparison to the previous audit completed in January 2021.
2. To highlight improvements and weaknesses requiring further recommendations for effective future practice.

Methods. This clinical audit assessed the current practice in Amber Ward (Old Age Ward for Dementia patients) against the same standards of practice used in the previous audit.

The Audit Checklist included 10 standards from Maudsley prescribing guidelines for Covert Medication Pathway.

A retrospective review of the paper and electronic records of 21 service users initiated on a covert medication plan between January 2021 and June 2022 was carried out.

A descriptive statistic on the data and presented results in tables comparing frequencies and percentages with the data from previous audit was then performed.

Results.

1. An increase in percentage of documented evidence of covert medication plan being discussed with a relative with Lasting