

events including strokes and cognitive decline. Pimavanserin (NPI-NH-PS: -1.9 [ $p = 0.045$ ]) also offered a notable reduction in psychosis symptoms, but was associated with increased agitation/aggression. Whilst commonly used in clinical practice, quetiapine, olanzapine, and haloperidol showed negligible therapeutic changes compared to placebo using multiple psychosis subscales. Olanzapine and haloperidol were associated with increased rates of severe adverse events including extrapyramidal symptoms. Quetiapine showed limited side effects.

**Conclusion.** Risperidone and aripiprazole offer effective means to help AD patients cope with psychosis, but these medications also come with an increased risk of developing life-threatening complications. They should, therefore, be administered judiciously. Pimavanserin shows early promise in treating this group of patients, with no life-threatening adverse effects associated with its use. Further research is required before endorsing the use of pimavanserin. There is little evidence to support the therapeutic use of quetiapine, olanzapine, and haloperidol in this patient population. No financial sponsorship declared.

## Quality Improvement

### Mind and body: physical health monitoring in clozapine treatment

Moataz Abdelreheem\*, Olivia Connell, Daniel McNally, Itunuayo Veronica Ayeni and Clare Smith

Central and North West London NHS Foundation Trust

\*Corresponding author.

doi: 10.1192/bjo.2021.464

**Aims.** To evaluate physical health monitoring standards in patients on Clozapine in the community.

Standards

NICE and BNF guidelines for patients on established clozapine treatment advise annual monitoring of weight, waist circumference, pulse, blood pressure, fasting blood glucose, HbA1c, blood lipids and overall physical health assessment. Full blood count is monitored 1-4 weekly.

**Background.** In the management of schizophrenia, antipsychotic medication remains the cornerstone of treatment. Patients affected carry a significant physical health burden with a reduced life expectancy of 10-25 years. Factors that contribute include sedentary lifestyles, consequent obesity and cardiovascular disease, disengagement from health services, a higher incidence of suicide and the physical side effects of antipsychotic medication. For these reasons, comprehensive routine physical assessment of patients on antipsychotic treatment is of central importance.

**Method.** This audit is a retrospective study of patients known to South Kensington & Chelsea Community Mental Health Team (CMHT). Patients ( $n = 48$ ) were audited from the Clozapine clinic SystemOne database over a one year period (October 2018-2019) to assess annual monitoring of full blood count (FBC), urea and electrolytes (U&Es), lipid profile, liver function tests (LFTs), HbA1c, thyroid function tests (TFTs), clozapine levels, ECG, and general physical and mental health review.

**Result.** Of the 48 patients, one was transferred to a different service so was excluded ( $n = 47$  total).

All (100.0%) of the patients had annual FBC tests. All but one (97.9%) of the patients had a physical health review including blood pressure, pulse, weight and BMI measurement. Three quarters (74.5%) received annual U&Es and LFTs. Almost two thirds of patients had annual lipid and HbA1c screening (63.8%) and

over half the cohort had annual TFTs (61.7%). Regarding annual multidisciplinary mental health review, this was performed for the majority of the patients (70.2%).

Contrastingly, only a quarter of the patients received annual screening of glucose and Clozapine levels (27.7% for both). Only 12 patients had annual ECG (25.5%).

**Conclusion.** Following review it is clear that most parameters were monitored annually in a majority of patients. However, shortcomings were detected, specifically annual ECG and waist circumference monitoring.

In order to ensure comprehensive monitoring of mental and physical health of patients on Clozapine, flow charts of tests and reviews needed for each patient were written up clearly and will be included in the management pathway for every patient on Clozapine. This was agreed to minimise missing any step, particularly annual ECGs.

### Transition of young people from CAMHS to AMH 2017-19

Vesna Acovski\*, Rahat Ghafoor and Rachel Shead

Leicestershire partnership NHS Trust

\*Corresponding author.

doi: 10.1192/bjo.2021.465

**Aims.** Transition from CAMHS to AMH is recognised as a potential struggle for young people who suffer with poor mental health. In response to the 2017-19 NHS CQUIN project, LPT organised a monthly working group to establish the best transition process & deliver the CQUIN project.

**Background.** It is estimated that more than 25,000 young people transition each year. It is reported that this process is often handled poorly, which can result in repeat assessments and emergency admissions for this large cohort of service users at a critical stage in life. The result is that young may go on to develop more severe problems in the absence of an appropriate transition service.

**Method.** Cohort of service users eligible for transition (17yrs 6months) was identified. They were referred from CAMHS to AMH with a transition plan and referral letter. A face-to-face transition meeting was arranged which included the patient, carer & clinicians from sending & receiving services. A clinical audit was completed to ensure that care was transferred to AMH post-18th birthday of the patient. The process was followed up by pre- and post-transitions surveys.

**Result.** From 110 identified service users 46% had joint-agency transition meeting and 79% had transition plan in place. 72% felt prepared to transition to AMH and 89% felt their transition goals were met. Positive comments have been received from service users.

**Conclusion.** Link workers were identified to facilitate the transition process. Flow chart was established and disseminated across LPT. Services that need an improvement will be targeted and monitored. LPT will host an event for patients and carers to involve them in enhancing the transition process.

### Transition from child and adolescent mental health services to adult mental health services: children in care and adopted children

Paula Adamopoulos<sup>1\*</sup> and Rani Samuel<sup>2</sup>

<sup>1</sup>ToPNN King's College London and <sup>2</sup>Lewisham CAMHS

\*Corresponding author.

doi: 10.1192/bjo.2021.466