

ePoster Presentations

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Audit

Audit to assess discussion of sexual dysfunction for new patients entering a community mental health recovery service

Yasmin Abbasi^{1*}, Dina Robertson¹, Amarachi Anosike², Margaret Pearson¹, Kevin Pankhurst¹ and Jane Perera¹

¹Surrey and borders partnership nhs trust and ²Medical student placement at surrey and borders partnership nhs trust

*Corresponding author.

doi: 10.1192/bjo.2021.210

Aims. Sexual dysfunction should be enquired about as a symptom of mental health disorders and as side effects of commonly used psychotropic drugs. We audited against NICE guidelines the record of sexual dysfunction discussion at initial assessment and follow-up by the community mental health recovery service (CMHRS).

Background. Research reports that sexual dysfunction occurs more often in individuals with serious mental illnesses including depression and schizophrenia. Sexual dysfunction is also a reported side effect of antidepressant and antipsychotic medications. NICE guidelines recommend assessment of biological symptoms of mental health disorders and discussion of potential side effects of treatments being considered prior to initiation and at follow-up.

Method. Our sample consisted of 71 patients, all new patient assessments from referrals made to CMHRS between January 1st and March 31st 2019.

We reviewed all initial assessment and follow-up electronic notes and any correspondence generated from these meetings.

Result. Our results showed that no record was made of sexual dysfunction as present or absent by health care professionals (HCPs) completing initial assessment or follow-up.

We surveyed the HCPs from the team and observed a high level of confidence in discussing sexual dysfunction and high self report of this discussion being conducted.

Conclusion. Our audit results show no records of the discussion of sexual dysfunction, we held to the principal that in absence of record the discussion did not take place. Our survey results suggested that HCPs were confident they do assess for sexual dysfunction. We wondered, therefore, if HCPs would be less likely to make record in the event that symptoms are denied, recognizing that the list of potential symptoms and side effects is extensive and documentation of all negative results would be time consuming.

Our audit results may show then, that sexual dysfunction is not present in any of the sample; however this would contrast to research findings of higher than average rates of sexual dysfunction in groups with serious mental illness and those using antidepressants or antipsychotics.

We propose further assessment is needed for the disparity between our and recognised rates of sexual dysfunction.

We propose the standard that recording 'absence of biological symptoms' of mental health disorders or recorded supply of medicine information leaflets are adequate record. We also made suggestions for training and recording to assist HCPs initial assessment.

Psychiatric staff training in managing medical emergencies: re-audit

Sarah Abd El Sayed^{1*} and Sudhir Salujha²

¹Stepping Hill Hospital, Laureate House, Wythenshawe Hospital and ²Stepping Hill Hospital

*Corresponding author.

doi: 10.1192/bjo.2021.211

Aims. In the UK, people with severe mental illness at a greater risk of poor physical health and have higher premature mortality than the general population, highlighting the importance of responding to physical health problems among patients suffering from psychiatric conditions. However, training for staff on inpatient psychiatric units to meet patients' physical health needs is sometimes overlooked and has not always been effective.

According to NICE Clinical Guideline 25 (2005) and NPSA Rapid Response Report (2008/RRR010), staff on any psychiatric inpatient setting must be capable of monitoring, measurement, and interpretation of vital signs. They must have both adequate information and skills to identify signs indicating worsening of patients' health and respond effectively to severely ill patients.

Hence, we aim to re-audit the results of a similar audit carried out in 2016 to review the level of medical emergency training (in terms of life support training) of clinical staff across the inpatient psychiatric wards at our local hospital - Stepping Hill Hospital- in Stockport.

Our hypothesis is that there will be a gap in meeting the required standards for training.

Method. A questionnaire including 6 questions (role of the staff member, level of their life support training, when was their training last updated, whether they know the location of the crash trolley, whether they know the local hospital emergency number and whether they should resuscitate the patient if their training is out of date) was given to staff on acute inpatient psychiatric units in Stepping Hill Hospital.

Result. The sample included 49 staff members from all the 3 wards included in the audit. The level of training of nursing staff on the 3 wards was meeting standards except for nursing staff who were new to the wards or coming back to work from prolonged leaves. There was also a gap identified in the level of training of other staff members on the ward as well as on the remaining standards measured by the audit.

Conclusion. A gap was identified in meeting the required standards of training on the inpatient psychiatric units. Reasons identified for this gap are mainly due to the fact that new or bank staff are asked to cover the wards without providing them with appropriate training and without orientating them about the location of different equipments and policies on the ward.

Quetiapine: off-label prescribing in a community mental health team

Ala Abdelgadir^{1*}, Richard Walsh², Elizabeth Walsh¹ and Sonn Patel¹

¹University Hospital Galway and ²School of Medicine, University College Dublin

*Corresponding author.

doi: 10.1192/bjo.2021.212

Aims. Quetiapine is an atypical anti-psychotic medication licensed for the treatment of schizophrenia, bipolar disorder and adjunctive use in major depressive disorder. It's off-label