

enhanced documentation, facilitated multidisciplinary discussions, and improved identification of health risks. Strengthening MDT handover processes ensures timely follow-up, reinforcing the importance of structured, standardised approaches in psychiatric physical healthcare.

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.

Physical Health Monitoring of Patients Prescribed Depot Antipsychotic Medication and Clozapine in the North-West Edinburgh Community Mental Health Team

Mr Andrew Revadillo¹, Miss Anna Lunan¹, Dr Jack Mitchell², Dr Kenneth Murphy² and Dr Douglas Murdie²

¹University of Edinburgh Medical School, Edinburgh, United Kingdom and ²NHS Lothian, Edinburgh, United Kingdom

doi: [10.1192/bjo.2025.10505](https://doi.org/10.1192/bjo.2025.10505)

Aims: Antipsychotic medications are associated with metabolic syndrome and increased cardiovascular risk. Monitoring the physical health of patients receiving these medications is a key part of delivering safe and effective care.

Since 2020, audit cycles in the North-West Edinburgh Community Mental Health Team (NWCMT) have found this monitoring to be consistently poor.

An experienced nurse was appointed lead of a new physical health clinic and it was incorporated into timetables of junior doctors to facilitate liaison with primary care. This weekly clinic was established in NWCMT in 2023 focusing on those prescribed depot antipsychotic medication and clozapine.

We aim to assess the impact of this service development on patient care.

Methods: Scottish Intercollegiate Guidelines Network publication 131 was used as the gold standard, which cites 9 domains to monitor annually – past medical history (PMH), family history (FH), smoking history, BMI (or weight or waist circumference), blood pressure (BP), HbA1c, lipids, prolactin and ECG.

Data was collected for these domains for patients prescribed and administered depot antipsychotic medication or clozapine in the NWCMT for the calendar year of 2024. Data was collected from the local computerised clinical notes system (TRAK) and anonymised in line with NHS Information Governance Policy.

Results: 163 patients were prescribed depot antipsychotic medication or clozapine by the NWCMT in 2024. 58% (n=95) of these patients were offered an appointment at the physical health clinic, with 37% attending (n=60).

Across all domains, monitoring of those who attended clinic was better than those who did not – PMH (97% vs 48%), FH (95% vs 36%), Smoking (95% vs 44%), BMI (87% vs 28%), BP (97% vs 69%), HbA1c (82% vs 55%), lipids (74% vs 49%), prolactin (51% vs 35%) and ECG (85% vs 36%).

Of all 163 patients, the average completed monitoring across all nine domains was 60% in 2024. The average across all domains before the clinic was established was 30%.

Conclusion: There has been a significant improvement in monitoring in this patient group since the clinic was established in 2023. Patients who attend this clinic are monitored more effectively.

However, there are opportunities for further improvement. This would include identifying barriers that arise in achieving 100% across all domains in attendees and assessing factors that impede attendance at the clinic.

These results support plans to expand the clinic to ensure that the physical health of this patient group is appropriately monitored to achieve safe and effective care.

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.

Evaluation of a Child and Adolescent Mental Health Service Using a Multidisciplinary Team Approach for New Assessments of ADHD

Dr Emma Mittelman¹, Dr Abigail Swerdlow² and Dr Mark Berelowitz²

¹North London NHS Foundation Trust, London, United Kingdom and ²Royal Free Hospital, London, United Kingdom

doi: [10.1192/bjo.2025.10506](https://doi.org/10.1192/bjo.2025.10506)

Aims: To reduce the waiting list, senior Psychologists and Psychotherapists started undertaking ADHD assessment as well as Psychiatrists in a CAMHS Outpatient Clinic. The aim of this Service Evaluation was to see if there was any difference regarding who performed the initial assessment and the management offered.

Methods: New assessment letters were reviewed from February–November 2024.

Data was collected including demographics, type of clinician, diagnosis and management.

Categorical data was assessed for statistical significance using Chi-square tests and numerical data using ANOVA.

The data was presented to the MDT to think about clinical significance.

Results: 103 patients were assessed with an average age of 11.7. Fifty-four were seen by a Psychiatrist, 39 were seen by a Psychotherapist and 10 were seen by a Psychologist. 25 of these patients required a follow-up with a Psychiatrist.

28 of the patients had a previous diagnosis of ADHD and therefore were required to be seen by a Psychiatrist. Of these patients, 26 retained their diagnosis at the point of initial assessment.

Of the children that had not been previously diagnosed with ADHD, 72% were given a new diagnosis of ADHD at initial assessment. After accounting for previously diagnosed patients, there was no statistical significance in number diagnosed by the different types of clinicians. There was no statistically significant difference between the management options offered and the type of clinician assessing.

Conclusion: Since this change, the service was able to nearly double the number of young people seen. This is a vital step as the number of referrals for the service has also increased over this time.

It was felt that there was a consistent approach across the service as there was found to be no statistically significant difference in either diagnosis given or management options offered by clinician types, after accounting for prior diagnosis. This allows some confidence that patients get the same, unbiased approach, regardless of clinician type.

Psychiatrists had a follow-up appointment with about half of the patients assessed by other clinicians. The follow-up takes less clinical time compared with the new assessment, however, this must be considered in the planning of a service.