

## Blood Tests in Psychiatric Patients-Evaluation and Improving the Process

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**Aims/background.** The aim of this project is to assess which specific laboratory tests were being requested to psychiatric patients in our trust prior to developing a new local guideline to help standardise the blood testing to improve quality of patient care and reduce wastage in NHS due to inappropriate blood tests. It also assessed financial implication of unnecessary blood tests.

There are several reasons for the purpose of blood tests:

- To identify medical conditions that might be causing or contributing to a psychiatric presentation
- Provide baseline for safer initiation of psychotropic medication that can cause adverse effects
- To screen for medical problems who are less likely to attend primary care. Requesting blood tests is a clinical responsibility. Currently there is no formal guidance on which specific lab tests should be ordered for psychiatric patients and was felt a new local guideline was essential to rationalise blood testing

**Methods.** A survey was circulated to all wards and community mental health teams within our trust to get a clear insight about current practice.

The survey questions included:

- Place of work?
- What is included in routine blood tests list?
- Who created and approved the blood list?
- Where is the blood list kept?
- When was it reviewed?

**Results.** Results showed

- Significant variation in blood test requesting within our trust emphasising need for standardization using evidence based methods.
- Unnecessary repetition of blood tests like thyroid function and vitamin D levels against guidelines
- Unwarranted blood test request when clinically not indicated like including Troponin and Creatine kinase in routine tests. The results were shared to all staff through meetings.

**Conclusion.** Recommendations were drawn to improve optimisation of resource use, communication between health professionals and the need for standardisation in requesting blood tests.

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.

## Prevalence and Outcomes of First-Episode Psychosis With Substance Misuse Within an Outpatient Setting

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**Aims.** Misuse of certain drugs is a common precipitant of first-episode psychosis (FEP). Substance misuse is known to exacerbate

psychotic symptoms, and it is unclear if substance misuse at the time of initial presentation impacts outcomes of care in FEP. Here, in this quality improvement project (QIP), we aimed to quantify the prevalence of drug misuse within an outpatient early intervention service (EIS) and determine the outcomes (in terms of time-to-discharge and discharge destination) of service users based on their substance misuse history.

**Methods.** In this QIP, we randomly sampled 100 patients referred to and discharged from an outpatient service for psychosis (Barnet EIS). We excluded patients who were referred to the service but were discharged due to referral rejection, non-attendance at psychiatry review and/or other reasons. Data regarding demographic and clinical information, the nature of substance misuse, and discharge destinations were obtained through a review of electronic health records, including GP letters and hospital notes. The time-to-discharge was defined as the time between referral acceptance and discharge from EIS. As this work is part of a QIP, written consent was not obtained to conduct this project.

**Results.** Of 100 patients obtained from the discharged caseload, 38 patients were accepted and reviewed in Barnet EIS. 24 patients (63.2%) had no substance misuse history at the time of initial FEP, while 14 patients (36.8%) had some substance misuse history. Of the 14 patients with substance misuse, cannabis was most frequently used. The average age of patients was  $27.2 \pm 1.4$  years old. The age of onset of psychosis was similar between patients with and without substance misuse (two-sample t-test,  $p = 0.74$ ).

In terms of discharge destination, patients with and without substance misuse were discharged back to their GPs at similar proportions (chi-square test,  $p = 0.81$ ). Finally, the number of days patients spent under the care of Barnet EIS was similar between patients with and without substance misuse (two-sample t-test,  $p = 0.54$ ).

**Conclusion.** In this QIP, over 30% of patients presenting with FEP reported substance misuse. The most common recreational drug used was cannabis. Discharge destinations and the time spent in EIS were broadly similar between patients with and without substance misuse. The relatively high rates of substance misuse in FEP found in this study have important implications for commissioning additional services – such as urine drug testing or drug liaison services – within EIS teams.

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## Re-Audit of Physical Examination and Blood Tests Completed Within 24 Hours of Admission to Psychiatric Ward

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**Aims.** To establish if the creation of a checklist of examination and investigations required within 24 hours of admission to Psychiatric ward had improved practice and patient care.

**Methods.** This was a snapshot audit. On 7th August 2022 I carried out a retrospective review of the case notes & results on electronic recording system to ascertain which investigations had been completed for all current in-patients on Ward 4, Dr Gray's Hospital, Elgin. I noted how soon after admission these tests had been completed.