

progressive headache, tachycardia, and unilateral leg restlessness. The patient was hesitant to commence lisdexamfetamine, a second line stimulant medication, due to the possibility of similar adverse side effects.

Atomoxetine (20mg/day) was commenced for a month then increased to 30mg/day. After five months, it was discontinued. The patient reported no significant improvements to attention or concentration, but reported a later onset of escalating anxiety prior to discontinuation. Consultation revealed that the patient's anxiety may be attributed to biopsychosocial factors unrelated to pharmacotherapy, but could not discount the possibility that this was a side effect of atomoxetine. Following the discontinuation of atomoxetine, the patient and her carer were amenable to trialling lisdexamfetamine.

Results. Previous data have demonstrated that patients with CP have lower tolerance to particular pharmacological agents, therefore atomoxetine was started at a low dose (20mg/day) to permit a gradual titration up to the recommended therapeutic dose. Worsening anxiety whilst on atomoxetine (30mg/day) may be a result of one or a combination of the following: (1) long-term side effect, (2) subtherapeutic dose response, (3) identified precipitating and perpetuating psychosocial factors, particularly in the school setting.

Conclusion. The case report demonstrated an acceptable safety profile for the use of atomoxetine in a young person with ADHD and comorbid CP. The expected therapeutic benefits of atomoxetine for ADHD may have been offset by extenuating biopsychosocial factors. Further research is needed to determine whether there exists a causal relationship between atomoxetine therapy and worsened anxiety within this patient group. Furthermore, this case highlights the importance of understanding the complexities of ADHD treatment in patients with confounding environmental factors and comorbid neurological disorders.

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Service Evaluation

Improving the Admission Process to Inpatient Wards for Gender Diverse Service Users at Oxleas NHS Foundation Trust: Service Evaluation

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Aims.

1. To evaluate the knowledge and experience of staff members working in inpatient units at Oxleas NHS trust on the topic of healthcare of gender diverse service users.
2. To improve the admission process for gender diverse service users by creating an admission checklist, increase awareness and provide training when possible.

Methods. A questionnaire with 11 questions was sent to different staff member groups. The questions assessed their knowledge of the policies for gender diverse service users and their clinical experience in dealing with this group of service users when being admitted to inpatient wards.

Results. 25 members of staff completed the questionnaire. Of those, 52% were not aware of the existence of a specific policy for admitting and treating gender diverse service users at Oxleas. From the respondents who knew about the policy, 60% did not know where to find it. 44% of all respondents do not ask service users for their preferred name, gender and pronouns when they are admitted to an inpatient ward. From those who ask service users, 45% do not document service users' chosen name, pronouns and gender identity on RiO (the digital record system used at Oxleas). 68% of participants do not know how to change the demographics information on RiO for service users. When asked about the allocation criteria for inpatient beds, 24% replied that it should be done according to the service user's assigned gender at birth, while 8% responded that they should be allocated to any available bed. 40% of staff members reported that trans service users can not easily access daily personal products on the ward that are related to their trans-specific health needs. 72% of those who responded do not know what specific services or organisations to direct this group of service users to in case they need any further support. 56% of staff do not feel confident in dealing with trans specific needs and 88% have not received any training on the area from the Trust.

Conclusion. Although the Trust has created a specific policy for gender diverse service users, staff members' knowledge of such policy is sub-optimal. Moreover, there is a lack of training available to staff on inpatient wards, which is reflected in their lack of confidence in working with this group and the lack of knowledge around external services to refer these service users to. In response to this, we have implemented some changes. Pronoun preference has been added to RiO and we have encouraged staff members to use it when completing demographics. An admission checklist specific to gender diverse service users was created and shared within the organisation. We scheduled teaching sessions on this topic, however, these did not go forward due to lack of attendance.

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Outcome Measures at Discharge From a Local Early Intervention in Psychosis Team

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Aims. Review of the outcomes from a local EIP service, in terms of symptom control employment status at referral and discharge, admissions whilst under the care of the service physical health status at discharge, discharge was back to primary care or secondary care

Methods. Sample of service users discharged from EIP services over the past 2 years between March 2020 and March 2022 was collated

Results.

Recovery

Good proportion -84% had good symptomatic recovery at time of discharge based on discharge letter

Discharge to primary care

Low proportion -Only 26% were discharged onwards to secondary mental health services such as recovery teams or community mental health teams and rehabilitation services.

74% discharged to primary care