adolescent patients ($N = 5$) on an inpatient psychiatric unit. Additionally, a cross-sectional self-reported questionnaire examined the awareness and attitudes toward this practice among unit staff ($N = 41$). The patients' attitudes toward clothing restrictions was predominantly negative, noting a lack of self-expression, feeling like a mental health patient, desires to wear ones' personal clothing, and feelings of shame and punishment. Among the staff there was a modest correlation between age, number of years practicing as a health professional, and years practicing in a pediatric setting with feelings of a need for a change in the clothing policy to allow patients to wear their own clothing on admission. Staff age and number of years working at the institution demonstrated a modest correlation between awareness of legal statutes regarding patients' rights to their own clothing. This research found a readiness among staff to adopt a clothing policy that would permit patients to wear their own clothing on admission, which would improve the negative experiences described among the patients in the sample.

Funding. No Funding

Careful, Women! Is Orgasm Worth the Cost of Your Cerebellum? Flibanserin-Induced Cerebellar Dysfunction

D. Birwatkar[1], S. Kalita[1] and A.R Hirsch[2]

[1]Spartan Health Sciences University, Saint Lucia and [2]Smell and Taste Treatment & Research Foundation, Chicago, IL, USA

Abstract

Introduction. Flibanserin, a serotonin antagonist currently indicated for treatment of female sexual dysfunction disorder, has not heretofore been described to worsen cerebellar function. Such a case is presented.

Methods. A 60-year-old woman, 8 months prior to presentation, had an acute onset of fainting and hitting her head into a wall without loss of consciousness. She could not stand up, had left-sided weakness, and vomiting, with garbled, slow speech and severe headache. Findings in the emergency room showed a left cerebellar parenchymal hemorrhage of 3.2 x 3.1 x 2 cm with the epicenter at the dentate nucleus, extending medially towards midline into the cerebellar vermis, with surrounding perilesional edema extending into the middle cerebellar peduncle. Also, 5.2 cm of the hemorrhage extended from the petrous of the tentorium to the cerebellar vermis. Moreover, a ventral left thalamic hemorrhage with subependymal clot at the foramen of Monroe extended into the dependent portion of lateral ventricles without midline shift. Post one month of physical therapy, speech, walking, and coordination improved but she continued to have delayed speech and trouble getting up, with a wide stance.

Results. Neurologic Examination: Cranial Nerve (CN) Examination: CN XI: Sternocleidomastoid hypertrophy, horizontal titubation. Motor examination: Drift test: L pronator drift with L abductor digiti mini sign. Gait examination: heel walking, dystonic posture of L hand. Tandem gait: unstable, wide based. Cerebellar examination: Both (B) finger-to-nose dysmetria, Left > Right. Slow rapid alternating movements (RAM) L Upper Extremity (UE). Due to absent sexual desire she started 100 mg of flibanserin nightly. Maintaining this for 5 weeks, her coordination markedly worsened with poor balance and a need for a cane to ambulate. She would stumble, with a wider gait, and found climbing stairs challenging. Physical examination displayed worse cerebellar function: prominent horizontal titubation. Finger-to-nose—dysmetria L>R. Decreased RAM, L UE. Markedly positive Holmes Rebound phenomenon, Bilateral UE. Tandem gait: unstable. A week post stopping flibanserin, gait and cerebellar examination returned to baseline.

Discussion. The temporal correlation between the use of flibanserin and transient worsening of cerebellar function strongly suggests that this is the causative agent. Since serotonin is essential in cerebellar function, including its action on the cerebellar cortex and deep cerebellar nuclei, it strongly suggests that its action as a serotonin antagonist is the mechanism whereby flibanserin is causing cerebellar symptoms. In those on flibanserin, investigation to detect the presence of cerebellar dysfunction is warranted. Assessment for the presence of cerebellar dysfunction in those who are on anti-serotonin drugs, such as cyproheptadine and methysergide, may be worthwhile.

Funding. No Funding

Too Sweet to Eat: Delusional Hypergeusia

S. Kalita[1], D. Birwatkar[1], A. Sundar[2] and A.R Hirsch[3]

[1]Spartan Health Sciences University, Saint Lucia, [2]Aureus University School of Medicine, Aruba and [3]Smell and Taste Treatment and Research Foundation, Chicago, IL, USA

Abstract

Introduction. Delusional hypergeusia has not heretofore been reported.

Methods: Case report. A 62-year-old right-handed woman described a plethora of complaints after exposure to a solvent aroma, including headaches, diffuse weakness, fatigue, hallucinated smells and tastes, burning mouth syndrome, and panic attacks. The apogee of her symptoms was that salty taste was 800% of normal, making food taste disgustingly salty. She was unable to tolerate potato chips, pizza, spaghetti sauce, Coca Cola, root beer, Sprite, 7 Up, and even bottled water. Sugar was also too sweet, 600% of normal. Foods which were unbearably sweet included cookies, sugar, and breakfast cereals. Sour and bitter were normal.

Results. Abnormalities in Neurological Examination: Mental Status Examination: hyperverbal, loud, overly inclusive, irritable with pressured speech; disheveled, racing thoughts, and tangential. Motor Examination: Drift Test: right pronator drift with right abductor digiti mini sign. Gait Examination: heel walking with bilateral decreased arm swing. Reflexes: bilateral quadriceps

https://doi.org/10.1017/S1092852923001451 Published online by Cambridge University Press