of maladaptive cognitive and affective response mechanisms, rather than psychotic illness.
Conclusion. Conspiracy theories are generated as a consequence of social and political discontent and can result in a clinically significant impact on mental health and well-being. Patients with narcissistic traits and primary psychopathy are more likely to demonstrate impaired judgment related to CT.
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Psychosis Associated with Chronic Subdural Hematoma

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Abstract

Introduction. Subdural hematoma (SDH) is a diagnosis characterized by a wide array of symptoms. In the absence of apparent neurological deficits, behavioral abnormalities alone make SDH a difficult diagnosis. Chronic subdural hematoma presents with alteration in sensorium, raised intracranial pressure, and motor weakness. Depending on the degree of cerebral compression and location, convulsions or personality changes can also be seen. Common psychiatric manifestation with CSDH is a cognitive impairment which may mimic delirium or dementia. We report a case of an elderly male with no prior psychiatric history who developed insidious psychotic symptoms.
Case Presentation. Patient is an 83-year-old male with no prior psychiatric history brought in by police for making suicidal and homicidal threats to family members with increasingly aggressive behavior. He later endorsed a 3-week history of depression symptomatology related to a recent motor vehicle accident. Prior history of chronic myeloid leukemia, hypertension, and hypercholesterolemia with an unremarkable family and social history. On evaluation, the patient was uncooperative, irritable, and verbally aggressive. Laboratory testing, EKG, and MMSE were performed and grossly normal. Noncontrast head CT demonstrated bilateral chronic subdural hematomas. The patient refused neurology consult and proposed interventions but was compliant with risperidone 0.5 mg twice daily. His delusions and aggressive behavior improved drastically and was discharged.
Discussion. Chronic Subdural Hematoma (CSDH) is amongst the most common neurosurgical conditions in the United States with an incidence of 10 per 100,000 annually. Risk factors for CSDH include age, male gender, trauma, coagulopathy, chronic alcoholism, vascular malformations, and metastatic tumors. Noncontrast head CT is diagnostic for CSDH, but MRI should be considered in acute ischemia, infection, or dural-based neoplasms. The DSM-5 criteria for Psychotic Disorder Due to Another Medical Condition include prominent delusions that are the direct pathophysiological consequence of another medical condition and cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The diversity in symptoms is correlated with increased ICP caused primarily by the ruptured bridging veins. Traditional management of CSDH has been trephination, however, nonsurgical options are available including high-dose corticosteroids to inhibit the formation of new blood vessels thereby reducing mortality. Recurrence is possible and may constitute surgical obliteration of the subdural space.
Conclusion. Chronic subdural hematoma should be considered in the differential diagnosis of new-onset psychosis, particularly in patients with other risk factors. A thorough history and physical are vital to ascertain this diagnosis and noncontrast head imaging is confirmatory. Management varies based on the etiology of the CSDH.
Funding. No funding

Telepsychiatry and In-Person Care for Pediatric Patients During COVID-19: Patients Perspectives

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Abstract

Background. The COVID-19 pandemic has greatly affected how physicians, including child and adolescent psychiatrists, practice. A major shift came in the form of telehealth, in which patients attend clinic appointments online.
Objectives. The objective of this study was to identify the advantages and disadvantages of the telepsychiatry care delivery system and to devise future strategies to resolve drawbacks to improve patient and caregiver satisfaction.
Methods. A proposal was approved by the University of Missouri-Columbia Internal Review Board to conduct this study. One hundred patients were randomly selected for the study questionnaires. To understand patient satisfaction with telehealth and work toward improvements, this study conducted comparative survey research with 50 patients seen virtually and 50 patients seen in-person. Identical survey questions were filled out by patients and their respective guardians. The survey's first question asked which setting was preferred during the COVID-19 crisis and was followed by free-response questions prompting responses about what they liked and disliked about telehealth and in-person visits.
Results. Of the 50 patients seen virtually, 72% indicated a preference for telehealth, 14% preferred in-person, and 14% had no preference. These patients stated they preferred telehealth because it was convenient, required no travel and required fewer absences from school or work. A total of 28% of patients listed safety from exposure to COVID-19 as a reason they liked telehealth. Over half of these patients reported no complaints with telehealth, the most common issue according to patients seen virtually was internet connectivity and technology problems. A total of 64% of in-person patients reported a preference for in-person visits during the COVID-19 crisis. Similar to virtual patients, convenience was the most popular advantage of telehealth and personal connection was the most common disadvantage. The second most common complaint regarding telehealth and the highest reported advantage of in-person visits is the element of personal connection. A total of 16% of patients seen virtually and 24% of patients seen in-person reported more

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accurate assessment advantage of in-person care. These patients listed concerns about body language, vital signs, and other physical symptoms.
Conclusion. With telehealth as a seemingly permanent aspect of medicine, the field of psychiatry must adapt. Expansion of broadband and increasing affordability of high-speed internet connection are practical solutions to technological issues with telehealth. For patients preferring to be seen virtually, a recommendation can be made to have at least the first visit in-person to establish a personal relationship. Vital signs can be checked at home with proper training. Telepsychiatry is likely to continue to be a part of our care delivery system. To that end, we must be vigilant and develop better strategies to improve the quality of patient care and patient satisfaction.
Funding. No funding

Profound Anemia Induced by Lamotrigine in a 16-Year-Old Female with Sickle Cell Trait and Mood Disorder: A Case Report and One-Year Follow-Up

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Abstract

Introduction. Lamotrigine is an antiepileptic drug of the phenyltriazine class with inhibitory effects on voltage-sensitive sodium channels, leading to an inhibition in the release of glutamate and resulting in a general inhibitory effect on cortical neuronal function. Lamotrigine is also a weak dihydrofolate reductase inhibitor. The drug is approved by the U.S. Food and Drug Administration for maintenance treatment of bipolar type I disorder in adults. There have been reports of hematologic adverse effects with lamotrigine therapy. This case report describes a 16-year-old female who developed profound anemia while on lamotrigine therapy.
Method. Ms. X was a 16-year-old African-American female with sickle cell trait and mood disorder referred by the Division of Youth Services (DYS). Her medication regimen included lamotrigine 200 mg in the morning, aripiprazole 5 mg in the morning, and mixed amphetamine salts extended-release 30 mg in the morning. While at DYS, she developed fatigue and headaches with exertion. Her blood work detected a very low hemoglobin level of 3.1 g/dL and a very low hematocrit of 10.9%. Her MCV, MCH, and MCHC were within the normal range. The remainder of her blood count and other labs were within normal limits. The patient's blood pressure was 105/70 mm Hg and her pulse was 109. The patient was sent to the local emergency room immediately; upon hospital admission, she received 4 units of packed red blood cells via transfusion.
Results. After a blood transfusion, the patient's hemoglobin level improved to 9.7 g/dL. The patient's symptoms had improved significantly; her headaches and fatigue with exertion were gone. It was suspected that her profound anemia was induced by lamotrigine. She was discharged from the hospital with instructions to stop lamotrigine and visit a hematology specialist. Several weeks later, she underwent a hematologic evaluation, including a bone marrow biopsy and genetic testing, which were unremarkable. Her hemoglobin level remained stable.
Conclusion. The patient's anemia resolved after the discontinuation of lamotrigine. The patient was followed for 1 year with blood work performed every few months. Her hemoglobin level did not drop further and in fact slowly increased to 13.9 g/dL spontaneously over the next year. In the literature, there have been reports of blood dyscrasias that may or may not be associated with hypersensitivity syndrome in patients who take lamotrigine. Considering hematologic adverse effects, it may be prudent to consider a baseline blood count before starting lamotrigine and repeat this test 3 to 6 months after initiation. It remains unclear whether lamotrigine use with a background of sickle cell trait in this patient put her at an increased risk of profound anemia. Further studies are required to explore the effects of this commonly used medicine.
Funding. No funding

The Utility of Planned Deprescribing in Pandemics and Other Disasters: A Systematic Review

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Abstract

Background. How can psychiatrists best provide care in complex, sometimes overwhelming disasters? COVID-19 strained every aspect of health care to the breaking point, from finances to pharmaceutical supply lines. We can expect more challenges to prescribing in the future, as shown by recent hurricanes in Puerto Rico, fires in California, and ice storms in Texas. When medications become scarce or inaccessible, then clinicians need to make difficult prescribing decisions. We suggest that a culture of deprescribing, a systematic approach to reducing or simplifying medications, could be applied to a wide variety of crises. Deprescribing is defined as the planned reduction of medications to improve patient health or to reduce side effects (see deprescribing.org). It has been used to reduce polypharmacy in geriatric and other complex populations. It provides evidence-based guidance for phasing out many classes of medications. It is part of the larger program to reduce waste in health care and to make pharmacy more rational. Disasters and resource scarcity, however, require a different approach. In contrast to routine care focused on individual patients, crisis standards of care (CSC) shift the clinical focus to the community. Instead of deprescribing guidelines for individual clinicians, CSC deprescribing would be national policies addressing shortages of important medications. We did a scoping review looking for studies of deprescribing in a crisis.
Methods/Results. We extracted 1340 references in Google Scholar 2016 to 2021 using (deprescribing) AND (disaster OR crisis OR climate OR pandemic OR supply lines). A scan of texts

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