

## Functional Cognitive Disorder and Mild Cognitive Impairment: A Thin Line

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**Aims.** Functional cognitive disorders (FCDs) refer to conditions where patients present with persistent problematic subjective memory complaints that are not consistent with their observed level of cognitive functioning. The demonstrated symptoms are also not in keeping with a recognized psychiatric or neurodegenerative process. FCD is likely to be underdiagnosed in clinical practice with the place-holder label of mild cognitive impairment being used in some cases due to lack of clarity about its symptomatology. In this paper, we describe two cases whose presentations were suggestive of FCDs.

**Methods.** Mrs X, 53 years old female not previously known to mental health services referred for increasing difficulties with her memory over 2 years which she believed was impacting her activities of daily living. She has a history of ischaemic heart disease, fibromyalgia, Insulin-dependent diabetes mellitus, depression, and polycystic ovarian syndrome. On assessment MOCA = 15/30, and MMSE = 25/30.

Mr Y, 57 years old male not known to mental health services. Although, has been treated for anxiety and depression by GP. He presented with a 3-year history of struggling with his memory. He reported being forgetful of appointments and he has to paste sticky papers on the fridge for reminders. Similarly, he has a diagnosis of Fibromyalgia and essential hypertension. On Assessment MOCA – 19/30 and MMSE – 25/30.

**Results.** FCDs can be quite challenging because the clinical picture overlaps with other neurodegenerative conditions. Typically, patients report issues around memory function in the absence of relevant neuropathology and with evidence of inconsistency between symptoms reported and observations at assessment. Regarding our cases, the primary presenting issues were increasing difficulties with memory, and forgetfulness. Other noteworthy observations were a mismatch between their scores in the MOCA, MMSE, their level of functioning, and reported memory problems. Neurological examinations and neuroimaging were not suggestive of any neurodegenerative disorders. A differential diagnosis of functional cognitive disorder was considered due to the discrepancies between symptoms reported, the level of their functioning, observations at assessments as well as absence of relevant neuropathology on imaging.

**Conclusion.** FCD is a condition that is common in clinical practice but underdiagnosed. Hence, it is imperative that clinicians keep this diagnosis in mind when patients present with memory difficulties that do not meet the diagnostic criteria for dementia and is not due to a recognized medical or psychiatric condition. Correctly identifying and diagnosing FCD can positively impact patient outcomes.

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.

## Emotional Lability Secondary to Androgen Deprivation Therapy for Prostate Cancer: A Case Report

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**Aims.** Prostate cancer accounts for more than a quarter (27%) of male cancer cases, making it the most common form of cancer in UK males. Androgen deprivation therapy (ADT) is the mainstay of treatment for prostate cancer. Its aim is to reduce the level of androgens which stimulate cancer cell growth, in turn reducing prostate cancer symptom burden over longer periods. Although the clinical benefits of androgen deprivation therapy have been well documented, the physical, and in particular psychological, side effects of this treatment are lesser reported and can be debilitating.

**Methods.** We present the case of an 84 year old male referred to Old Age Psychiatry outpatients for a one year history of low mood and tearfulness with no response to two antidepressant trials. The patient was receiving six-monthly injections of Decapeptyl (Triptorelin), a hormone therapy for prostate cancer. The patient's main presenting complaint was of bouts of tearfulness that were difficult to control and often mood incongruent. He reported low energy and reduced motivation; however other biological depressive symptoms were not endorsed.

**Results.** Depression and marked emotional lability have been reported by men who receive ADT for prostate cancer. This can be a cause of confusion or shame for patients, subsequently impacting interpersonal relationships and social functioning. Other side effects of ADT can lead to further negative psychological effects, including weight gain, gynaecomastia and genital shrinkage. It is possible that the side effects of this treatment are poorly recognized by clinicians initiating and managing it.

**Conclusion.** In conclusion, patients commencing ADT should be informed of the possibility of psychological side effects and encouraged to report any symptoms that arise. It is important for urologists, psychiatrists and GPs to be mindful of the possible link between this treatment and new onset mood and emotional symptoms in patients.

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## A Young Girl in Distress

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**Aims.** The purpose of sharing this case is to bring attention to the complexities in implementing legal framework for children and adolescents as well as the serious shortages of in-patient adolescent psychiatric beds, which can adversely affect the mental health of young people.

**Methods.** A young girl with a diagnosis of Depressive Disorder and Disordered Eating was treated by community mental health team for two years. She took an overdose and was admitted to