Results. The Audit included 20 patients having ECT treatment done regularly over a year.

Overall, 87.32% of the patients were found to have MOCA assessment done before their first ECT session and every 4 treatment sessions as per guidelines. While 96.29% of the patients had MADRAS assessment done weekly or every two treatment sessions as per guidelines.

Regarding MOCA assessment, it has been found that 80% of the patients had MOCA done before their first treatment session. 94.73% of the patients had MOCA done after their 4th treatment session. 89.47% of the patients had MOCA done after their 8th treatment session. And 84.61% of the patients had MOCA done after their 12th treatment session.

With regards to MADRAS, 100% of the patients had MADRAS done before the start of the treatment. 90% of the patients had MADRAS done after the second treatment (1st week). 100% of the patients had MADRAS done after 4th treatment (second week). 100% of the patients had MADRAS done after 6th treatment (third week). 93.33% of the patients had MADRAS done after 8th treatment (4th week). 92.85% of the patients had MADRAS done after the 10th treatment (5th week).

Conclusion. Overall, ECT practice at Worcestershire Specialist Mental health services has been found to be in compliance with the ECTAS guidelines.

The majority of patients had MOCA assessments done regularly every 4 weeks with the highest compliance found to be after the first 4 treatment sessions and the lowest compliance was for the MOCA assessment done before the start of the ECT treatment.

In terms of MADRAS assessment, there was an overall adherence with the guidelines with very few patients missing MADRAS assessment only once over their course of treatment.

6 Case Study

First Time Presentation of Graves' Hyperthyroidism With Psychotic Symptoms: A Case Report

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Aims. Graves' disease, an autoimmune illness, is one of the most common causes of thyrotoxicosis and often presents with classic symptoms of hyperthyroidism. However, patients can rarely present for the first time with psychiatric symptoms, including psychotic and mood symptoms or a combination of both, and there is limited data on the most effective treatment.

Methods. Here, we report the case of a 24-year-old black British female who had no previous psychiatric or medical history, presenting for the first time with one week history of poor sleep, disordered thought, and bizarre and violent behaviour towards family. Collateral history describes her premorbid personality as "anxious and perfectionist", with the only recent stressors identified being preparations for her best friend's wedding. Her mental state on presentation was remarkable for tangential and circumstantial speech, incongruent affect, and lack of insight into illness. She was admitted to an acute adult ward under Section 2 of the Mental Health Act (MHA) after being "medically cleared" but before the results of her thyroid function tests were available.

She was transferred back to the acute medical ward a day into psychiatric admission, where she was treated medically for thyrotoxicosis and discharged with the support of the Home Treatment Team after an almost complete recovery in her mental state. Initial symptoms recurred two weeks after discharge, culminating in another admission cycle initially to a psychiatric unit under the MHA, where she was treated with oral risperidone and a medical ward for further medical investigations. Her mental state improved significantly again, and she was discharged home to the concerted care of both a community mental health team and follow-up with the endocrinology team. On outpatient psychiatric review a year following discharge, the patient remains stable in her mental state and has achieved a euthyroid state with plans to taper off and withdraw risperidone gradually.

Results. This case shows the importance of a thorough physical health assessment and investigation before making psychiatric management decisions. It also points out the drawback of the divide between physical and mental health services, the impact this has on patient care and experience within the National Health Service, and the mixed success of medical management in controlling psychiatric symptoms.

Conclusion. This case describes the rare presentation and successful management of psychosis induced by thyrotoxicosis in a female patient with Graves' disease. It highlights the need for prompt, interdisciplinary care to diagnose and safely manage such patients correctly.

A Case of Self-Immolation in a Woman With Recurrent Puerperal Psychosis From Pakistan

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Aims. Postpartum psychiatric disorders are almost certainly common among women in Pakistan but accurate estimates of the prevalence of these disorders are difficult to obtain because of cultural norms and lack of awareness that may result in women underreporting such disorders, or them not being recognised because of lack of reliable screening tools and resources.

The aims of this case study are to report a case of an attempted suicide by self-immolation in a multiparous woman with recurrent puerperal psychosis, highlighting the cultural/religious barriers which often result in delayed help, and call attention to the need for awareness and screening.

Methods. A 35-year-old multiparous woman, hailing from low socioeconomic background in the outskirts of Dera Ghazi Khan, was admitted to the burns unit of our hospital after setting herself on fire. Psychiatric consultation was sought after obtaining a detailed history from the family members. She had given birth to her fifth child (2nd son) two weeks previously via spontaneous vaginal delivery (SVD). Soon afterwards, she developed low mood and was crying all of the time. She also developed feelings of excessive guilt and worthlessness and started praying excessively and asking for forgiveness of others. At times, she talked about wanting to end her life because she thought she was worthless, sinful, and