

no past/family history of psychiatric illness, presented with psychiatric illness of one-year duration and was diagnosed with Trichotillomania, Obsessive-Compulsive Disorder, Skin picking and Onychophagia as per the 11th revision of International Classification of Diseases (ICD-11). After initiating tab. escitalopram 5 mg for 10 days, child developed a manic episode, which leads to a diagnostic dilemma as well as difficulties in her further management. In view of the bipolarity, escitalopram was stopped and the child was started on tab. aripiprazole 2.5 mg which was gradually up-titrated to 7.5 mg/day, following which the manic episode completely resolved and there was also improvement in OCD, hair pulling and skin picking behaviour. Later for the remaining symptoms few sessions of Habit reversal therapy were held. Currently the patient is maintaining well on aripiprazole 7.5 mg for the last six months.

Results. The uniqueness of this case is demonstrated through current limited literature on comorbid OCRDs and antidepressant coincident manic episode, especially in children in whom diagnosing manic episode possess a great challenge owing to various differential diagnosis. While deciding pharmacological therapy in children with OCRDs or Mania the efficacy as well as their safety profile should be considered. Currently there are no medications approved by FDA for treatment of acute manic episode in patients below 10 years of age and use of SSRI which are considered first line for treatment of some OCRDs may exaggerate the manic episode. In literature, second generation antipsychotics such as aripiprazole is found to be useful for the management of both manic episode (as monotherapy) as well as OCD (as an adjuvant). In this case aripiprazole monotherapy led to significant improvement in both groups of symptoms.

Conclusion. Thus, SSRIs should be used cautiously in children with OCRDs and aripiprazole along with other approved non-pharmacological management strategies can be considered as a good treatment option in children with OCRDs and antidepressant coincident manic episode.

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Remission of Symptoms of Functional Neurological Disorder (FND) Utilising Novel Interventions: A Case Report

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Aims. FND can be considered as an umbrella term that includes range of motor and sensory system dysfunctions with genuine symptoms including paralysis, tremors, sensory disturbance, speech disturbance and seizure. Functional seizures usually termed as Non-Epileptic attack disorder (NEAD) can result in profound persisting disability. Brief bouts of unprovoked and uncontrollable laughter, spontaneous in origin, combined with facial contraction in the form of smile, is termed as 'gelastic seizures'. Modafinil is a dopamine modulating molecule for which evidence is accumulating towards its cognitive enhancement

role in multiple domains. Furthermore, it has been shown to promote hippocampal neurogenesis and synaptic plasticity in pre-clinical studies. We report a case of FND in which pharmacological (Modafinil) and non-pharmacological interventions (Brain retraining) resulted in resolution of symptoms of probable gelastic episodes.

Methods. A 50-year-old lady who was referred by consultant neurologist to our Neuropsychiatry pilot service with episodes of uncontrollable laughing, singing, screaming and suffering from staggering and imbalance. Following these episodes, patient described sleeping for hours to days with fatigue. Her husband first noticed low mood 12 years ago during post-natal period. Treatment with fluoxetine reportedly contributed to 'cyclical highs and mood variations'. One year later, her 'gelastic episodes' started and continued to occur every 2 or 3 months and they were brought on by a range of factors including tiredness, menstrual periods and stress. Patient also reported atypical cognitive deficits such as 'losing vocabulary' and 'stuck every couple of seconds'. Furthermore, detailed history confirmed possible traits of attention deficit and hyperactive thinking since her childhood.

Results. Following a comprehensive assessment, the role of the brain in the manifestation of her symptoms was discussed and agreed upon. Strategies based on Cognitive Behaviour Therapy principles such as active distraction, brain retraining, engaging in therapeutic activities and expressive writing were discussed and agreed upon. Following detailed risk-benefit analysis, modafinil was initiated at 200 mg dose in the morning. Patient made a remarkable recovery nearly back to her baseline with resolution of her gelastic episodes and thus improvement in her mental state. She continues to be stable in the community.

Conclusion. This case highlights the importance of recognising and treating cluster of symptoms which might belong to the impulsive-compulsive spectrum. This further emphasises the role of dopamine-modulating agents such as modafinil along with brain-retraining strategies.

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Nabilone as Part of the Holistic Treatment in Early Onset Alzheimer's Dementia: A Case Study

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Aims. Optimal management of Behavioural and Psychological symptoms of Dementia (BPSD) remains challenging. This report describes using nabilone, a synthetic cannabinoid, in a 61-year-old woman with Alzheimer's dementia (AD) experiencing progressive BPSDs.

Methods. AM was diagnosed with AD in February 2019 and prescribed donepezil and mirtazapine. In August 2021, her behaviour deteriorated, becoming paranoid, repeatedly pacing and developing expressive aphasia. Behaviours further declined leading to an admission to our dementia ward under the Mental Health Act 2007 in January 2022. AM showed limited response to medications including risperidone and mirtazapine which were switched

to olanzapine and citalopram. “Controlled falls” were observed, during which AM placed herself suddenly onto the floor. In February 2022, she was witnessed having a self-terminating generalised tonic clonic seizure (GTCS) lasting 3 minutes and later witnessed having three more seizures. Computed tomography excluded acute intracranial pathology. She had no previous history of seizures. An electroencephalogram displayed focal slowing over the frontal region greater on the right and presence of sharp, transient, sharpened slow wave, triphasic waves and reported that epileptiform discharges can be seen in AD in the absence of epilepsy.

Behavioural charts, Cohen Mansfield Agitation Inventory (CMAI) and Neuropsychiatric inventory (NPI) questionnaires were used to monitor response. Decision was made to trial Nabilone in April 2022 due to minimal improvement. Nabilone was started at 0.25 mg daily and up-titrated by 0.25 mg fortnightly based on the response. Over the subsequent month there was a measurable improvement. This was temporarily halted due to issues with nabilone supply, together with cessation of lorazepam, showing worsening in behaviours. Nabilone was eventually restarted and increased to 1 mg once daily with promising effect. **Results.** There was a notable qualitative improvement in AM’s engagement and communication with family and staff. Prior to treatment the frequency of aggressive incidents ranged from 25–35, reducing to five to ten incidents per day. Controlled falls largely ceased. The NPI Caregiver distress score dropped from 21 to 8 over three months; Frequency and severity scores dropped from 73 to 40 during the same period. CMAI scores dropped from 86 to 64 over two months.

Conclusion. We describe a measurable improvement in BPSDs and quality of life in a patient with severe AD. Reduction in irritability, agitation and improvements in sleep were observed after initiating nabilone. The mechanism of nabilone via CB1 agonism has shown to be neuroprotective and anti-inflammatory. This indicates a promising treatment for BPSDs.

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Transcending Erotomania: A Case of Long-Term Multi-Comorbid Management in an Adolescent Medium Secure Unit

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Aims. 20 year old patient open to mental health services since the age of 8. Through the years, they have had work-up and diagnoses of ADHD, ASD, Schizoaffective Disorder (with prominent erotomanic delusions) and sexual identity concerns.

They spent a number of years in psychiatric in-patient units following an index offence. Initially in an adolescent LSU and subsequently in an adolescent MSU.

After 5 years of their stay at the MSU, their transition to an adult rehabilitation ward was planned and completed.

Methods. 20 year old, oldest of 5 siblings, born with no complications during or after pregnancy and at full-term. First referred to mental health services aged 6 regarding difficulties at school leading to a diagnosis of ADHD.

At age 13, re-engaged with mental health services following concerns around self-harm, disappearing from home, alcohol use. Also with difficulties around gender identity and sexual orientation. Shortly after, elements of ASD were identified, including social and communication difficulties and special interests which included single females.

Around age 16, patient developed erotomanic delusions. First towards a female friend in dance class – patient wanted to run away with them and have their babies, and carried a knife to hurt anyone who tried to get in their way, eventually leading to the index offence. In addition, there were similar erotomanic delusions with regards to at least 2 famous female music personalities.

With a significant mood component accompanying the psychosis, she was diagnosed and managed as having Schizoaffective Disorder.

Results. The patient presented with a complex, multimodal presentation which took time and a comprehensive holistic approach. They were trialled on 3 different antipsychotics and eventually clozapine which needed stopping due to side effects. Best response was eventually observed with a return to olanzapine.

Patient also had 19 treatments of ECT (13 being high dose) with marked transient improvement.

Psychology, OT and the MDT largely focussed on building therapeutic relationships with the patient which gradually helped the patient develop insight around their erotomanic delusions and the impact on their life.

Conclusion. Despite the complexities of this case, it highlighted that a robust, consistent, holistic approach can change lives even though this may take some time. The patient was utilizing leaves off the ward, taking part in the education sessions and activities on the ward and has recently been transferred to an adult rehabilitation ward after years in an adolescent specialist in-patient service.

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Navigating the Balance: Treatment-Resistant Schizophrenia Relapse Risks Versus Clozapine-Related Cardiovascular Complications - a Case Report

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Aims. Clozapine, known for its efficacy in treating treatment-resistant schizophrenia, offers significant benefits. However, its use also carries potential cardiovascular side effects, such as myocarditis early in treatment and cardiomyopathy with prolonged use. This case highlights the challenge of balancing the risks of treatment-resistant schizophrenia relapse against the potential cardiovascular complications associated with clozapine therapy.

Methods. An adult male with treatment-resistant schizophrenia was initially prescribed clozapine but switched to paliperidone depot due to compliance issues. However, he relapsed shortly after and had to be restarted on clozapine, albeit at a lower dose due to associated tachycardia, supplemented with risperidone. After two years on clozapine, he was diagnosed with cardiomyopathy, prompting a cardiology review. Clozapine was withheld, and risperidone dosage was increased, but he experienced a severe relapse. Despite the risks, multiple