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.

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

Dr Manzar Shahid*, Dr Parag Shah and Dr Muhammad Saqib Siddique

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.688

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.

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

Dr Hardeep Singh* and Dr Alexandra Blackman

Surrey and Borders NHS Foundation Trust, Surrey, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.689

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