Challenges in Investigating Psychotic-Like Experiences in an Adolescent Awaiting an Autism Assessment

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Aims. Studies estimate that 90% of people with a diagnosis of autism experience sensory abnormalities. The majority of those affected will not have a psychotic illness, however young people with autism are three to six times more likely to develop schizophrenia than their neurotypical equivalents.

This report considers the diagnostic complexities, potential risks and challenges of navigating concurrent referral and treatment pathways for an adolescent awaiting an autism assessment, who has psychotic-like experiences.

Methods. An adolescent female was referred to our Tier 3 service for an autism assessment. Whilst on the waiting list, our service was contacted on three occasions by adults who knew the patient, expressing concerns that she had psychotic-like experiences, namely perceptual abnormalities which had not been included in the original referral.

On the third occasion, approximately six months after the initial referral was accepted, a decision was made to review the patient face-to-face to explore these symptoms further.

During this review she appeared to have positive and negative symptoms of schizophrenia, including perceptual abnormalities in all sensory modalities, thought block, paranoid ideation and a mood incongruent affect. Her sleep cycle was reversed and she had not attended school for several years.

She was subsequently referred to the Early Intervention Psychosis Service, underwent an eight week assessment and was discharged back to the autism service.

Results. Young people in the UK are on average waiting nine months for an autism assessment, although some are waiting up to seven years for treatment. NICE recommends that young people referred due to first episodes of psychosis are seen within two weeks, as delays in treatment can negatively impact on the patient's response to treatment.

Diagnostic uncertainty can arise due to overlapping symptoms, clinician inexperience and difficulties with eliciting a thorough history. With waiting times for autism assessments growing, young people who may have psychotic symptoms are waiting longer to see a clinician. The referral pathways for neurodevelopmental and psychiatric disorders typically exist independently, but inclusion on one pathway can create barriers in accessing the other.

Conclusion. It is good practice for comorbid psychiatric disorders to be considered by the referrer, when referring a young person for an autism assessment.

Clinicians should avoid making assumptions regarding the aetiology of symptoms based on the original reason for referral, explore symptoms thoroughly and refer to alternative services if needed.

Catatonia Following Oral Ingestion of Cannabis

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Aims. Catatonia is a neuropsychiatric syndrome that affects motor, speech, and behavioural functions. The link between catatonia and cannabis use is complex and poorly understood, with limited evidence from case reports about the neuropsychiatric manifestations. This paper aims to describe an unusual presentation of catatonia precipitated by a drink made from cannabis leaves (a.k.a. 'Bhang').

Methods. Mr JP, a 22-year-old college student, was admitted to an acute medical ward in North India. The medical team sought psychiatry opinion following the unusual presentation: sudden onset of mutism, staring, and rigidity. Physical examination revealed tachycardia and redness of the eyes. Routine blood investigations, EEG and MRI-Brain were unremarkable. Urine drug screen was positive for cannabis. Initially reluctant due to fear of legal troubles, the accompanying friends later revealed a history of ingestion of cannabis leaves (Bhang) for recreational purposes twelve hours ago. Following the clinical diagnosis of catatonia, the lorazepam challenge test led to improvement in rigidity and verbal responsiveness. No overt psychotic symptoms, such as delusions or hallucinations, were noted at the time or during follow-up. JP had previously experimented with smoked cannabis without any diagnosed psychiatric or medical complications requiring inpatient management. He was abstinent from all forms of cannabis use over the past three months due to college exams and denied any illicit substance use. Over the next two days, as the effects of the ingested cannabis wore off and oral lorazepam (6 mg/day) was continued, JP was back to his previous self with stable vital signs. He was discharged from the hospital with a plan to taper and stop lorazepam on an outpatient basis.

Results. 'Bhang' has been a culturally acceptable cannabis form in the Indian subcontinent for centuries, providing an interesting cultural aspect to the case. This case highlights an unusual clinical instance of cannabis use; Oral ingestion led to a drastic presentation requiring hospitalisation, while the smoked form did not result in any similar sequelae. The study's limitations include the inability to test for synthetic cannabinoids and the lack of objective catatonia scoring scale(s).

Conclusion. With the surging popularity of cannabis use in recent years, it is essential to be aware of its various forms and exercise a high degree of suspicion towards unusual presentations. Further research is needed to understand the link between cannabis use and catatonia at the neurotransmitter level, mediated by individual risk factors.

A Case of Overlapping Extrapyramidal Side Effects and Neuroleptic Malignant Syndrome

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Aims. Neuroleptic malignant syndrome (NMS) is a rare, life-threatening idiosyncratic reaction to medications, specifically dopamine receptor antagonists. We report a case of a patient who initially developed extrapyramidal side effects (EPSE) and subsequently developed NMS after being treated with flupentixol depot.