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

didn't deserve to live. She also wouldn't come close to her newborn, care for him or even touch him. Her family members had also observed her talking to herself when she was alone.

According to her brother, she had a previous episode shortly after giving birth to her fourth child (1st son) 2 years before. The family believed at first that it was a result of an "evil eye" because she had "finally" given birth to a son after giving birth to three daughters in a row. The patient's mother took her to a faith healer which did not result in any improvement. When her condition deteriorated, they took her to a psychiatrist in their hometown who started her on psychotropic medication. Her condition improved after a few months.

After this baby her symptoms were reported to be much more severe with active suicidal ideation. Her family members couldn't take her to that same doctor because he had moved to another city. Also her previous prescriptions were lost so they had no record of the medication the patient had been on before. In addition the patient's mother was totally against the idea of taking her to a medical doctor and was determined to take her to faith healers instead, which further contributed to the delay in her getting medical help. Two weeks after giving birth to her second son she locked herself in her bedroom and set herself on fire. Her family members rescued her and took her to ER. She sustained injuries to her neck, chest, and arms. A diagnosis of puerperal psychosis was made taking into account her history and her mental state examination. She was started on psychotropic medication along with analgesics and antibiotics.

Results. No matter where a woman lives, postpartum psychiatric disorders are a serious issue that can negatively impact a woman's quality of life and well-being if not addressed and treated properly. While these disorders receive adequate attention in developed countries, it is a largely neglected issue in Pakistan, but one that deserves our attention. It can have serious implications if proper medical help is not sought early like in this case. It is, therefore, recommended that all pregnant women who present to their GPs/obstetricians/midwives for antenatal checks should be screened for perinatal psychiatric disorders with a validated instrument and educated accordingly.

Conclusion. As this patient had a previous episode of puerperal psychosis, she was at a very high risk of this relapse and it could have been prevented, or treated early after the birth if this fact was widely known and recognised.

(A photograph of the patient's burn wounds taken after skin grafting will be added to the poster once the abstract is approved. No financial sponsorship. The work was conducted with appropriate ethical and governance safeguards, which also include obtaining family's consent.)

Case Study: Pseudobulbar Affect During Recovery From Locked in Syndrome

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Aims. We would like to report a case of pseudo bulbar affect during recovery from locked in syndrome due to brainstem stroke.

Methods. We present a lady in her early 60s who developed pseudobulbar affect during recovery from locked in syndrome. MRI brain confirmed brain stem infarct. No personal or family history of mental illnesses was noted. Neurological examination on our rehabilitation unit confirmed dense weakness in all four limbs. She would cry even when family gave her good news or made jokes with her. This appeared to be the only method of expressing her emotions she had; however, it was unclear if this was aligned to her internal emotional experience.

Results. Through clinical observation and using the Testing Emotionalism After Recent Stroke-Questionnaire (TEARS-Q) measure of emotionalism we identified that pseudobulbar affect was present, and intervention should be considered. The patient also stated that her crying was not always aligned with her emotional experience, but laughter was. The Clinical Outcome Routine Evaluation (CORE-10) was also used to screen out other potential psychological difficulties including depression. The assessment indicated she was experiencing low levels of psychological distress.

We initiated fluoxetine and clonazepam was given to help with spasticity and sleep. Our non-pharmacological measures included sitting with the emotional expression and not asking her to stop, encouraging her to take deep breaths and modelling this and when she presented as calmer supporting her to identify if her emotional expression was in line with her internal emotional experience and using different communication strategies to explore this and support her to have her needs met. If the crying persisted mid communication, staff supporting her would reorientate her to what she had been attempting to communicate and encourage her to continue, which she would be able to do. All staff were asked to do this during their interactions with the patient to support identification of emotional alignment. Significant reduction in emotional misalignment was noted following the implementation and increased use of external communication aids. Within a few months her distressing crying episodes reduced and neurologically she improved.

Conclusion. Pseudo bulbar affect is a distressing condition that can occur during recovery from locked in syndrome. Diagnosis can be confirmed by ruling out other common conditions like anxiety or depression. Treatment includes both non-pharmacological and pharmacological measures best provided by a specialist multidisciplinary team.

Lithium and Bariatric Surgery: A Balancing Act

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Aims. Patients with severe mental illness (SMI) are at greater risk of poor physical health with higher prevalence of obesity, cardiovascular disease, diabetes and higher premature mortality than the general population. The reasons are complex and interventions are multifaceted. Obesity is highly prevalent in the general population and pharmacological and surgical treatments have become more widely available; however, SMI patients may face barriers accessing these. This case highlights specific factors for consideration in managing a patient on lithium therapy undergoing sleeve gastrectomy to balance the risk of lithium toxicity with

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