a private NHS funded in-patient adolescent psychiatric unit, where she was placed on Section 2 of Mental Health Act. After two months she was transferred to an out of area psychiatric bed. While on home leave she took another overdose and needed admission in High Dependency Unit. When medically fit she was moved back to psychiatric unit. After two months she was moved to a local in-patient unit. Due to dietary restriction she was commenced on nasogastric feed. At that point the local psychiatric unit could not provide the support she needed and she was transferred to another in-patient adolescent unit in the region. After being an in-patient for 18 months when her condition improved a discharge planning meeting took place. She was still on nasogastric feed and sometimes had to be restrained. The local and regional in-patient and crisis consultants suggested that she should be discharged under Community Treatment Order. The community consultant took legal advice. The legal advice was that the provision of nasogastric feeding in the community without young person's consent would be likely to be unlawful and a violation of her Article 3 rights under the European Convention of Human Rights. Such restraint would be likely to amount to an unlawful deprivation of liberty and a breach of her Article 5 rights under the European Convention of Human Rights.

Results. It is deeply concerning that she had to be moved between four in-patient units during one episode of in-patient admission due to lack of appropriate bed availability. Due to her age and complexities in the case, legal advice had to be taken because the consultants involved failed to agree on the appropriate application of legal framework.

Conclusion. This case clearly highlights the need to address the issue of adolescent in-patient psychiatric bed shortages as well as the importance of educational programmes aimed at improving the knowledge and skills of professionals on the application of legal framework in children and adolescents.

Full Remission of Obsessive Compulsive Disorder (OCD) Symptoms in Huntington's Disease (HD) Using Fluoxetine

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Aims. HD is an autosomal, dominantly inherited, neurodegenerative disorder which can present with cognitive, motor and behavioural symptoms. Recent studies suggest that obsessive compulsive disorder (OCD) symptoms, although not common, may precede or coincide with symptoms in patients with HD. We present a case of an adolescent boy presenting with symptoms of OCD, for 4 months duration, in background of three years diagnosis of HD.

Methods. A 15-year-old boy from South India, presented with recurrent, intrusive thoughts of sexual content, consistent with obsessions and some instances of compulsions in the form of avoiding to do deviant sexual act like fetishism, and having excessive worries about an act he had done earlier for 3 months duration (supported by high scores on Yale-Brown Obsessive Compulsive Scale; Y-BOCS). Patient had normal birth and development and had no past history of psychiatry disorder, however there was family history of HD in multiple first and second-degree relatives. He was on treatment for movement symptoms of HD, diagnosed 3 years back and was on Tetrabenazine for 2 years. Initial psychiatric assessment found the symptoms to be consistent with OCD due to Huntington's disease, according to Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5). The patient was admitted to the mental health unit and was started on Fluoxetine, titrated to a dose of 20mg daily for symptoms of OCD.

Results. Subject showed an excellent response to fluoxetine with complete remission of OCD symptoms within 4 weeks of treatment. The relationship between OCD and HD has been little-investigated, despite the fact that both diseases are associated with striatal dysfunction and that the number of case reports of obsessive-compulsive symptoms either preceding the clinical onset of HD or during later stages of the disease is increasing. For example, Dewhurst et al. reported "obsessional features" in 7 of 102 patients at onset of HD.

Conclusion. Firm conclusions to explain this result cannot be drawn. However, a hypothetical involvement of the serotonergic system, suggested by the excess of OCD, seems supported by the response of said subject to fluoxetine. It may be worth further exploring the value of the psychiatric picture in selecting the appropriate treatment for at least some cases of HD. Anecdotal evidence suggest that SSRIs alone or in combination with atypical antipsychotics like olanzapine may be useful for these patients. However, these hypotheses need further testing.

A Case of Urticaria One Month After Initiating Fluoxetine

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Aims. According to NICE guidelines, fluoxetine is a first-line antidepressant for the management of depression in children and adolescents. There has been little discussion on urticaria occurring after 4 weeks on fluoxetine. Urticaria is defined as an itchy skin lesion "with localised oedema and is surrounded by redness which is also known as a wheal and flare phenomenon". In most urticarial scenarios, the trigger which is usually an allergen leads to an increase in levels of histamine among other chemicals into the skin.

Methods. We present the case of a 16-year-old young person with no previous history of skin conditions, who developed urticaria 4 weeks after starting fluoxetine for depressive disorder. No other trigger could be identified. On discontinuing fluoxetine, the rash gradually declined over time and completely resolved ten days later. On further enquiry, the patient reported eating at least one chocolate bar a day. He did admit to receiving a large amount of chocolate just before the rash began and hence was possibly eating more than his usual amount at the time. Furthermore, the rash occurred at the point when steady-state levels of fluoxetine were believed to have just been reached.

Results. Adverse effects of medication have always been a challenging part of managing patients. Although rash that develops acutely after starting fluoxetine has been published so far, literature on rash that develops after 4 weeks on treatment is limited. Cederberg et al (2004) and Gahir (2021) described the association