

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