

Results. During her second inpatient admission, it became clear that this lady is very medication-seeking. She was treated for the following mental health conditions on her second inpatient admission in 2023: Generalised Anxiety Disorder and Recurrent Depressive Disorder, Unspecified. Help was also sought from an Addictions Specialist on the second inpatient admission. This lady was given five ECT sessions on her second inpatient admission but it was felt that this was making her more agitated so it was stopped.

Conclusion. This patient is currently still an inpatient and she is hoping to attend a specialist addictions unit when she is discharged from hospital. I will follow her progress with interest. I found this case to be an interesting one as it forced me to consider how to best manage a patient who is very medication-seeking.

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Capgras Delusion in Late Onset Postpartum Psychosis and Persistent Delusional Disorder

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Aims. The Capgras syndrome is one of the four disorders defined under Delusional Misidentification. In the Capgras syndrome the patient believes that someone close to them has been replaced by an imposter pretending to be that person; the abnormality is delusional and not hallucinatory. It is a specific delusion of a person with whom the subject has close emotional ties and towards whom there is a feeling of ambivalence at the time of the onset.

Methods. 37 year old Caucasian female presented to the local emergency department 4 months after delivery of her baby. She presented with a suicidal attempt in which she cut her neck and drank bleach. She was convinced that her parents and daughters were replaced by a network and her ex-partner was part of this network. She also believed that the network was out to harm her. She showed other psychotic symptoms along with low mood and hopelessness. Despite being offered high doses of antidepressants and antipsychotics she did not show any improvement hence she was given 12 sessions of ECT. Though this treatment was seen to bring in some benefits, her beliefs were still observed to persist. As her delusions were resistant to treatment and lasted more than 3 months, she was diagnosed to have a Persistent Delusional Disorder.

Results. A literature search showed that Capgras delusions rarely occur in postpartum psychosis. It generally poses a risk to baby's care and wellbeing since in most cases mother either refuses to care for baby or attempts to harm them. Interestingly in this case, mother met her daughter's physical needs but struggled with baby's emotional needs most of the time and was rarely observed to smile and play with her.

Conclusion. In this case report, we present the occurrence of different psychopathologies during postpartum psychosis including Capgras delusion. We underline that this case is different from other cases reported in the literature due to unusual nature of the bond between the mother and baby and the onset of the symptoms.

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A Case for Cerebellar Neuromodulation in Affective Disorders

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Aims. This case report focuses on a 68-year-old Caucasian female, with long-standing symptoms of executive and cerebellar dysfunction, which responded well to rTMS targeting the prefrontal cortex and cerebellum.

Methods. This patient was seen in the private sector for long-standing symptoms of low mood, mental fog, unsteady gait, along with slurred speech and poor vision. History indicated the possibility of multiple mini strokes several years earlier, which may have contributed to her current presentation, and MRI Brain confirmed diffuse small vessel disease in periventricular areas and deep white matter, with no atrophy of brainstem or cerebellum. Her medications at the time included venlafaxine 75 mg OD, atorvastatin 20 mg OD, amlodipine 5 mg OD, thiamine HCL 100 mg OD and aspirin 75 mg. She then had a course of standard rTMS (F3 and F4), to which she had no real response. The team then performed a Quantitative Electroencephalography which revealed bilateral prefrontal and cerebellar disconnection, with normal connectivity in the rest of the brain and cortex, which enabled a diagnosis of Organic mood (affective) disorder, F06.3.

Based on the above findings, she was then prescribed a course of rTMS as follows:

1. Bifrontal excitatory Theta burst, at 50–60%, daily for 20 treatments.
2. CB1 and CB2 Cerebellar iTBS (10min) at 50–60%, daily for 20 treatments.

Mid treatment review showed improvement in depression and anxiety, mirrored by significant reductions in psychometric scores compared to baseline, although her memory, concentration and motivation remained poor, and it was agreed that she would be reviewed again after completion of 20 sessions.

Results. Although long known for its function in fine tuning motor function, emerging research indicates the growing importance of the cerebellum and its neural connections in neuropsychiatric disorders.

Recent studies have shown that those with cerebellar damage show impairments in executive function, and emotional regulation, in addition to language deficits and problems with sensory processing. It is bidirectionally connected with areas associated with processing social salience, including the posterior parietal and prefrontal cortex. With its connections to the prefrontal cortex, limbic structures and monoamine producing brainstem areas, it is likely the cerebellum also plays a key role in fine tuning emotional output, which appears to be corroborated by functional neuroimaging.

Conclusion. This case further supports the emerging evidence base that the cerebellum plays a key role in emotional experience, along with the prospect of using targeted rTMS for therapeutic benefit.

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