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

risk of relapse. Currently, there is limited clinical experience of managing lithium in this context.

Methods. 49 yr old female diagnosed with schizoaffective disorder well-maintained for several years on aripiprazole depot and 800mg lithium carbonate (Priadel) with therapeutic levels in treatment range (0.4–0.8mmol/L). Severe obesity (BMI 41kg/m^2) despite dietary modifications and metformin trial, and recently diagnosed with diabetes. Family history of cardiovascular disease and diabetic related complications with early mortality were additional factors in her request for bariatric surgery. Multidisciplinary discussion including patient, psychiatrist, mental health pharmacist, specialist bariatric dietician and GP prior, to ensure sharing of relevant information pertinent to re-titration and monitoring of lithium therapy and risks of toxicity and relapse.

Results. Patient underwent sleeve gastrectomy with discontinuation of lithium 72 hours prior to surgery. Stomach pouch capacity reduced to 120ml and advised daily fluid intake 500–1000ml in first two weeks. Lithium therapy re-commenced when fluid intake adequate and renal function within normal limits. Formulation changed to liquid for 6–8 weeks to avoid disruption to the healing line, and the dose gradually re-titrated with close monitoring of serum lithium levels. Stabilised on reduced dose of 400mg Priadel at 3 months with therapeutic levels. At 6 months BMI reduced to 32kg/m^2, antihypertensive and metformin discontinued and maintained remission of schizoaffective disorder.

Conclusion. Sleeve gastrectomy is an increasingly common procedure to treat obesity, with potential long-term positive physical health outcomes and reduction in mortality which may have a role in addressing health inequalities for SMI patients. Psychiatrists need to be aware of key aspects of bariatric surgery particularly relating to safe and effective prescribing of psychotropic medication including potential change to liquid or orodispersible formulation in the post-operative period, close monitoring of serum lithium levels in the short and medium term due its narrow therapeutic index, and consideration of longer-term dose adjustments due to ongoing weight loss.

A Suspected Case of Kluver-Bucy Syndrome in an Adolescent Male Following SARS-CoV-2 Infection

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Aims. We present a case of suspected Kluver-Bucy syndrome in an adolescent male, following a SARS-CoV-2 (Covid-19) infection. To the best of our knowledge, KBS has not been associated with Covid-19 before.

Methods. A 15-year-old male with a background of autism spectrum disorder (ASD) was reviewed in a children and adolescent mental health outpatient clinic. The young person was non-verbal, and history was taken from his next of kin. In the last four weeks, he had developed acute onset hyperphagia with weight gain (88th percentile for age), new onset physical and verbal aggression, and hyperorality, whereby the young person was exploring household objects with his mouth. A degree of hypersexuality was also noted in the form of rubbing and touching of the genital area.

There was no history of trauma or epilepsy; recent traveling or environmental change; psychosocial stressors or new medications, operations, or immunisations in the past year. The young person had a Covid-19 infection the month before the symptoms started. He was immunised against Covid-19 and this was the second time he contracted the infection, the first being 1 ½ years ago with full recovery.

The sudden onset of hyperphagia, aggression, hyperorality, and hypersexuality with the only known precipitating factor the recent Covid-19 infection, raised clinical suspicion for Kluver-Bucy syndrome. Six months later, the symptoms were milder but still present and no other cause had been identified. Due to ASD features, visual field testing, brain imaging, or routine blood tests were either not possible or required sedation and are being arranged with the support of his general practitioner.

Results. Kluver-Bucy syndrome is a rare neurological disorder characterised by a distinct constellation of behavioural and cognitive symptoms resulting from bilateral lesions or dysfunction in the temporal lobes, particularly the amygdala. Patients often exhibit alterations in their behavioural repertoire, including hyperorality, hypersexuality, disinhibited behaviour, and visual agnosia. The presentation has been associated with temporal lobe infarcts, epilepsy, and herpes simplex encephalitis. The differential diagnosis was based on the fulfilment of clinical criteria for KBS, while other differentials included metabolic causes or behavioural manifestations related to ASD. Although investigations to explore other causes of symptoms are still being arranged, clinical suspicion for KBS was based on the presence of diagnostic criteria and the recent viral infection.

Conclusion. Research is needed to identify potential associations between SARS and neuropsychiatric manifestations, while clinicians should be aware of the possibility of such complications.

A Case Report of a 16 Year Old With Catatonia With No Clear Medical or Psychiatric Cause

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Aims. 16 year old male with previous diagnoses of autism spectrum disorder and severe anxiety disorder was referred to Child and Adolescent Mental Health Services (CAMHS). His presentation included increasing anxiety, difficulty articulating his thoughts and emotions, difficulty completing tasks, school non-attendance, reduced food intake and possible auditory hallucinations. Risperidone was trialled in the community however refused after 5 days due to "brain fog". He was seen by CAMHS community team twice weekly for 3 months prior to his emergency detained admission to adolescent psychiatric inpatient unit, due to no oral intake for 72 hours.

Family history included schizophrenia, bipolar disorder, depression and anxiety.

Methods. Upon admission, symptoms observed included reduced verbal communication, psychomotor retardation, low mood, agitation, sleep difficulties, ambitendency, echolalia and poor oral intake. He had a Bush-Francis rating score of 8 and given a