inguino-sacrotal hernia repair with mesh reconstruction. Psychiatric history was significant for past suicide attempts, including a self-defenestration leading to traumatic brain injury, aggression towards his elderly father and past clozapine-induced neutropenia. He was an ex-smoker. Medications included clozapine 100 mg twice daily, amisulpride 200 mg twice daily, lithium carbonate 625 mg once daily, and hyoscine hydrobromide 300 mcg twice daily.

Postoperatively, the patient developed constipation and abdominal distension consistent with a paralytic ileus. He was placed nil by mouth and managed with nasogastric decompression. During a three-day lapse in antipsychotic treatment on the surgical ward, his mental health deteriorated, presenting with acute psychotic symptoms. The patient lacked insight into his mental health at this time.

Given the failure of alternative antipsychotics previously, the multidisciplinary team (MDT) faced a complex risk-benefit analysis. The potential dangers of reintroducing clozapine, including worsening ileus, were weighed against its irreplaceable role in managing his psychosis, suicidality, and aggression. Ultimately, clozapine was restarted cautiously with haematological and gastrointestinal response closely monitored. Psychosis subsequently improved with no recurrence of ileus, allowing him to continue clozapine treatment.

Results: This case highlights the complexities of managing antipsychotic treatment in patients with comorbid physical conditions. Clozapine's advantage of reducing suicidality and violence were balanced with its potent anticholinergic activity, warranting caution in patients at risk of gastrointestinal complications. The decision to restart clozapine was made after evaluating the significant risks of psychotic relapse. Close MDT monitoring facilitated safe reintroduction, demonstrating necessary case-by-case risk assessments when managing antipsychotics in medically vulnerable patients.

Conclusion: Rechallenging clozapine posed significant clinical and ethical challenges, requiring an evidence-based MDT approach. This case underscores the importance of balancing psychiatric needs with medical risks, particularly in treatment-resistant schizophrenia. It also highlights the role of ongoing monitoring and individualised treatment plans in managing complex psychopharmacological decisions. Further studies are warranted to explore safety of clozapine in patients with gastrointestinal-motility disorders.

Psychosis Triggered by Intensive Meditation: A Case Report and Review of Risk Factors

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Aims: Meditation is widely regarded as a beneficial practice for mental well-being, but intensive forms, such as those practiced during retreats, can pose risks. In vulnerable individuals, prolonged meditation may trigger psychosis. This case explores a psychotic episode in a previously healthy individual during an intensive meditation retreat, with a focus on clinical presentation, management, and implications for practice.

Methods: Case report.

Patient overview: Demographics: Female, 31 years old, with no ongoing mental health treatment. Psychiatric history: Previous drug-induced psychosis 6 years ago, resolved without recurrence. Substance use: Denied drug use since the prior episode. Admission toxicology screening (urine drug screen) was negative.

Retreat context: Attended a 7-day meditation retreat involving intensive mindfulness practices, minimal social interaction, and prolonged sitting meditations. Psychotic symptoms began after 3 days, prompting early withdrawal from the retreat.

Clinical presentation: Visual hallucinations: Reported seeing people's faces transform into demonic appearances. Auditory hallucinations: Hearing voices reinforcing delusions. Persecutory delusions: Believed she and her family were in grave danger, and that her death was the only way to save them. Behavioural changes: Heightened distress and withdrawal from the retreat.

Management and outcome: Admitted to the psychiatric unit. Started on olanzapine 5 mg daily. Rapid symptom resolution within 6 days. Discharged with no residual psychotic symptoms.

Literature review: Intense meditation practices, especially during retreats, can lead to adverse psychological effects, including psychosis, depersonalisation, and emotional dysregulation. Risk factors identified in literature:

Pre-existing vulnerability (e.g., history of psychosis or trauma).

Retreat conditions (e.g., fasting, sleep deprivation, and isolation).

Lack of individualised guidance or screening.

Meditation-induced psychosis has been noted to present with symptoms such as hallucinations, paranoia, and altered states of consciousness. Recovery is typically rapid with antipsychotic treatment.

Results: Mechanisms: Prolonged meditation may disrupt normal cognitive and emotional regulation, leading to altered reality testing. Psychotic symptoms could result from sensory deprivation, emotional overload, or resurfacing of unresolved trauma.

Case-specific insights: While the patient had a history of drug-induced psychosis, her 6-year symptom-free period and negative toxicology suggest that meditation-induced stress was the primary trigger. The rapid response to low-dose olanzapine highlights the transient nature of the condition.

Implications for practice: Pre-retreat mental health screenings are crucial to identify vulnerable individuals. Retreats should offer tailored practices and provide professional mental health support. Awareness among clinicians is necessary to distinguish between culturally induced altered states and pathological psychosis.

Conclusion: This case underscores the potential for intensive meditation to induce psychosis, even in individuals without active mental illness. Clinicians and meditation facilitators must collaborate to mitigate risks, particularly for individuals with prior psychiatric vulnerabilities.

The Role of Doxazosin in PTSD-Related Nightmares: A Case of Comorbid Anorexia Nervosa

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Aims: This case involves a 32-year-old female with a history of Anorexia Nervosa and Post-Traumatic Stress Disorder (PTSD) admitted for restricted eating. During admission, she reported worsening PTSD symptoms, including nightmares, linked to a reduction in her doxazosin dose. Doxazosin, an alpha-1 adrenergic antagonist, is used off-label to treat PTSD-related nightmares by

reducing noradrenergic hyperactivity. This case highlights the challenges of managing complex comorbidities and balancing physical and mental health.

Methods: The patient, a 32-year-old female, was admitted for restricted eating. She had a history of Anorexia Nervosa (restrictive subtype) and PTSD. During admission, she reported increased PTSD symptoms, including frequent nightmares and difficulty distinguishing nightmares from reality.

Initially, her doxazosin dose was reduced from 16 mg to 8 mg due to hypotension concerns. However, this reduction coincided with worsening nightmares and distress. After confirming physical stability (stable blood pressure and no refeeding complications), the dose was increased to 12 mg. This adjustment led to significant improvement: reduced nightmare frequency, decreased distress, and better ability to differentiate nightmares from reality.

Her treatment involved a multidisciplinary approach, including medical monitoring of refeeding syndrome, psychiatric support for PTSD, and nutritional rehabilitation for anorexia nervosa. Regular monitoring of her physical and psychiatric health was maintained throughout her hospital stay.

Results: This case illustrates the complex interplay between physical and psychiatric conditions, particularly in patients with comorbid anorexia nervosa and PTSD. The reduction in doxazosin dose likely disrupted its therapeutic effect on PTSD-related nightmares, leading to symptom exacerbation. Doxazosin alleviates nightmares by blocking noradrenergic hyperactivity, which is implicated in PTSD pathophysiology. Restoring the dose to 12 mg balanced psychiatric symptom management with physical stability.

The case underscores the importance of a multidisciplinary approach in managing complex comorbidities. Collaboration between medical, psychiatric, and nutritional teams was essential to address both her physical health (refeeding syndrome, hypotension risk) and psychiatric needs (PTSD-related nightmares, anorexia nervosa). Regular monitoring and individualized treatment adjustments were key to achieving a positive outcome.

This case highlights the need for careful medication adjustments in patients with comorbid conditions. The decision to increase the doxazosin dose was guided by clinical response and physical stability, demonstrating the importance of personalized care.

Conclusion: This case demonstrates the challenges of managing comorbid anorexia nervosa and PTSD, particularly when physical and psychiatric symptoms interact. The careful adjustment of doxazosin dose, combined with a multidisciplinary approach, led to significant symptom improvement. It emphasizes the importance of individualized treatment plans, close monitoring, and collaboration between medical and psychiatric teams in achieving optimal outcomes.

Effect of Nurture on Nature Through Platelet Serotonin and Dopamine

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Aims: Each person is born with an unique personality/mental nature, determined by the genetic predisposition from biological parents. Starting from intrauterine period till the last date of life human beings are subjected to innumerable stressful factors, for which we are neither prepared or trained to face. Some of these stressors may have detrimental effects on our behavioural patterns by influencing the levels of neurotransmitters mainly platelet serotonin and dopamine (which has an inverse relationship with serotonin).

Methods: Here we present a case of 'SS', a Muslim lady 33 years married to a staunch Hindu male after having an affair for 6 years presenting in the OPD with recurrent suicidal thoughts for last 4 months with one failed attempt. She comes from a broken family. From her childhood she had seen her father regularly abusing her mother verbally and physically. Her mother separated when she was just 15 years and remarried. After one year of separation SS lost her biological father in a train accident which had affected her greatly.

After that loss, she ran away from her mom and stepfather and was staying alone when she met her present husband. After marriage her husband was also found to be very abusive verbally and physically and did not allow her to eat non-veg, neither was she allowed to do her regular namaz prayers. Recently she found her husband having an extra-marital affair that triggered the suicidal attempt. Her platelet serotonin was found to be very low and she was prescribed SSRI and antipsychotics.

Results: Leaving aside the natural calamities, aberrant/unsocial behaviours in the society mostly go unnoticed or not given the due importance until a grave crime is committed or the victims who are subjected to these sort of behaviours, by some reason or rather, themselves develop mental health issues.

Thus the preventable cause and effect factors are usually overlooked and treatment is targeted only to the affected patients. This causes a huge gap in the management of mental health issues in the society at large which seems to be increasing day by day.

Conclusion: Routine platelet serotonin test may help to unearth the hidden players with no insight causing unsocial and maleficent behaviours and thus affecting unwary family members or anyone outside coming in contact with them. Until and unless we cater to these predisposing and/or precipitating factors leading to mental stress, good mental health of the global society remains a myth.

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"I Am Going to Kill Myself": A Self-Reflective Case Study Exploring the Suicidal Language Used in Day-to-Day Life and How It Affects Those Who Have Experienced Mental Health Difficulties

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Aims: Some language which is now used day-to-day appears to be built upon the foundations of mental illness, such as "I am going to kill myself" or "I'm so OCD about things". However, these phrases seem to be brushed past in so many social situations. Two years ago, I attempted suicide during a particularly difficult period of my life. My experiences have made me more perceptive of this language heard in everyday conversations. This case study aims to spark early discussions around why this language has become so common and the impact that this has on the identity and spiritual well-being of individuals affected by mental illness.

Methods: This is an individual self-reflective case study of my own lived experiences. It embraces reflexivity as a method to understand one's own thoughts both past and present. During the depths of my depression, hearing others use this language made me believe that