

A clinical impression of moderate depression with anxiety and panic attacks and possible emerging emotionally unstable personality traits was made and she had begun psychological sessions with the therapist before referral to the medics. Fluoxetine 20 mg OD increased to 40 mg and Circadin 2 mg ON was commenced. Fluoxetine was later tapered off and Circadin stopped. Sertraline 100 mg OD increased to 200 mg was commenced and Promethazine 25 mg ON to improve sleep.

Within a month of commencement of promethazine, a sudden onset of extension of neck, blowing through lips and a high-pitched sound occurred whilst experiencing a panic attack and hyperventilating. She also stuttered and had difficulty in speaking, and her vision would go blurry. She initially refused to come off promethazine as it had helped her sleep. An impression of a tic disorder characterised by motor and vocal tics was made. There had been no recent infections or previous history or family history of tics. However, at this point, sertraline had helped with her motivation and she was able to come off promethazine and her sleep was improved by practising sleep hygiene with an accompanied cessation of tics.

Discussion. Young person is currently on 150 mg of Sertraline.

The rationale behind reporting this case is that previous studies have pointed at SSRIs, as causes of tics disorders, but promethazine is one that does a good job in improving sleep and has a side effects of movement disorder.

Conclusion. Promethazine is one medication that can cause movement disorder and a high index of suspicion coupled with a prompt cessation of medication will reduce patient's distress and improve the therapeutic relationship between health professional and young person.

Written informed consent from patient and guardian was got.

Author declares that there is no conflicting interest, financial or otherwise.

A case of pervasive refusal syndrome related to COVID19

Nurul Aqma Mohd Kamil^{1*} and Sharon Ryan²

¹Child & Adolescent Mental Health Service and ²Mercy University Hospital

*Corresponding author.

doi: 10.1192/bjo.2021.333

Objective. To highlight the importance of appropriate diagnosis and management of severe mental illness in children. Awareness of rare diagnoses such as this will reduce the delay to treatment. A challenge in Ireland is accessing psychiatric inpatient treatment for very young children, with specialist units in Ireland designed to better cater for young people aged 12+.

Case report. Michael (not his real name), age 10, was always described as a happy, calm child. He enjoyed school and loved playing outdoors. He had been progressing well with his life and neither his parents nor school had any concerns for him. Following the COVID-19 pandemic and school closures, Michael began to become more conscious of daily hygiene safety advice. However, things escalated to a very difficult level. Initially, he manifested extreme levels of anxiety with heightened levels of distress. He ran away from open doors or windows for fear he would catch the virus, insisted on changing his clothes several times per day, would become distressed if anyone touched him accidentally while he was outside and could spend hours afterwards crying and screaming.

In June 2020 he showed profound refusal to engage in basic care tasks and a dramatic social withdrawal, and ultimately required admission to hospital. He refused to eat and drink, stopped

washing and toileting himself, lay in bed with the covers over this head, became non-verbal and refused to engage with any conversation or games. He showed prolonged periods of screaming. Ultimately this reached a level requiring TPN and PEG feeding and a low stimulation environment. Diagnosis of pervasive refusal disorder, secondary to severe COVID-19 related anxiety was made.

Discussion. Pervasive refusal disorder is a rare and potentially life threatening condition in children. It is described as a profound psychological response to uncontrollable events such as grief, abuse, parental conflict and migration. In this case, it was the threat of the global pandemic. Through treatment in low stimulation environments, with consistent communication and rehabilitation and medication, followed by individual and family therapies when patients are more able, patients show a slow, but generally complete recovery. Happily for Michael, he has now recovered and returned home to his family, where he has returned to all his previous activities.

Conclusion. Michael and his parents have kindly agreed to allow us to tell his story, in the hope of teaching current and future psychiatrists about this rare condition. We send them our thanks and appreciation.

Trials and tribulations of diagnosing and managing psychosis secondary to non-convulsive epilepsy

Mahmoud Awara^{1*}, Joshua Smalley², Matt Havenga³ and Manal Elnenaei³

¹Dalhousie; Nova Scotia Health Authority; Royal College of Psychiatrists; ²Maastricht University; Child and Adolescent Psychiatrist at Peterborough Regional Health Centre and ³Dalhousie University, Nova Scotia Health Authority

*Corresponding author.

doi: 10.1192/bjo.2021.334

Objective. To highlight the importance of reviewing diagnosis and management of refractory psychosis and to share that with the scientific community; and to also shed some light on the dilemma and challenges that professionals may face to diagnose and treat organic psychosis. In addition, to look at the possible similarity/dissimilarity in psychopathology between organic and primary psychosis and differences in opinions through presenting the history and course of illness of this patient.

Case report. We present the case of a 51-year-old female who had a 28-year history of treatment-resistant schizophrenia. She did not report or display any seizure activity, and an extensive investigation was unremarkable. The unusual nature of her psychopathology, which was predominantly visual hallucinations and somatic delusions, and the difficult to treat nature of her symptoms, prompted investigation with Electroencephalograph which demonstrated bilateral temporal lobe epileptic activity.

Discussion. Treatment with divalproex sodium and discontinuation of antipsychotic medication achieved an excellent response, where her visual hallucinations and somatic delusions were both remarkably ameliorated.

Conclusion. The differentiation between organic/secondary and functional/primary psychosis is an area of contention between psychiatrists and neurologists and also within each of these specialties.

The myriad of psychopathology and associated treatment resistant psychotic symptoms that patients with non-convulsive epilepsy may experience should result in building a long desired bridge between neurology and psychiatry to collaborate in managing such cases.