

## Challenges in Investigating Psychotic-Like Experiences in an Adolescent Awaiting an Autism Assessment

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**Aims.** Studies estimate that 90% of people with a diagnosis of autism experience sensory abnormalities. The majority of those affected will not have a psychotic illness, however young people with autism are three to six times more likely to develop schizophrenia than their neurotypical equivalents.

This report considers the diagnostic complexities, potential risks and challenges of navigating concurrent referral and treatment pathways for an adolescent awaiting an autism assessment, who has psychotic-like experiences.

**Methods.** An adolescent female was referred to our Tier 3 service for an autism assessment. Whilst on the waiting list, our service was contacted on three occasions by adults who knew the patient, expressing concerns that she had psychotic-like experiences, namely perceptual abnormalities which had not been included in the original referral.

On the third occasion, approximately six months after the initial referral was accepted, a decision was made to review the patient face-to-face to explore these symptoms further.

During this review she appeared to have positive and negative symptoms of schizophrenia, including perceptual abnormalities in all sensory modalities, thought block, paranoid ideation and a mood incongruent affect. Her sleep cycle was reversed and she had not attended school for several years.

She was subsequently referred to the Early Intervention Psychosis Service, underwent an eight week assessment and was discharged back to the autism service.

**Results.** Young people in the UK are on average waiting nine months for an autism assessment, although some are waiting up to seven years for treatment. NICE recommends that young people referred due to first episodes of psychosis are seen within two weeks, as delays in treatment can negatively impact on the patient's response to treatment.

Diagnostic uncertainty can arise due to overlapping symptoms, clinician inexperience and difficulties with eliciting a thorough history. With waiting times for autism assessments growing, young people who may have psychotic symptoms are waiting longer to see a clinician. The referral pathways for neurodevelopmental and psychiatric disorders typically exist independently, but inclusion on one pathway can create barriers in accessing the other.

**Conclusion.** It is good practice for comorbid psychiatric disorders to be considered by the referrer, when referring a young person for an autism assessment.

Clinicians should avoid making assumptions regarding the aetiology of symptoms based on the original reason for referral, explore symptoms thoroughly and refer to alternative services if needed.

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## Catatonia Following Oral Ingestion of Cannabis

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**Aims.** Catatonia is a neuropsychiatric syndrome that affects motor, speech, and behavioural functions. The link between catatonia and cannabis use is complex and poorly understood, with limited evidence from case reports about the neuropsychiatric manifestations. This paper aims to describe an unusual presentation of catatonia precipitated by a drink made from cannabis leaves (a.k.a. 'Bhang').

**Methods.** Mr JP, a 22-year-old college student, was admitted to an acute medical ward in North India. The medical team sought psychiatry opinion following the unusual presentation: sudden onset of mutism, staring, and rigidity. Physical examination revealed tachycardia and redness of the eyes. Routine blood investigations, EEG and MRI-Brain were unremarkable. Urine drug screen was positive for cannabis. Initially reluctant due to fear of legal troubles, the accompanying friends later revealed a history of ingestion of cannabis leaves (Bhang) for recreational purposes twelve hours ago. Following the clinical diagnosis of catatonia, the lorazepam challenge test led to improvement in rigidity and verbal responsiveness. No overt psychotic symptoms, such as delusions or hallucinations, were noted at the time or during follow-up. JP had previously experimented with smoked cannabis without any diagnosed psychiatric or medical complications requiring inpatient management. He was abstinent from all forms of cannabis use over the past three months due to college exams and denied any illicit substance use. Over the next two days, as the effects of the ingested cannabis wore off and oral lorazepam (6 mg/day) was continued, JP was back to his previous self with stable vital signs. He was discharged from the hospital with a plan to taper and stop lorazepam on an outpatient basis.

**Results.** 'Bhang' has been a culturally acceptable cannabis form in the Indian subcontinent for centuries, providing an interesting cultural aspect to the case. This case highlights an unusual clinical instance of cannabis use; Oral ingestion led to a drastic presentation requiring hospitalisation, while the smoked form did not result in any similar sequelae. The study's limitations include the inability to test for synthetic cannabinoids and the lack of objective catatonia scoring scale(s).

**Conclusion.** With the surging popularity of cannabis use in recent years, it is essential to be aware of its various forms and exercise a high degree of suspicion towards unusual presentations. Further research is needed to understand the link between cannabis use and catatonia at the neurotransmitter level, mediated by individual risk factors.

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## A Case of Overlapping Extrapyramidal Side Effects and Neuroleptic Malignant Syndrome

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**Aims.** Neuroleptic malignant syndrome (NMS) is a rare, life-threatening idiosyncratic reaction to medications, specifically dopamine receptor antagonists. We report a case of a patient who initially developed extrapyramidal side effects (EPSE) and subsequently developed NMS after being treated with flupentixol depot.

**Methods.** A 64-year-old woman with an underlying recurrent depressive disorder with psychotic symptoms presented to a psychiatric hospital in June 2023. She exhibited self-neglect, low mood, paranoid delusions, and non-concordance to oral psychiatric medications.

In the first week, she declined all oral medications and was subsequently started on flupentixol decanoate (Depixol) depot injection at 40 mg once every 2 weeks. While showing good improvements in her mental state, she began complaining of akathisia and dystonia since July 2023, consistent with extrapyramidal side effects secondary to flupentixol.

The symptoms improved by lowering flupentixol to 30 mg every 2 weeks and adding procyclidine 5 mg twice daily and propranolol 20 mg three times daily.

In early September 2023, she experienced severe restlessness, stiffness, muscle weakness and felt hot and clammy over 36 hours. Physical observations showed fever, tachycardia, and hypertension. Examination revealed diaphoresis, rigidity in both upper and lower limbs, lower limb weakness, and normal reflexes. Blood tests indicated acute kidney injury (AKI) stage 1, deranged liver function tests, and a creatinine kinase (CK) level of 9405.

She was promptly admitted to the medical hospital for NMS and received extensive intravenous fluid rehydration along with oral Dantrolene. She made a complete recovery, and Depixol was discontinued. Two weeks later, she was started on quetiapine and gradually titrated to 50 mg once daily.

**Results.** EPSE and NMS are associated with dopamine receptor blockade and commonly occur during the initiation or dosage increment of neuroleptic medications.

NMS is rare but life-threatening, presenting with manifestations of muscle rigidity, pyrexia, altered mental status, sympathetic nervous system lability and elevated CK.

In our case, our patient, who recently started taking neuroleptic medication, experienced EPSE and later deteriorated acutely, raising a high suspicion of NMS. It is essential to consider other possible diagnoses, including serotonin syndrome, malignant hyperthermia, malignant catatonia and electrolyte disturbances.

The commonly used diagnostic criteria include Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) and Levenson's criteria but diagnosis of NMS remains clinical.

The crucial step after identifying NMS is to immediately stop the neuroleptic agent, followed by supportive medical treatment. **Conclusion.** Early recognition and prompt treatment of NMS in our patient led to a full recovery.

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## Feeding Two Birds With One Seed: Using Fluoxetine for Pre-Menstrual Dysphoric Disorder and Bulimia Nervosa

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### Aims.

#### Background

This case study describes the use of fluoxetine for reduction of pre-menstrual dysphoric disorder (PMDD) and bulimia nervosa symptoms. The case report also describes an increase in binge

purge symptoms in the pre-menstrual period, along with other mood and cognitive symptoms. This supports a hormonal basis to the exacerbation of eating disorders. Patient consent was obtained prior to the publication of this report.

### Methods.

#### Case report

A 41-year-old lady with significant binge purge behaviours and mood disturbance was referred to our eating disorder service. She met the diagnostic criteria for bulimia nervosa after a thorough assessment, along with a component of mood dysregulation. She was prescribed sertraline for depressive symptoms in primary care. The patient described a worsening of mood symptoms, along with cognitive difficulties before the start of her menstrual cycle. After a medical review, we agreed on tracking these symptoms along with the binge-purge frequency for a period of two cycles. This was done using a PMDD tracker. The tracker reflected a clear diagnosis of PMDD along with an exacerbation of bingeing and purging symptoms before the start of a menstrual cycle. Following this, sertraline was switched to fluoxetine, and titrated up to its maximum dose of 60 mg a day.

### Results.

#### Discussion

Following the commencement of fluoxetine, purging frequency dramatically reduced and subsequently stopped. Although mood symptoms still persisted, the specific mood symptoms along with cognitive symptoms in the pre-menstrual period reduced.

**Conclusion.** There is some evidence for the use of fluoxetine use for binge purge symptoms in bulimia nervosa. Fluoxetine has also been used either continuously or in the luteal phase for PMDD. This case report reflects the possible correlation between binge-purge symptoms and PMDD symptoms, and the potential use of fluoxetine for dual symptom reduction. PMDD still remains to be a significantly under-diagnosed condition in women. This case report also signifies the importance of exploring PMDD symptoms in eating disorders.

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## Antidepressant-Coincident Manic Episode in a Prepubertal Girl Presenting With Obsessive-Compulsive or Related Disorders: A Case Report

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**Aims.** Obsessive-Compulsive or Related Disorders (OCRDs) comprise a group of disorders characterized by repetitive thoughts and behaviours and are fairly less prevalent among children. The recommended treatment for OCRDs involves high doses of antidepressants, specifically selective serotonin reuptake inhibitors (SSRIs), along with non-pharmacological management. However, evidence suggests that the risk of inducing mania with antidepressants may be especially high in children and adolescents aged 14 years and younger.

**Methods.** Here, we present a case of a nine-year girl, studying in fifth standard, with normal birth and development history, with