

six years of use, he was reviewed by urology, however was discharged within a year, after missing appointments. Investigations included ultrasound which showed kidneys of normal appearance; flexible cystoscopy which showed a small bladder with acute bleeding and posterior wall ulcer; urodynamic studies showed overactive bladder.

He attended a private, inpatient detoxification programme, however relapsed after this admission and self-referred to local addictions services. When assessed there, a detailed history and physical examination were completed. Baseline electrocardiogram and blood investigations were completed and were broadly normal.

It was felt that a collaborative approach between addictions services, primary care, urology, and a regional addictions detoxification centre could help him manage his symptoms and achieve more sustained abstinence. Following interdisciplinary discussions, he was commenced on solifenacin to treat his urinary frequency, mirtazapine for his mood and buscopan for pain. Motivation interviewing approaches were used to help him reduce his ketamine use.

Results. Ketamine is a synthetic drug with marked dissociative, stimulant and hallucinogenic properties. There has been a rising trend in adults entering treatment with harmful ketamine use in recent years. In 2023, 2,211 people entered treatment for harmful ketamine use in England, a fivefold increase from 2014. Ketamine induced uropathy would be expected to occur in a high proportion of these people. A survey of adolescents demonstrated that 60% of ketamine users had lower urinary tract symptoms. There are a range of medical and surgical options to treat ketamine induced uropathy but no clear agreed approach for its holistic management in the UK.

Conclusion. This case report highlights the consequences of prolonged ketamine use on the urinary tract system. It highlights an example of effective interdisciplinary working between addictions services, primary care and urology. The authors recommend the development of nationally agreed guidelines on ketamine induced uropathy with emphasis on collaborative, inter-service working.

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Eating Disorder or Disordered Eating; an Interesting Case Study

Dr Gabriel Michael*, Dr Natasha Patel and Dr Charles Stanley
Leeds Community Healthcare Trust, Leeds, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.677

Aims. Eating disorders often present as a significant challenge in adolescents; especially with regards to early diagnosis and intervention. This case report explores the complex presentation of a 15-year-old female initially suspected of having an eating disorder. The complexity in this case lies in the differentiation between a formal eating disorder and disordered eating, emphasising the importance of thorough assessment and understanding of the underlying psychological factors.

Methods. This patient presented to the CAMHS eating disorders team having lost 14 kg in 6 weeks. Such an alarming weight loss had triggered the urgent referral and review. These symptoms initially suggested a classic eating disorder. However as the patient spent more time on the physical health ward a comprehensive evaluation revealed underlying issues related to body image, self-

esteem, and emotional wellbeing as well as complex family dynamics leading to a diagnosis of disordered eating rather than a specific eating disorder. The multidimensional approach involved collaboration between mental health professionals, paediatricians and dieticians, to address the multifaceted nature of the condition whilst the patient was admitted to a physical health ward.

Results. The case highlights the intricate interplay between physical and psychological factors contributing to disordered eating behaviours in adolescence. Factors such as societal pressures, peer influences, personal expectations as well as dynamics within a family home may all contribute to a distorted relationship with food and body image. Recognising these complexities is crucial for tailored interventions that address the root causes rather than merely focusing on symptomatic relief. We also established in this case the difference in efficacy between utilising aripiprazole vs olanzapine in terms of treatment of anorexic cognitions.

Conclusion. This case study underscores the necessity of a thorough and holistic approach in assessment, diagnosis and management of eating-related concerns in adolescents. By differentiating between eating disorders and disordered eating, healthcare professionals may better accommodate interventions to address the specific needs of the individual. Early identification and comprehensive care, involving medical, nutritional, and psychological components, are essential for promoting healthy relationships with food and preventing the escalation of disordered eating into more severe conditions.

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A Challenging Case of Generalised Anxiety Disorder and Recurrent Depressive Disorder, Unspecified

Dr Eileen Moss*

Holywell Hospital, Antrim, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.678

Aims. This case presentation is on a 54 year old female patient. Prior to 2023, she had never had an inpatient admission for her mental health. She was referred to her local community mental health team in May 2023 as they were concerned that she was suffering from panic disorder. The GP referral stated that this lady was suffering from anxiety and panic attacks. At the time of the GP referral, she was on maximum doses of escitalopram, propranolol and zolpidem (and she had been on these maximum doses for three years prior to the referral). This lady has significant caring responsibilities (she has a brother who is severely disabled and she lives with him and she is his main carer). She sustained an injury to the tip of her left index finger in April 2023 and this injury seemed to cause an acute deterioration in her mental health.

Methods. This lady had her first inpatient admission in June 2023 and at that time she was treated for the following: mixed anxiety and depressive disorder. She was discharged to the care of her Community Mental Health Team at that time. Post-discharge, her mental state started to deteriorate and she waded into a river and she also made a serious hanging attempt. After this hanging attempt, she sustained multiple rib fractures, a pleural effusion and atelectasis. She also ended up in ICU following this suicide attempt. She was re-admitted to Holywell Hospital in November 2023.

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

Dr Derya Nurlu*, Dr Rina Gupta and Dr Emily Charlton
Essex Partnership University NHS Trust, Chelmsford, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.679

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

Dr Alex O'Neill-Kerr^{1*}, Dr Harshani Yapa Bandara² and Ms Nadia Hristova³

¹Transforming Mind Solutions, Northampton, United Kingdom;

²Northamptonshire Healthcare NHS Foundation Trust,

Northampton, United Kingdom and ³Bright Brain Center, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.680

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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