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.

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

Dr Prarthana Poodipedi* and Dr Parveen Bains

Oxford Health NHS Foundation Trust, Oxford, United Kingdom
*Presenting author.

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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.

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

Dr Pinki Sevda[1], Dr Surendra Singh Rajpurohit[2]*, Dr Navratan Suthar[1], Dr Charul Gupta[1] and Dr Deepika Biyyala[1]

[1]AIIMS Jodhpur, Jodhpur, India and [2]Government Medical College, Pali, India
*Presenting author.

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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