

quantitatively,  $69 \pm 18,6$  vs  $48,3 \pm 22,1$  ( $p.005$ ), and qualitatively (particularly in everyday tasks, OR 0,15 ( $p.009$ ), and better health during the last year OR 0,16 ( $p.011$ ). Additionally A-LAI patients showed less disability compared to OA, particularly in work areas ( $4,7$  vs  $6,8, p.017$ ), social life ( $4,5$  vs  $6,6, p.006$ ), overall disability ( $13$  vs  $18, p.022$ ) and perceived stress ( $4,2$  vs  $6,2, p.020$ ). Perceived cognitive deficits were lower in the A-LAI group, particularly in attention and concentration. There were significant differences in weight gained OR 0,22 ( $p.082$ ) and sexual disfunction OR 0,078 ( $p.000$ ) in favor of A-LAI. Prolactin levels are higher for the OA group,  $41,7 \pm 30,8$  vs  $8,6 \pm 11,67 \text{ng/ml}$  ( $p.003$ ). Treatment satisfaction (TSQM) was significantly higher in A-LAI patients in all 4 dimensions. The factor that most influences the improvement in the functionality is the treatment with A-LAI instead of OA ( $-10,9 \pm 4,1, p.0117$ ). A-LAI patients required a lower number of psychiatric drugs than OA. In A-LAI patients group was observed a statistical significant difference in the number of hospitalizations ( $1,8$  vs  $0,08, p.002$ ), the number of admission days to the hospital ( $45,4$  vs  $1,5, p.010$ ) and the number of emergency care needed ( $3,96$  vs  $0,6, p.000$ ); furthermore, the number of antipsychotics was significantly reduced ( $2 \pm 1,3$  vs  $0,2 \pm 0,4$ ) as well as the number of overall psychotic drugs ( $4,5 \pm 2,1$  vs  $2,2 \pm 1,4$ ).

**CONCLUSIONS:** According to the data from our study patients with schizophrenia that are treated with A-LAI show better results in quality of life, functionality, less perceived disability and cognitive deficits compare to those that received OA, as well as more levels of treatment satisfaction. Tolerance of A-LAI has been better than OA, particularly in the sexual and weight areas, being prolactin levels also lower. The change to A-LAI has allowed a reduced use of health resources.

## 96

### The Cat's Meow? Feline Warning of Imminent Seizures

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**ABSTRACT:** Study Objective: Cats may respond to seizures with a threat response (Strong, 1999). Detailed description of this for seizures or pseudoseizures has not heretofore been described.

**METHOD:** Case study: A 29-year-old right handed female, two years prior to presentation, developed onset of seizures which last approximately one minute, almost on a daily basis. These are associated with shortness of breath and postictal blurred vision. During these epoch, she would experience temporary amnesia; a feeling as if she had lost a couple years of memory which gradually returned within an hour. Pain and stress would precipitate a seizure. There were two different types of seizures. The first type was with an aura of white visual entopias in the center of her visual field without postictal amnesia. The second type is without aura, but there is amnesia for the event. In neither type would she bite her tongue nor manifest urinary or fecal incontinence. Just preceding either type of seizures, her cat, would uncharacteristically meow, saunter over to her, and nudge her head against her legs or scratch her with her front paws. In response to this, the patient would move as fast as she could to a safe place where she would be cushioned if she were to fall. Less than a minute after the cat would warn her, a seizure would manifest. During this event the cat would meow and lay beside her "as if guarding me" until the seizure would resolve. The cat has never displayed these behaviors unless a seizure was eminent. She admitted to daily panic attacks which the cat appeared to ignore.

**RESULTS:** Abnormalities in physical examinations: General: 1+ bilateral pedal edema. Neurological examination: Mental status examination: Digit span: 7 forward and 2 backwards. Able to spell the word "world" forwards but not backwards. (CN) examination: CN III, VI and IV: Right lateral rectus weakness. Reflexes: bilateral 3+ brachioradialis and quadriceps femoris. Absent ankle jerk. Positive jaw jerk with clonus. Bilateral positive Hoffman's reflexes. Neuropsychiatric testing: Clock drawing test: 3 (abnormal). Go-No-Go Test: 6/6 (normal). 72-hour EEG normal.

**CONCLUSION:** Olfactory emanations occur (Brown, 2011) several hours prior to seizures (Litt, 2009; Rajna, 1997) which the feline may be sensitive due to its superior olfactory ability. The cat's comportment may have induced anxiety in the patient, which then may have precipitated the seizure. The animal thus may be an epileptogenic animal rather than a warning animal. The cat may detect changes in emotion, which predicts the pseudoseizures. On the other hand, the cat may have been acting as an anxiogenic agent, precipitating a pseudoseizure. There may have been a misattribution error, such that she recalled the cat in a position of warning seizures but did not recall when the cat did not warn the seizures. Further investigation in the use of

alarm cats as warning for imminent seizures is warranted.

97

### My Inner Blizzard: Effect of Weather on Multiple Sclerosis Exacerbation

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**ABSTRACT:** Study Objective: Exacerbation of Multiple Sclerosis (MS) symptoms prior to weather change has not heretofore been described.

**METHODS:** Case Study: A 60 year old right handed female with lifelong anxiety and four years of depression presented with a 20 year history of MS manifested by bilateral lower extremity pain and weakness and urinary incontinence. Since the onset, she observed that approaching storms or weather changes cause her symptoms to worsen. This manifests one day prior to the meteorological shifts of rain or snow. This occurs whether she is at home or on vacation and unlike the weatherman, “she is never wrong.” The aggravation of symptomatology would consist of worsening leg pain and weakness of both lower extremities so that her functional status changes from using a cane to a wheelchair. These symptoms begin one day prior to the storm and gradually worsen to the point of maximum intensity as the storm arrives. The baseline pain is usually 5/10 in severity but with the storm it increases to 8/10. The pain, which progressively worsens as the storm advances, is a vice-like numbness in her shins and spasm in her legs. The pain and weakness will persist for as long as the storm lasts. The pain diminishes and the motor symptoms improve six hours after the storm is over. She can differentiate approaching snow or rain such that snow causes more intense symptoms. She denies change in symptomatology on airplanes or when she is present at high altitude such as Las Vegas or Colorado. She also affirms that her symptoms are worse when she is in a hot tub and better in a cold-water bath. She reports that there is a family history of similar ability to predict the weather in a cousin and nephew, both who also suffer from MS.

**RESULTS:** Abnormalities in Neurological Examination: BP 159/115. Pulse 100. Mental Status Examination: disheveled. Depressed mood with congruent affect. Short-term

memory: 5 digits forwards, 2 digits backwards. Recent memory: able to recall none of 4 objects in 3 minutes without improvement with reinforcement. Unable to interpret similarities or proverbs. Poor ability to calculate. Reflexes: 3+ bilateral lower extremities. Clock Drawing Test: 1 (abnormal).

**CONCLUSIONS:** Uhthoff's phenomena (hot bath test) is well described in MS (Humm, 2004), however the worsening of symptoms prior to weather change has not been reported. Possible mechanisms include meteorological induced anxiety and depression with associated exacerbation (Ackerman, 1998). Other possible mechanisms include misattribution, selective recall, or a misreporting due to psychological needs for acceptance by examiner, similar to the Hawthorne effect (observer effect) (Adair, 1984). With the approaching storms there could be a change in internal temperature, which then preferentially affects areas of demyelination (Kudo, 2014). It is worth querying those with epoch associated neurological disorders as to linkage with meteorological events.

98

### Dronabinol-Induced Hypomania: A Case Report and Literature Review

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**ABSTRACT:** Purpose: Present a case of dronabinol-induced hypomania.

**BACKGROUND:** Dronabinol is a synthetic derivative of cannabis that is commonly prescribed for chemotherapy-induced nausea and vomiting or cachexia due to HIV/AIDS. The safety in those with bipolar disorder warrants further investigation as previous studies suggest that the use of cannabis may be associated with exacerbation of manic symptoms. The risk of developing manic symptoms in patients with bipolar disorder who use dronabinol is largely unknown. Clinical Case: A 55-year-old Caucasian male, following with psychiatry since July of 2016 for substance use disorder (alcohol, cocaine and cannabis), bipolar I disorder, generalized anxiety, PTSD, and intermittent sleep disturbances, was prescribed dronabinol 2.5 mg twice daily on 5/19/17 to treat wasting syndrome and significant weight loss due to underlying HIV. He has been abstinent from alcohol,