the clozapine levels fluctuated before eventually normalizing, correlating with a stabilization of his psychiatric symptoms.
Results: This case underscores the significant influence of lifestyle habits, especially smoking, on the efficacy of psychiatric medications in mental health care. The increase in cigarette use in the unrestricted ward led to a marked decrease in his clozapine levels, highlighting the interaction between smoking and medication metabolism. The situation points to the crucial role of healthcare providers in closely monitoring and adjusting treatment plans in response to lifestyle changes, ensuring patient well-being alongside adherence to public health policies.
Conclusion: This case illustrates the complex challenges posed by the Smoke-Free Perimeter Law in psychiatric care, particularly in terms of personalized care and medication management. The significant changes in the patient's mental health and clozapine levels following increased smoking in an unrestricted environment underscores the need for careful planning in future transitions. Especially attempts to move the patient to a home or less restricted environment where smoking is more accessible, should be approached cautiously.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Catatonia Following Chemotherapy Complicated by Acute Kidney Injury and Delirium: A Case Report

Dr Wei Siang Lee, A/Prof Leslie Lim and Dr Vincent Wong

Singapore General Hospital, Singapore, Singapore

doi: 10.1192/bjo.2025.10741

Aims: Catatonia can be secondary to psychiatric or medical conditions. Previous studies have reported associations between chemotherapy and catatonia, and between taxanes (a chemotherapeutic agent) and encephalopathy. However, there have thus far been no reports linking taxanes with catatonia. We present a patient whose catatonia emerged after receiving a taxane chemotherapy agent, docetaxel, while also suffering acute kidney injury and delirium.
Methods: Case report.
Results:

A 75-year-old housewife was admitted to a tertiary general hospital in Singapore for delirium followed by catatonia. She had a history of a right lentiform nucleus infarct in 2017 and of schizophrenia diagnosed in 1994, and treated with haloperidol. Her schizophrenia featured auditory hallucinations, delusions, and pressured speech; but no catatonia. In May 2024, she was diagnosed with stage III left breast carcinoma and commenced on neoadjuvant chemotherapy, consisting of docetaxel, pertuzumab, trastuzumab and filgastrim. Over the next 3 weeks, she developed poor oral intake and vomiting, resulting in acute kidney injury with metabolic acidosis, and requiring admission for rehydration. Initially, she was delirious, with drowsiness and inattention. However, on the third week of admission, she developed catatonia, with features of stupor, staring, echolalia, stereotypy, verbigeration, waxy flexibility, and perseveration. On the Bush–Francis catatonia rating scale (BFCRS), she scored 23. She did not exhibit any relapse of schizophrenia. To treat her catatonia, she was prescribed PO lorazepam 0.75 mg/day to 1.5 mg/day. Serial reviews before, and 30 minutes after the administration of lorazepam, demonstrated a significant reduction in catatonic symptoms. A week later, her catatonia resolved (BFCRS score 2) and she was discharged home. During clinic follow-up, she remained haemodynamically stable with good oral intake. Her BFCRS initially increased to 10, requiring further increase of lorazepam to 3 mg/day, which led to an improvement of the BFCRS to 2.
Conclusion: Breast cancer chemotherapy has previously been associated with cognitive deficits. Taxane-induced neurotoxicity can present with encephalopathy, ataxia, emotional distress, or cognitive impairment. Cerebral perfusion abnormalities in the motor cortex and frontal lobe have been previously described in catatonia, and after chemotherapy for breast cancer. In contrast, pertuzumab, trastuzumab, and filgrastim lack strong association with psychological symptoms. Therefore, while the catatonia is likely multifactorial in aetiology, with dehydration, acute kidney injury, and acidosis the probable culprits, we postulate that docetaxel significantly contributed to her catatonia. Notwithstanding the pathophysiology of catatonia, the case demonstrates good response to a benzodiazepine.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Munchausen Syndrome by Proxy in Singapore

Dr Derrick Yeo[1] and Dr Shannon Lee[2]

[1]Institute of Mental Health, Singapore, Singapore and [2]Ministry of Health Holdings, Singapore, Singapore

doi: 10.1192/bjo.2025.10742

Aims: Munchausen syndrome by proxy, or "factitious disorder imposed on another" as per DSM–V criteria, is characterised by the falsification of signs or symptoms, or induction of injury or disease, in another individual. Despite its initial description over 60 years ago, the literature on its epidemiology, management, and prognosis remains limited, with most insights derived from isolated case reports.
Methods: We report a case of a 27-year-old woman charged with attempted murder after injecting her 7-year-old son with insulin multiple times. The patient's actions were driven by a history of severe childhood trauma, including sexual abuse by her father and brother, which contributed to her distorted perceptions of her son's behaviour. She falsely presented symptoms to healthcare providers, altered diagnostic tests, and fabricated medical histories, resulting in extensive and unnecessary investigations for the child on top of complications from being injected by insulin. Psychiatric evaluation diagnosed her with major depressive disorder, post-traumatic stress disorder, antisocial personality traits, and Munchausen syndrome by proxy. Despite being aware of the harm caused by her actions, the patient's judgement was significantly impaired due to her mental illnesses. Treatment included antidepressants and psychotherapy, with partial improvement observed.

https://doi.org/10.1192/bjo.2025.10742 Published online by Cambridge University Press

Results: This case illustrates the significant risks posed by Munchausen syndrome by proxy to victims and the complexities involved in its diagnosis and management. Early identification requires a high index of suspicion and meticulous investigation by multidisciplinary teams. Video surveillance and psychiatric evaluations are crucial tools in confirming such cases. Long-term management often necessitates pharmacological treatment and tailored psychotherapy for the perpetrator, alongside safeguarding measures for the victim.
Conclusion: Munchausen syndrome by proxy remains a challenging diagnosis requiring vigilance and interdisciplinary collaboration. This case underscores the importance of early recognition to prevent harm to victims and highlights the need for systematic research to explore common patterns and effective interventions in this rare condition.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Profound Grief and Pulmonary Fibrosis – A Case Report

Miss Joyce Leong, Dr Lay Ling Tan and Ms Chiang Choo Goh

Changi General Hospital, Singapore, Singapore

doi: 10.1192/bjo.2025.10743

Aims: Traditional Chinese Medicine (TCM) describes correlations between mental disorders, symptoms and physical organs, specifically identifying dominant emotions associated with specific organs. For example, in TCM sadness is correlated to the lung. TCM informs that psychological issues usually manifest as physiological dysfunction of the related organ. This encourages clinicians to consider the effects on various organs during management of mental disorders. This case study aims to explore the relationship and complexities between grief and idiopathic pulmonary fibrosis (IPF).
Methods: T was referred for grief counselling over her cats' deaths and presented with respiratory symptoms which required further investigations. T is also a survivor of a horrific trauma 40 years ago, where an auntie wielded a knife at her and her mother. T's mother died tragically while T bore scars across her arms, body, and the left side of her face visible till today. She was 6 years old. T reported that her father was deeply embittered, and never resolved his feelings of grief and anger. He died of lung fibrosis, which T attributes to his unresolved grief as she described how he would get breathless and could never talk about his late wife.
Results: Pulmonary fibrosis (PF) may be caused by many different things. IPF however is one type of PF where no cause can be identified.

Western literature concurs with TCM in that the link between disease and bereavement is strongest for the cardiovascular system. There are medical studies which investigated biological events that occur during the grieving process. They noted pathways through which grief might affect the immune system and increase vulnerability to physical illness.

T has no prior knowledge of TCM and no known family history of pulmonary fibrosis. However, T identified and believed that unresolved grief was a large contributor to her father's lung condition.
Conclusion: Psychological issues as a potential risk factor to the development of lung diseases have not been studied in patients with IPF.

This case study highlights the importance of supporting T in her grief, if that may indeed reduce the probability of a lung pathology according to western literature and TCM.

A follow up study to explore existence of complex grief in a cohort of patients with IPF would shed light on the possible correlation between grief and lungs, as described by the TCM perspective.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Aripiprazole: A Case for Side Effect Awareness

Dr Mario Lepore

South London and Maudsley NHS Foundation Trust, London, United Kingdom

doi: 10.1192/bjo.2025.10744

Aims: Aripiprazole, an atypical antipsychotic, is commonly prescribed for various psychiatric conditions including schizophrenia and bipolar disorder. It is generally considered to have a more favourable side effect profile compared with other antipsychotics, with a lower risk of metabolic side effects and hyperprolactinemia. We present the case of a 57-year-old male who developed marked hypersexuality and excessive spending following the initiation of oral aripiprazole.
Methods: Mr X was referred for psychiatric review within our drug and alcohol service due to concerns regarding worsening paranoid ideation. He had a history of alcohol dependency but had been abstinent for five months at the time of referral. He denied recreational drug use and was not on regular medication, aside from thiamine 100 mg three times daily. His past medical history was unremarkable, though he reported a family history of schizophrenia, with a brother diagnosed with the condition. Mental state examination revealed a complex paranoid delusional system, accompanied by auditory hallucinations, thought interference and somatic passivity. Blood tests were unremarkable, and a urine drug screen was negative. Aripiprazole was prescribed and titrated to 15 mg daily over a two-week period, with potential risks, including those of disinhibition, being discussed. At follow-up, Mr X recalled the discussion and reported a significant increase in his libido, spending over £1500 over the course of a week on online sexualised adult chat websites, a behaviour he had never previously engaged in. The aripiprazole was switched to olanzapine and the hypersexuality resolved over the following four weeks, with no further excessive spending.
Results: Whilst generally well-tolerated, aripiprazole is not without potential side effects, including issues with impulse control, such as hypersexuality and excessive spending. These behaviours are thought to arise from aripiprazole's partial agonist activity at dopamine D2 receptors. Given the significant financial and social consequences these behaviours can have, it is essential for clinicians to proactively discuss the possibility of these side effects and ensure close monitoring, particularly during the early stages of treatment or following dose adjustments.
Conclusion: Whilst the appropriate prescribing of antipsychotics forms a key part of many treatment plans, this case report serves as an important reminder of the potential rare but significant side effects of aripiprazole. Clinicians must remain vigilant for these behaviours and proactively discuss them with patients, who otherwise may feel reluctant in doing so. It is essential to provide