didn't deserve to live. She also wouldn't come close to her newborn, care for him or even touch him. Her family members had also observed her talking to herself when she was alone.

According to her brother, she had a previous episode shortly after giving birth to her fourth child (1st son) 2 years before. The family believed at first that it was a result of an "evil eye" because she had "finally" given birth to a son after giving birth to three daughters in a row. The patient's mother took her to a faith healer which did not result in any improvement. When her condition deteriorated, they took her to a psychiatrist in their hometown who started her on psychotropic medication. Her condition improved after a few months.

After this baby her symptoms were reported to be much more severe with active suicidal ideation. Her family members couldn't take her to that same doctor because he had moved to another city. Also her previous prescriptions were lost so they had no record of the medication the patient had been on before. In addition the patient's mother was totally against the idea of taking her to a medical doctor and was determined to take her to faith healers instead, which further contributed to the delay in her getting medical help. Two weeks after giving birth to her second son she locked herself in her bedroom and set herself on fire. Her family members rescued her and took her to ER. She sustained injuries to her neck, chest, and arms. A diagnosis of puerperal psychosis was made taking into account her history and her mental state examination. She was started on psychotropic medication along with analgesics and antibiotics.

Results. No matter where a woman lives, postpartum psychiatric disorders are a serious issue that can negatively impact a woman's quality of life and well-being if not addressed and treated properly. While these disorders receive adequate attention in developed countries, it is a largely neglected issue in Pakistan, but one that deserves our attention. It can have serious implications if proper medical help is not sought early like in this case. It is, therefore, recommended that all pregnant women who present to their GPs/obstetricians/midwives for antenatal checks should be screened for perinatal psychiatric disorders with a validated instrument and educated accordingly.

Conclusion. As this patient had a previous episode of puerperal psychosis, she was at a very high risk of this relapse and it could have been prevented, or treated early after the birth if this fact was widely known and recognised.

(A photograph of the patient's burn wounds taken after skin grafting will be added to the poster once the abstract is approved. No financial sponsorship. The work was conducted with appropriate ethical and governance safeguards, which also include obtaining family's consent.)

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.

Case Study: Pseudobulbar Affect During Recovery From Locked in Syndrome

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Aims. We would like to report a case of pseudo bulbar affect during recovery from locked in syndrome due to brainstem stroke.

Methods. We present a lady in her early 60s who developed pseudobulbar affect during recovery from locked in syndrome. MRI brain confirmed brain stem infarct. No personal or family history of mental illnesses was noted. Neurological examination on our rehabilitation unit confirmed dense weakness in all four limbs. She would cry even when family gave her good news or made jokes with her. This appeared to be the only method of expressing her emotions she had; however, it was unclear if this was aligned to her internal emotional experience.

Results. Through clinical observation and using the Testing Emotionalism After Recent Stroke-Questionnaire (TEARS-Q) measure of emotionalism we identified that pseudobulbar affect was present, and intervention should be considered. The patient also stated that her crying was not always aligned with her emotional experience, but laughter was. The Clinical Outcome Routine Evaluation (CORE-10) was also used to screen out other potential psychological difficulties including depression. The assessment indicated she was experiencing low levels of psychological distress.

We initiated fluoxetine and clonazepam was given to help with spasticity and sleep. Our non-pharmacological measures included sitting with the emotional expression and not asking her to stop, encouraging her to take deep breaths and modelling this and when she presented as calmer supporting her to identify if her emotional expression was in line with her internal emotional experience and using different communication strategies to explore this and support her to have her needs met. If the crying persisted mid communication, staff supporting her would reorientate her to what she had been attempting to communicate and encourage her to continue, which she would be able to do. All staff were asked to do this during their interactions with the patient to support identification of emotional alignment. Significant reduction in emotional misalignment was noted following the implementation and increased use of external communication aids. Within a few months her distressing crying episodes reduced and neurologically she improved.

Conclusion. Pseudo bulbar affect is a distressing condition that can occur during recovery from locked in syndrome. Diagnosis can be confirmed by ruling out other common conditions like anxiety or depression. Treatment includes both non-pharmacological and pharmacological measures best provided by a specialist multidisciplinary team.

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Lithium and Bariatric Surgery: A Balancing Act

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Aims. Patients with severe mental illness (SMI) are at greater risk of poor physical health with higher prevalence of obesity, cardiovascular disease, diabetes and higher premature mortality than the general population. The reasons are complex and interventions are multifaceted. Obesity is highly prevalent in the general population and pharmacological and surgical treatments have become more widely available; however, SMI patients may face barriers accessing these. This case highlights specific factors for consideration in managing a patient on lithium therapy undergoing sleeve gastrectomy to balance the risk of lithium toxicity with

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