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.

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Profound Grief and Pulmonary Fibrosis – A Case Report

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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.

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Aripiprazole: A Case for Side Effect Awareness

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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