patients, though its use remains primarily for motor symptom management. However, the evidence remains inconclusive regarding the optimal approach for balancing treatment of both motor and non-motor symptoms.
Conclusion: The management of ICDs and compulsive behaviours in PD patients remains complex due to the delicate balance between controlling motor symptoms and minimizing dopaminergic side effects. While pharmacological interventions such as clonidine and atomoxetine, as well as non-pharmacological treatments like CBT and DBS, offer potential benefits, further research is needed to refine these approaches. Additionally, more tools are required for the comprehensive risk assessment of ICDs and compulsive behaviours to guide clinicians in tailoring treatments that safeguard both motor function and mental well-being, ultimately improving patient quality of life.

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Memantine in Psychiatry: An Underutilized Therapeutic Breakthrough?

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Aims: Memantine, an N-methyl-D-aspartate receptor antagonist, is primarily approved for the treatment of Alzheimer's disease and other forms of dementia. However, multiple studies have explored its potential applications in psychiatric disorders. This literature review aims to evaluate existing evidence on the efficacy of memantine in conditions such as trichotillomania, skin picking disorder, depression, bipolar disorder, obsessive-compulsive disorder, ADHD, autism spectrum disorder, substance use disorder, schizophrenia, and reducing cognitive effects of electroconvulsive therapy. The review hypothesizes that, based on available literature, memantine may have therapeutic potential across these psychiatric disorders, particularly as an adjunct treatment.
Methods: A literature search was conducted using PubMed from 2020 to 2025 (5 years), employing the search strategy ((Memantine) AND (Psychiatry)) NOT (Dementia). This literature review was conducted by screening 27 searched titles. The inclusion criteria encompassed systematic reviews, meta-analysis and randomised controlled trials. Exclusion criteria included animal and cell studies, case studies, reviews, editorials, case reports, and letters to editors. A total of 23 papers were included in this review and 4 were excluded as they focused on conditions outside the scope of this review.
Results: Emerging evidence from the 23 selected studies (9 RCTs, 8 systematic reviews, 2 meta-analyses, and 4 combined systematic reviews with meta-analyses) suggests that memantine may be beneficial across various psychiatric disorders, particularly as an adjunct. Most of the available literature points towards a positive response of using memantine in conditions like trichotillomania, skin picking disorder, depression, bipolar disorder, obsessive-compulsive disorder, ADHD, autism spectrum disorder, substance use disorder, schizophrenia, mitigating cognitive effects of electroconvulsive therapy, and other conditions. However, the number of studies per disorder that met the inclusion criteria was limited. This highlights the lack of extensive research for individual disorders and the need for further clinical validation.
Conclusion: Memantine's NMDA receptor antagonism offers a promising yet underexplored therapeutic approach in psychiatry. While preliminary findings suggest potential benefits across multiple psychiatric disorders, the number of high-quality studies per condition remains very limited, with most disorders represented by only three or four studies meeting the inclusion criteria. This underscores the need for more randomized controlled trials with larger sample sizes to validate its efficacy, refine dosing strategies, and assess long-term safety. Expanding research in this area is crucial to clarify memantine's role in psychiatric practice and prevent its underutilization.

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Comparing Hormone Therapies in Peri- and Post-Menopausal Women With Psychosis: A Literature Review

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Aims: The menopausal transition, marked by a sharp decline in oestrogen, is increasingly recognised as a critical period for new onset of psychosis or worsening symptoms in women with pre-existing schizophrenia, yet treatment strategies remain largely overlooked. Oestrogen's profound neuroprotective effects – modulating dopaminergic, serotonergic, and glutamatergic pathways, and mediating neural apoptosis – suggest that hormone-based therapies could revolutionize the management of menopause-associated psychosis (MAP) and exacerbation of pre-existing schizophrenia in peri- and post-menopausal women. However, concerns over the long-term risks of hormone replacement therapy (HRT), including breast and uterine cancer and cardiovascular disease, have hindered its widespread adoption. In contrast, the emergence of selective oestrogen receptor modulators (SERMs) have offered a novel, safer alternative with a potentially broader therapeutic window. This review synthesises the current evidence, explores the differential efficacy of hormone therapies including HRT and SERMs, compares response between the above populations of peri- and post-menopausal women with psychosis, and identifies gaps in the literature that warrant further investigation. To our knowledge, this is the first literature review specifically comparing efficacy of HRT vs SERMs in the peri- and post-menopausal population of women with psychosis.
Methods: To address the questions posed about (1) efficacy of SERMs vs HRT in (2) menopause-associated psychosis vs menopausal women with pre-existing schizophrenia, the authors searched PubMed databases from years 1990 to 2025, with various combinations of the following terms: schizophrenia, late-onset schizophrenia, psychosis, late-onset psychosis, menopause, perimenopause, postmenopause, menopause-associated psychosis, oestrogen, estradiol, raloxifene, HRT, and SERMs. Over 743 relevant abstracts were found, and narrowed down to 72 reviews and experimental studies to be included in this review. Studies were selected based on their applicability to answer the authors' questions.
Results: This comprehensive review reveals that both HRT and SERMs significantly alleviate not only psychotic but also cognitive and negative symptoms, with SERMs demonstrating superior long-term safety and sustained efficacy, as well as a longer therapeutic window of action. Crucially, differences in treatment response between menopause-associated psychosis and pre-existing