Results. Juvenile onset Huntington disease is rare, especially among people who are not of European ancestry. Therefore, clinicians are not likely to suspect the illness at an early stage. Late diagnosis not only can prevent patients from receiving the symptomatic treatments that they need, but it can also lead to misdiagnosis. Early referral to genetic testing is required among patients presenting with symptoms and a positive family history. However, risk of suicide is high among patients of Huntington's disease.
Conclusion. Juvenile onset Huntington disease is extremely rare. Initial symptoms of the disease could vary and can be misdiagnosed as epilepsy, mood or behavioral disorders, or schizophrenia. Genetic testing is controversial for patients below 18 years old. Having a low suspicion threshold in diagnosing patients with positive family history of HD who are presenting with such symptoms is recommended. There is no cure and treatment is symptomatic.

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Exploring the Potential of Primary ECT Modulation: A Transformative Approach in Schizophrenia Treatment

Mr Ahmad Rehan Khan[1], Ms Oyku Inanc[2]*, Ms Sukhmani Kaur Sadana[3] and Ms Ania Fida[4]

[1]Carilion New River Valley Medical Center, Christiansburg, Virginia, USA; [2]Gulhane Training and Research Hospital, Ankara, Turkey; [3]West Tennessee Healthcare, Tennessee, USA and [4]Medical College of Wisconsin, Wisconsin, USA
*Presenting author.

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Aims. Electroconvulsive therapy (ECT) stands as a crucial intervention for severe and treatment-resistant schizophrenia. Despite being recognized as the most effective acute treatment for severe mood and psychotic disorders, its controversial nature persists due to misconceptions and a lack of familiarity among healthcare professionals regarding modern ECT techniques. This case explores the effectiveness of maintenance ECT in preventing relapse among individuals with schizophrenia, a dimension with scarce existing data.
Methods. A 28-year-old unemployed Caucasian male with treatment-resistant schizophrenia underwent multiple trials of atypical, typical, and depot antipsychotics, yielding no significant improvement in the Positive and Negative Syndrome Scale (PANSS) score. Two attempts with clozapine were hindered by neutropenia. With a baseline PANSS symptom score of 110, the patient struggled with severe auditory and visual hallucinations, preventing coherent conversations. Following 26 sessions of bilateral ECT, the PANSS scale score decreased to 65, prompting transfer to a Transitional Living Facility. After an additional 14 sessions, the patient exhibited significant symptomatic improvement, leading to discharge. The PANSS scale score, after 40 sessions, reached 50. Monthly bilateral ECT sessions and one antipsychotic medication now maintain the patient's reasonably functional lifestyle, encompassing employment, social outings, and assistance in farming with his father. ECT proved highly successful in alleviating both positive and negative symptoms, transforming the patient from severe conversational impairment to independent living and employment.
Results. Empirical data validates clozapine's efficacy for treatment-resistant schizophrenia, yet its clinical use is limited by the substantial risks of agranulocytosis and neutropenia, relegating it to a third-line option. Neutropenia's onset in our case during clozapine trials prompted a therapeutic shift to electroconvulsive therapy (ECT). Aligned with American Psychiatric Association guidelines, our case underscored ECT's superior efficacy compared with traditional antipsychotics. Acknowledging a 40% non-response rate to clozapine across diverse studies emphasizes ECT's significance as a viable alternative. Despite challenges, contemporary ECT methods promise to overcome traditional constraints, reduce stigma, and improve treatment accessibility.
Conclusion. This case underscores the potential benefits of ECT as a valuable treatment modality for individuals with treatment-resistant schizophrenia, effectively managing both positive and negative symptoms and significantly improving daily functioning. The success observed in this case suggests that monthly bilateral ECT and one antipsychotic medication can play a crucial role in enhancing the quality of life for patients with treatment-resistant schizophrenia.

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From Irritability to Amnesia: Unraveling Thalamic Glioma – a Case Report

Ms Oyku Inanc[1]* and Mr Tirth Dave[2]

[1]Gulhane Training and Research Hospital, Ankara, Turkey and [2]Bukovinian State Medical University, Chernivtsi, Ukraine
*Presenting author.

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Aims. Gliomas, encompassing astrocytomas, oligodendrogliomas, and ependymomas, constitute the majority (40–55%) of primary brain tumors. Diagnosis can be challenging due to their uncommon nature, subtle symptoms, and diverse clinical manifestations. While neurological signs are typical, psychiatric symptoms may occasionally precede them. This case report explores a 59-year-old man whose initial psychiatric symptoms, resistant to treatment, evolved into memory impairment, ultimately revealing a high-grade glioma in the thalamus.
Methods. A 59-year-old male patient presented to the psychiatric service, expressing concerns about excessive anger and aggression. His family observed his behavior as abnormal, noting uncharacteristic personality changes, particularly increased irritability. Following an outpatient psychiatric evaluation, he was diagnosed with excessive irritability. Over time, the patient's aggressive behaviors intensified, accompanied by feelings of being ignored and devalued by his family, heightened emotional sensitivity, and episodes of muteness. Despite two trials of medication (i.e., sertraline and alprazolam), there was a deterioration in adaptive functioning. Two years after the first onset, the patient experienced unfamiliarity with surroundings, forgetting place names, memories, and people's names. The patient had no family history of neurological or psychiatric illness, and there was no evidence of substance use in his past. To rule out organic causes, an MRI revealed a 17×21 mm lesion in the right thalamus and a calcified focus in the superior part of the left tentorium. Subsequent biopsy confirmed a high-grade glial tumor: anaplastic astrocytoma Grade III, with a Ki-67 index of 10%.
Results. The extended onset of memory impairment in our patient, following a 3-year history of aggressive attacks and irritation, prompts an exploration of the intricate interplay between

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psychiatric and neurological manifestations. Unlike typical associations of personality changes with frontal lobe tumors, our case challenges this by implicating a thalamic tumor, highlighting the complexity of symptom correlation with precise brain lesion locations. Psychiatric symptoms, though not exclusive, may indicate underlying brain tumors. New-onset psychosis, mood or memory symptoms, atypical occurrences, personality changes, and anorexia in individuals over 40 warrant a thorough diagnostic workup, including neuroimaging, to investigate potential intracranial lesions.

Conclusion. This case emphasizes the significance of identifying psychiatric symptoms as potential indicators of underlying brain tumors. The diverse manifestations, such as sudden psychosis, mood or memory changes, or unusual symptoms, should prompt further investigation, including neuroimaging. Early detection is crucial for improving overall quality of life, and understanding these psychiatric signs aids in unraveling the broader narrative of potential brain tumor involvement.

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PANDAS Among the Lake District

Mr Rehaan Khokar*

Newcastle University, Newcastle, United Kingdom
*Presenting author.

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Aims. Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infection (PANDAS) is an inflammatory brain disorder characterised by a new onset of obsessive-compulsive disorder, triggered by streptococcal infection likely inducing molecular mimicry of antistreptococcal antibody action within brain tissue. PANDAS is perhaps considered controversial in the field of psychiatry due to debates over the validity of the diagnosis, controversy surrounding aggressive antibiotic and immunomodulatory treatment and limited well-controlled case studies.

Methods. A 13-year-old boy, X, presented with new onset worsening confusion, on a background of autism, to a child psychiatric clinic in the Lake District. During the summer, he developed a fixation with Harry Potter and began to act on confabulating beliefs that his mother is (and always has been) Lord Voldemort. X's behaviour became increasingly violent and aggressive and he now only spoke in 'parseltongue', refusing to communicate with anyone in any other way. A new personality change was identified as his usual routine behaviours and fixations had dissipated, such as a decrease in his ritualistic behaviours, a loss of his usual inquisitive nature, and an increased fascination with wearing sunglasses due to beliefs that the sun was poisoned by his mother, 'Lord Voldemort'. Additionally, X's eating habits had markedly changed and now refused all forms of food. Clinically, X also developed a new and sustained tic and was tremulous in clinics, despite no evidence of focal neurological signs. Due to the relatively acute onset of symptoms, an organic cause was queried, which eventually led to the presumed diagnosis of PANDAS.

Results. Extensive investigations, such as an MRI of the brain, autoantibody testing for anti-AQP4, MOG-Ab, and other serological testing, showed no specific cause could be identified other than evident inflammatory changes in the brain. A 'three-pronged' treatment approach was adopted: increased psychotherapeutic intervention, antibiotic treatment and IV immunoglobulin therapy.

Conclusion. This case illustrates the importance of recognition of PANDAS and, more pertinently, an appreciation of the biological aspect of the biopsychosocial approach to psychiatry. From the minimal evidence available, there is a suggestion of a relatively good prognosis for patients with suspected PANDAS when intervened timely; however, repeated infections or a chronic course of illness is more difficult to treat. PANDAS remains a diagnostic challenge and perhaps a mystery, with complicated impacts on not only the patient and their families but also the psychiatrist and wider teams involved in the management of care.

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Hypothyroidism Presenting as Acute Mania

Dr Snigdha Kota*

CWMTaf Morgannwg University Health Board, Cardiff, United Kingdom
*Presenting author.

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Aims. In patients presenting with acute mania & psychosis, it is important to rule out organic cause of their symptoms. Neuropsychiatric problems include affective disorders, disturbances in cognition and psychosis. Mania is commonly associated with hyperthyroidism, But hypothyroidism is a medical condition commonly encountered in a variety of the clinical settings. Patients with severe hypothyroidism may present with psychosis and less commonly with symptoms of mania. We report a case of 37 year old male presenting with acute mania & psychosis, in context of severe hypothyroidism.

Thyroid dysfunction is known to have a significant impact on mental health. Hypothyroidism, in particular, has been linked to mood disorders and acute psychosis. Though most commonly associated with depression, hypothyroidism has been linked to psychosis since the late 1800s, in reports of delusions and hallucinations in patients with myxedema. More recent literature highlights the incidence and coexistence of hypothyroidism and psychiatric disorders, describing possible mechanisms contributing to the pathophysiology of these disorders. The link between hypothyroidism and mania, however, is less clear, with few reports in the literature. We present a case report of a 37 year old male presenting with acute onset mania with psychosis and previously undiagnosed severe hypothyroidism.

Methods. AB, a 37-year-old married male from a Telugu-speaking rural background, was brought to the psychiatric outpatient department with his family. The patient's attendants reported concerns about inappropriate talk, bizarre behavior, hyperactivity, sleeplessness, decreased appetite, and suspiciousness lasting for 10 days, indicative of acute psychosis. AB, with no previous psychiatric history, attributed his symptoms to stress related to business and property issues. Family members described him screaming in his apartment, displaying grandiose delusions of a divine presence within him, and exhibiting restlessness and aggression.

Further exploration revealed a history of sleepless nights preceding these symptoms, during which AB initiated a fast, abstaining from eating or drinking to establish himself as a 'spiritual advisor.' He expressed paranoia, believing neighbors and family members were conspiring against him due to