Conclusion: Transition from methadone to sl buprenorphine without requiring prior dose cessation or reduction of methadone up to 90 ml daily is safe, effective and practical in a community-based and acute care setting. This provides methadone ORT patients the option of accessing buprenorphine ORT over a short period of time (10–14 days) without the experience of precipitated opiate withdrawal, and can be undertaken in a variety of community settings.

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"Fit to Kill": A Case Report on Undiagnosed Temporal Lobe Epilepsy Leading to Homicide

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Aims: Temporal Lobe Epilepsy (TLE) is the most common symptomatic cause of partial epilepsy worldwide. It can present with vague symptoms including affective disturbances, personality changes, sensory disturbances, altered consciousness etc., which can confound diagnosis. Overt focal or tonic-clonic seizures are present in only 60% patients. It manifests with psychotic symptoms in around 5%. This case report describes how undiagnosed TLE with psychotic symptoms led to grave consequences.
Methods: We present a 52-year-old male who was found to have killed his father and was subsequently diagnosed with TLE. This diagnosis was later found to be directly implicated in the act. When arrested on suspicion of homicide he presented with several psychotic symptoms and severe agitation in custody. He was then detained under the Mental Health Act to a high secure psychiatric hospital. He had no formal psychiatric or medical diagnosis prior to his arrest but it was noted that he had presented on multiple occasions to secondary neurology and psychiatric services over the preceding 10 years with vague but consistent symptoms which were labelled as night terrors. These included clouding of consciousness, affective disturbance, night terrors, suicidal ideation, and isolated aggressive outbursts. Following his hospital admission, he was assessed by neurologists and was diagnosed of TLE after his EEG clearly demonstrated abnormalities in line with the diagnosis. The gentleman's psychiatric symptoms resolved entirely when he was treated adequately for TLE with an anti-epileptic (lamotrigine). At trial, he was found not guilty of murder by reason of insanity and received a hospital order with restrictions.
Results: TLE is a treatable neurological disorder but is associated with a risk of heightened violence especially if misdiagnosed. In this patient, repeated opportunities were missed in diagnosing and treating TLE in a timely manner. Potential differentials that can confound TLE diagnosis include night terrors, functional psychosis, anxiety disorders, affective disorders, substance misuse etc.
Conclusion: TLE can have far-reaching and life-altering consequences. To obviate these, it is recommended that repeated presentations with unexplained neurological and psychiatric symptoms in outpatient or emergency settings should trigger robust assessments and multi-specialty liaison. It would be beneficial to develop a protocol to trigger a thorough evaluation of suspected TLE cases with a lower threshold to investigate them than what is currently practised. This could involve earlier and wider utilisation of electro-encephalogram (EEG) (ambulatory or residential).

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A Case of Musical Hallucinations in the Elderly

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Aims: New onset psychosis in the elderly is rare with lifetime prevalence rates of 0.3–1%. Schizophrenia occurs in 0.1–0.5% of the elderly, however more common causes of new onset psychosis include dementia, delirium, drug-induced psychosis, and primary psychiatric disorders, most commonly depression. More than 50% of patients with Alzheimer's disease experience psychotic symptoms and 70% develop delusions, in particular, persecutory type. Visual hallucinations are the most common type of hallucination occurring in 80% of patients with Lewy Body dementia. Second person auditory hallucinations occur in schizophrenia-like psychosis, however musical hallucinations where one perceives music without an external source are rare.
Methods: An 84-year-old female patient with no psychiatric background reported a 2-month history of musical hallucinations, causing distress and poor sleep. Patient denied hearing voices and other modalities of hallucinations. The musical hallucinations were not lateralised to either ear or side of space but experienced as external. Delirium was ruled out and patient's medications were screened for anticholinergics and sedative-hypnotics. Patient had good cognition and a CT head excluded organic causes. The patient appeared distracted by the musical hallucinations, however, was not agitated and her mood was euthymic with congruent affect. No evidence of mood disorders ruled out psychotic depression and other affective disorders with psychotic symptoms. No thought disorders or delusions were present. Antipsychotics quetiapine and amisulpride proved no benefit for the patient.
Results: The patient's presentation showed no clear reversible pathology and was unresponsive to antipsychotics. Musical hallucinations was given as a diagnosis of exclusion.

A musical hallucination is a type of auditory hallucination involving the perception of music without an external source. Patients are usually female, over 60 and subdivided into those with hyperacusis, psychiatric disorders, focal brain lesions, epilepsy and intoxication. Our patient was female and over 60 with presbycusis.

Musical hallucinations are proposed to be due to abnormal autonomous activity in the auditory brain systems responsible for normal music imagery. Sensory auditory deprivation or acquired peripheral deafness leads to impoverished auditory input and spontaneous activity occurs within the network for the perception and imagery of music.
Conclusion: This case report describes a rare phenomenon of musical hallucinations in an elderly patient. It identifies important diagnoses to exclude including delirium, dementia and other organic causes. The patient was female, over 60 yrs and diagnosed with presbycusis, characteristic of patients with musical hallucinations. The patient showed no improvement with antipsychotics and so treatment consisted of psychoeducation.

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