Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), or behavioural problems are recognised, underlying neurocognitive impairments associated with Prenatal Alcohol Exposure (PAE) remain rarely explored. This case series aims to describe the neurocognitive profiles of children diagnosed with FASD identified via local diagnostic pathways, in the CiC specialist CAMHS 'Symbol' team.

Methods: Case Report:

Of the four children reviewed on the neurodevelopmental care pathway, three received a multidisciplinary diagnosis of FASD. Assessments included detailed mental health assessment, developmental and family histories, school reports and information collated from CiC medical records, OT (Occupational Therapy), SALT (Speech and Language Therapy), EP (Educational Psychology) reports and social care records. Standardised cognitive assessments (WISC-V -including full-scale IQ and domain-level profiles) and Adaptive Behaviour Assessment System (ABAS) were completed. Particular attention was given to variability across cognitive domains, adaptive functioning, and discrepancies between verbal ability, working memory, processing speed and fluid reasoning. The Scottish SIGN guidance was used to guide diagnostic process.

Results: Discussion:

There was variability in overall cognitive functioning across the children assessed, ranging from Mild Learning Disability to Low Average cognitive ranges. Across cognitive domains, there was great variability, with the majority showing relative strengths in Verbal Comprehension. There was variability in the Working Memory domain across assessments, and all children showed significant relative impairments in Processing Speed, Fluid Reasoning and Visuo-Spatial domains. This "spiky profile" contributed to diagnostic overshadowing, as average/ low average full-scale IQ scores sometimes masked clinically significant cognitive impairments at domain level. The ABAS often revealed gaps between cognitive abilities and real-world functioning.

Conclusion: Conclusion:

FASD may be under-diagnosed in CAMHS populations, particularly where children present with complex needs and uneven cognitive profiles. Awareness of "spiky" neurocognitive patterns and systematic multidisciplinary assessment can improve diagnostic accuracy and inform educational and therapeutic support. The ABAS, alongside cognitive assessments are important in identifying domains of difficulty in the real world. Early identification has significant implications for care-planning, family understanding and psychological support in receiving a diagnosis of FASD.

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.

Tardive Seizure Case Study

Dr Kazi Shams

Kent and Medway Mental Health NHS Trust, Maidstone, United Kingdom

doi: 10.1192/bjo.2026.11895

Aims: The patient is a 76 years old female without any past psychiatric history. She was married for 50 years and her husband died a year ago. Since then she became withdrawn and stopped eating, drinking. She was admitted to general hospital with hyponatremia.

Methods: The patient was reviewed by Liaison psychiatry, she had symptoms of anhedonia, self-neglect, guilt, paranoia and psychomotor retardation. She was diagnosed with severe depressive episode with psychotic features and treated with Mirtazapine 45mg and Quetiapine 100mg.

There was no improvement on medication. She continued to decline food, water and had frequent hypoglycaemic attacks. Her BMI was 12.9. Bifrontal Electroconvulsive therapy (ECT) treatment was decided. During pre-ECT check-up her CRP was 38.

During the first episode, she didn't have seizure on 10% stimulus. On 15% stimulus she had 109 seconds seizure on EEG. Post-ictal suppression was poor.

During the second episode, on 15% stimulus she had 77 seconds seizure on EEG.Post-ictal suppression was fair. Etomidate 10 mg was used as anaesthetic for both episodes.

While in recovery the patient was nonresponsive. Her blood sugar level was 4.6 mmol/L and she was given Dextrose. It rose to 9.9 mmol/L and she started to have seizure.

She had two observed seizures lasting 42 and 20 seconds. Her third seizure lasted 94 seconds while connected to EEG. She was given Propofol 20mg to stop the seizure.

She had a CT head without any acute findings. Chest X-ray showed shadow on the right base. Her CRP was 43 and sodium was 131.

Results: Tardive seizure is a rare complication of ECT. It is a spontaneous seizure after ECT, there should be full recovery of consciousness before the onset.

Lansari et el (2025) found several factors associated with tardive seizure such as treatment that lowers the epileptogenic threshold, anaesthesia with Etomidate, prolonged seizure, and poor post-ictal suppression.

Another differential is that the seizure didn't fully terminate after ECT, it became focal and later manifested as general tonic-clonic seizure. It is unclear if the patient fully recovered consciousness after ECT.

Conclusion: The patient was started on Lamotrigine and remained seizure free. Due to her deteriorating physical health, she didn't receive further ECT. There were some improvement to her mood and appetite with Mirtazapine and Venlafaxine.

Repeated ECT has been safe for many patients even after tardive seizure. Only 15% of patients developed further tardive seizure after restarting ECT (Warren et el 2022).

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.

When Falls in Alcohol Detox Are Not Wernicke's: Diagnostic Overshadowing of a Right Thalamic Stroke

Dr Oriyomi Shittu and Dr Abhi Salvaji

Rotherham Doncaster and South Humber NHS Foundation Trust, Doncaster, United Kingdom

doi: 10.1192/bjo.2026.11904

Aims: BACKGROUND

Neurological deterioration during alcohol detoxification is commonly attributed to alcohol-related complications, particularly Wernicke's encephalopathy, withdrawal syndromes or side effect of detox treatment.While such diagnostic pathways are clinically appropriate, they may predispose to premature diagnostic closure.