clear warnings and ensure appropriate follow-up to address any emerging side effects.

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Emerging Hypersexuality in a Patient With Progressive Supranuclear Palsy

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Aims: Progressive supranuclear palsy (PSP) typically presents with a constellation of motor symptoms, most commonly with frequent falls and gait disturbances. As the disease progresses, cognitive dysfunction and behavioural abnormalities may develop, however hypersexuality in the absence of the usage of dopaminergic agonists is rarely described. We report a case of a 70-year-old male referred to Consultation Liaison Psychiatry for inappropriate sexual behaviour on a background of Progressive Supranuclear Palsy with Predominant Cerebellar Ataxia.
Methods: He was admitted to hospital due to inappropriate sexual behaviours resulting in significant caregiver distress. There were increased sexual demands over the past year with other frontal lobe symptoms of hyperorality, apathy, distractibility and motor perseveration. His clinical history, previous investigations and treatments received were reviewed. He was subsequently diagnosed with Major Neurocognitive Disorder due to multiple aetiologies (PSP, Alzheimer's disease and Frontotemporal lobar degeneration). He was started on trazodone and memantine with improvement and subsequently discharged home.
Results: PSP is known to cause frontal lobe deficits affecting executive function, with apathy, impulsivity and disinhibition, but rarely hypersexuality. Hypersexuality is more commonly associated with use of dopaminergic agonists that may be given to address motor symptoms in PSP. It is known that the use of dopaminergic agonists is associated with impulse control disorders such as pathological gambling, hypersexuality and compulsive eating. Further research into how progressive neurodegeneration from PSP affects brain function may shed more light on the emergence of behavioural changes such as hypersexuality.

In the management of hypersexuality, other contributing factors such as boredom, feelings of insecurity and lack of a sexual partner may need to be considered. Non-pharmacological options include behavioural interventions and education of caregivers. Medications may have potential side effects which need to be considered during prescribing. Serotonergic medications such as Selective Serotonin Reuptake Inhibitors are often used due to lower risks and have shown some benefit in reducing problematic behaviour. Other options include antipsychotics, cholinesterase inhibitors and hormonal treatments. It is also important to consider the wellbeing of family and staff looking after the patient as they may be victims of the patient's sexual behaviour, and provide the necessary support.
Conclusion: Hypersexuality is rare in PSP and a thorough review of all possible causes is required. Management may involve both behavioural interventions and pharmacological treatment to aim to reduce inappropriate behaviours.

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Electroconvulsive Therapy for a 14-Year-Old Patient With Autism and Refractory Agitation: A Case Report

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Aims: To present a case of refractory agitation in a patient with autism spectrum disorder (ASD) and explore electroconvulsive therapy (ECT) as a therapeutic option.

Supervision was provided by Dr Iyad Alazzeh (Halhul Community Mental Health Center).
Methods: A 14-year-old male patient with ASD presented to his psychiatrist after several failed attempts to integrate him into special-care schools due to increasing disturbance of behaviour. He has no other medical problems, and he lives with his father, who is diagnosed with schizophrenia, and his grandmother. His mother often visits him and helps take him to medical appointments. Several pharmacological agents have been attempted: Valproic acid, clonazepam, risperidone, olanzapine, and chlorpromazine, without improvement in his condition. The child's condition further deteriorated as he stopped accepting medications, which disrupted his sleep and caused bursts of laughter and screaming. During an appointment, the patient attacked his mother and bit her causing an injury necessitating medical intervention. After a multidisciplinary evaluation, obtaining informed consent, and familiarizing the patient with the setting, electroconvulsive therapy (ECT) was initiated as a last resort. The patient underwent a series of eight ECT sessions under general anaesthesia.
Results: The only documented side effect was irritability at bedtime on the day of each ECT session, which disappeared with sleep. After he finished all his sessions, the patient had decreased laughter, started accepting medications again, was more responsive to directions, and didn't exhibit aggression. However, his baseline agitation didn't significantly improve, leading to the persistence of social integration challenges. It is difficult to determine if the cessation of physical aggression was the result of ECT or resuming medications.

Research on ECT use in paediatric populations is limited but growing, with studies indicating its potential to address severe neuropsychiatric symptoms, including catatonia, mood dysregulation, and treatment-resistant aggression. ECT has shown efficacy in managing specific refractory symptoms, particularly in cases where pharmacotherapy and behavioural interventions fail. However, ethical concerns, stigma, and limited clinical trials have historically restricted its use in this population.
Conclusion: Severe agitation in paediatric patients with autism spectrum disorder (ASD) presents a significant therapeutic and diagnostic challenge. This case highlights the potential of ECT to target specific refractory behaviours in paediatric patients with neuropsychiatric conditions. Further research into the role of ECT in managing treatment-resistant agitation in children with ASD is required.

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