change in a psychologically vulnerable individual, despite no prior bipolar diagnosis.
Conclusion: This case highlights the diagnostic complexity of distinguishing personality pathology from emergent mood disorder in the context of metabolic pharmacotherapy. Clinicians should remain vigilant for affective destabilisation in patients prescribed GLP-1–based weight-loss agents, particularly those with underlying personality vulnerabilities. Careful longitudinal assessment is essential before attributing behavioural change solely to personality traits.

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Clozapine-Induced Dysarthria in a Patient With Treatment-Resistant Schizophrenia

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Aims: Schizophrenia affects an estimated 24 million people worldwide, with around one third experiencing inadequate response to first-line antipsychotics. Clozapine is the most effective treatment for this group but is reserved as a last-line option due to serious adverse effects and intensive monitoring requirements. Its metabolism varies widely due to age, smoking, genetics and ethnicity. Significant risks include neutropenia, myocarditis, metabolic syndrome. We present the case of a patient with clozapine-induced dysarthria, an uncommon but debilitating side effect. The associated reduced speech intelligibility and difficulties in communication can cause considerable distress for patients who are already coping with the challenges of a psychiatric disorder, and increases the chances of poor adherence to the medication.
Methods: Patient A is a male in his 40s who developed schizophrenia during early adulthood. He was diagnosed with treatment-resistant schizophrenia; Clozapine trials were complicated by dose-related adverse effects, most notably that of sudden onset dysarthria for which no other cause was identified. Rechallenge was further complicated by adverse cardiovascular effects. Clozapine plasma levels were found to be consistently raised despite relatively low doses of Clozapine, suggesting that the patient was a poor metaboliser of the drug. Progressive dose reductions improved speech while maintaining psychiatric stability. The dysarthria subsequently improved on low-dose clozapine with adjunctive sodium valproate.
Results: The presented case demonstrates a clear chronology of the development of dysarthria at sub-therapeutic doses of Clozapine, and its subsequent resolution with reduction of the dose. Existing literature describes similar clozapine-associated speech dysfluency, more commonly stuttering, often showing a dose-response relationship. Some cases link symptoms to orofacial dyskinesia, prior neurological vulnerability, or possible micro-seizure activity, even with normal EEG findings. Proposed mechanisms include reduced seizure threshold via dopaminergic selectivity, GABAergic inhibition, glutamatergic enhancement, and anticholinergic effects. Prophylactic sodium valproate may improve the dysarthria, and allow continuation of clozapine in selected high-risk patients.
Conclusion: This case emphasises dysarthria as a dose-related adverse effect of clozapine, particularly in patients with unexpectedly high plasma levels. It highlights the importance of close therapeutic drug monitoring during titration and consideration of individual metabolic factors such as ethnicity and comorbidities. When speech dysfluency emerges, clinicians should assess potential risk of clozapine-associated seizures and consider EEG investigation. Anecdotal evidence suggests sodium valproate may alleviate speech disturbance even without overt seizure activity. Further research is needed to clarify the mechanisms underlying clozapine-related speech dysfluency and to inform strategies that balance efficacy and tolerability in treatment-resistant schizophrenia.

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Recovery Through Deprescribing: A Case Study

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Aims: Memantine is an NMDA receptor antagonist used as pro-cognitive medication across the world. In the UK, it is licensed for moderate-to-severe stages of Alzheimer's dementia. Memantine, like other medications, is associated with side effects that could be life-threatening in certain occasions. While clinicians mainly focus on medication initiation, titration and switch-over, deprescribing remains a critical step to uphold patients' care especially in older adults and those who are more vulnerable to side effects.
Methods: 85-year-old lady with advanced mixed dementia on a psychiatric ward had a fall and a pelvic fracture. Following surgery, there was evident decline in her physical and mental health. She was nursed in bed all time and could not engage with post-operative rehabilitation. She became agitated on personal care interventions then started to present with impaired consciousness for extended periods during the day. The presentation continued to get worse to the extent that her impaired consciousness affected her diet and fluid intake and she lost significant amount of weight. Prolonged postoperative delirium was evident but there was no clear culprit to why her presentation is getting worse. Interestingly, her medication concordance was not affected for the majority of that period. It was felt that the patient could be slowly dying so we discussed the situation with palliative care team; they noticed some choreo-athetotic movements in the patient's limbs which prompted reviewing her psychotropic medications which included Memantine 20mg. Once Memantine was discontinued, all the patient's symptoms improved including her impaired conscious level and the abnormal limb movements.
Results: Literature review highlighted rare associations between Memantine, such abnormal movements and impaired consciousness. This patient's recovery from this post-operative state was lengthy and was eventually achieved after addressing "a blind spot" which was the prescribed medication Memantine. The main reason to stop Memantine was the patient's abnormal movements but it was also responsible for the impaired conscious level. Once Memantine was discontinued, the patient's mental and physical states changed dramatically. She became more responsive and her conscious level was back to normal. The choreo-athetotic movements were no longer visible as well.
Conclusion: Deprescribing is a valuable yet missed tool for improving patient outcomes. It is commonly undertaken when a medication is clearly linked to adverse effects and is often paired with prescribing alternatives. However, deprescribing is frequently

overlooked when symptoms are not evidently medication-related. Implementing a proactive deprescribing process can help reduce iatrogenic harm and improve overall clinical outcomes.

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Post-Stroke Delusional Misidentification Syndrome: A Case Study

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Aims: Delusional Misidentification Syndromes represent disorders that are neuropsychiatric in nature. They include four main disorders: Capgras Syndrome, Frégoli Syndrome, Intermetamorphosis and Syndrome of Subjective Doubles. These syndromes are more noted in context of Schizophrenia but they can be encountered in other psychiatric disorders. Strokes and head traumas have also been implicated as contributing factors/causes for the development of these syndromes. Mainstay of treatment is antipsychotic medications.
Methods: 75-year-old gentleman with no past psychiatric history, had a stroke that affected "posterior left insula and left temporal operculum".A "right frontal and right parietal infarcts" were established on his head scan at the time. The right frontal infarct was present on an MRI three months prior but the right parietal one was not. Following the stroke, he presented with receptive and expressive dysphasia but no motor symptoms. There were elements of mild cognitive impairment but the main symptoms align with Delusional Misidentification Syndrome, subtype Syndrome of Subjective Doubles. He became convinced that there are people that look exactly like him, including "a brother who had facial surgery" to look like him. Of note, the patient does not have brothers. Another "double" is "someone who lives in a care home and is in a vegetative state". Interestingly, the patient was residing in a care home for few months.
Results: Timeline of events reflects that the patient lived alone independently in his home till he had a stroke and was admitted to hospital. Post-stroke rehabilitation efforts were not successful and he was discharged to a care home. After a while, the care home struggled to meet his needs due to emergence of frequent suspiciousness that led to aggressive episodes. He was later detained to a psychiatric ward for a period of assessment and treatment. The patient's function and quality of life was clearly affected as a consequence of the stroke. Due to the patient's dysphasia, it was difficult to understand his psychiatric symptoms. It took some time until his symptoms were pieced together indicating Delusional Misidentification Syndrome. Improvement noted once Olanzapine was started and dose increased up to 10mg.
Conclusion: Delusional Misidentification Syndromes are rare neuropsychiatric disorders that require treatment with antipsychotic medications. They also have some organic basis and some links to strokes and traumatic brain injuries. This case is vital in understanding the link between neurology and psychiatry and offers further notions to clinicians to reflect more on the organic nature of mental disorders.

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Clinical and Functional Improvement Following Cariprazine– Olanzapine Combination Therapy in First-Episode Psychosis With Treatment Resistance

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Aims: First-episode psychosis with treatment resistance can present with diagnostic uncertainty and often necessitate complex psychopharmacological decisions alongside multidisciplinary interventions. Selecting effective antipsychotic treatment while minimising adverse effects is critical, particularly when initial monotherapy is unsuccessful. This case report reviews clinical management and functional improvements in a young woman admitted to an acute psychiatric ward following combination treatment with Cariprazine and Olanzapine, supported by multidisciplinary team interventions.
Methods: X is a young adult female with no prior secondary-care mental health involvement, a family history of schizophrenia. She presented following a 2.5 year deterioration marked by aggression, social decline, and psychotic symptoms. On admission, she was presenting with behavioural disturbance, exhibited prominent paranoia, persecutory delusions, and auditory hallucinations. Initial treatment with oral Olanzapine was limited by non-compliance.

Zuclopenthixol depot was initiated but discontinued due to extrapyramidal side effects. Subsequent treatment with Amisulpride resulted in limited symptom control and cognitive slowing. Clozapine was deferred due to abnormal inflammatory and cardiac markers. A switch and gradual increase to Cariprazine 4.5 mg/d led to an improvement in insight and behaviour, with low-dose Olanzapine 5 mg/d later added to address residual positive symptoms (auditory hallucinations).

MDT input included extensive collateral history, family involvement, and structured Occupational Therapy and Psychology interventions.
Results: This case suggests that Cariprazine augmented with low-dose Olanzapine may be an effective and tolerable strategy in treatment-resistant psychosis when Clozapine is contraindicated. Improvements in functional and psychological outcome measures underscored gradual symptomatic recovery.Symptom severity, measured using the Brief Psychiatric Rating Scale (BPRS), reduced from 38 to 29, representing 23.7 % improvement with the most marked improvement observed in unusual thought content and hallucinations.

The Occupational Therapy Task Observation Scale (OTTOS) - total score improved from 121/200 (08/10/25) to 182/200 (09/01/26), representing a 50.4% increase. Task Behaviour improved by 39.7%, and General Behaviour by 62.1%, with marked gains in engagement, independence, and socialisation.

Autism Spectrum Quotient (AQ-50) score reduced from 22 to 15, a 31.8% reduction in self-reported autistic-type traits. The greatest improvements were observed in Social Skills (90% of items) and Communication (70%), indicating improved interpersonal functioning and cognitive flexibility.

GAP (Global Assessment of Progress) score improved from 29/70 on admission to 63/70, representing an absolute increase of 34 points and reflecting a 48.6% improvement across the different domains.
Conclusion: Combination treatment with Cariprazine and Olanzapine was associated with meaningful symptomatic, functional, and psychological improvement, demonstrating its potential role in complex treatment resistant psychosis.

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