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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