Results: This case illustrates the significant risks posed by Munchausen syndrome by proxy to victims and the complexities involved in its diagnosis and management. Early identification requires a high index of suspicion and meticulous investigation by multidisciplinary teams. Video surveillance and psychiatric evaluations are crucial tools in confirming such cases. Long-term management often necessitates pharmacological treatment and tailored psychotherapy for the perpetrator, alongside safeguarding measures for the victim.
Conclusion: Munchausen syndrome by proxy remains a challenging diagnosis requiring vigilance and interdisciplinary collaboration. This case underscores the importance of early recognition to prevent harm to victims and highlights the need for systematic research to explore common patterns and effective interventions in this rare condition.

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Profound Grief and Pulmonary Fibrosis – A Case Report

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Aims: Traditional Chinese Medicine (TCM) describes correlations between mental disorders, symptoms and physical organs, specifically identifying dominant emotions associated with specific organs. For example, in TCM sadness is correlated to the lung. TCM informs that psychological issues usually manifest as physiological dysfunction of the related organ. This encourages clinicians to consider the effects on various organs during management of mental disorders. This case study aims to explore the relationship and complexities between grief and idiopathic pulmonary fibrosis (IPF).
Methods: T was referred for grief counselling over her cats' deaths and presented with respiratory symptoms which required further investigations. T is also a survivor of a horrific trauma 40 years ago, where an auntie wielded a knife at her and her mother. T's mother died tragically while T bore scars across her arms, body, and the left side of her face visible till today. She was 6 years old. T reported that her father was deeply embittered, and never resolved his feelings of grief and anger. He died of lung fibrosis, which T attributes to his unresolved grief as she described how he would get breathless and could never talk about his late wife.
Results: Pulmonary fibrosis (PF) may be caused by many different things. IPF however is one type of PF where no cause can be identified.

Western literature concurs with TCM in that the link between disease and bereavement is strongest for the cardiovascular system. There are medical studies which investigated biological events that occur during the grieving process. They noted pathways through which grief might affect the immune system and increase vulnerability to physical illness.

T has no prior knowledge of TCM and no known family history of pulmonary fibrosis. However, T identified and believed that unresolved grief was a large contributor to her father's lung condition.
Conclusion: Psychological issues as a potential risk factor to the development of lung diseases have not been studied in patients with IPF.

This case study highlights the importance of supporting T in her grief, if that may indeed reduce the probability of a lung pathology according to western literature and TCM.

A follow up study to explore existence of complex grief in a cohort of patients with IPF would shed light on the possible correlation between grief and lungs, as described by the TCM perspective.

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Aripiprazole: A Case for Side Effect Awareness

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Aims: Aripiprazole, an atypical antipsychotic, is commonly prescribed for various psychiatric conditions including schizophrenia and bipolar disorder. It is generally considered to have a more favourable side effect profile compared with other antipsychotics, with a lower risk of metabolic side effects and hyperprolactinemia. We present the case of a 57-year-old male who developed marked hypersexuality and excessive spending following the initiation of oral aripiprazole.
Methods: Mr X was referred for psychiatric review within our drug and alcohol service due to concerns regarding worsening paranoid ideation. He had a history of alcohol dependency but had been abstinent for five months at the time of referral. He denied recreational drug use and was not on regular medication, aside from thiamine 100 mg three times daily. His past medical history was unremarkable, though he reported a family history of schizophrenia, with a brother diagnosed with the condition. Mental state examination revealed a complex paranoid delusional system, accompanied by auditory hallucinations, thought interference and somatic passivity. Blood tests were unremarkable, and a urine drug screen was negative. Aripiprazole was prescribed and titrated to 15 mg daily over a two-week period, with potential risks, including those of disinhibition, being discussed. At follow-up, Mr X recalled the discussion and reported a significant increase in his libido, spending over £1500 over the course of a week on online sexualised adult chat websites, a behaviour he had never previously engaged in. The aripiprazole was switched to olanzapine and the hypersexuality resolved over the following four weeks, with no further excessive spending.
Results: Whilst generally well-tolerated, aripiprazole is not without potential side effects, including issues with impulse control, such as hypersexuality and excessive spending. These behaviours are thought to arise from aripiprazole's partial agonist activity at dopamine D2 receptors. Given the significant financial and social consequences these behaviours can have, it is essential for clinicians to proactively discuss the possibility of these side effects and ensure close monitoring, particularly during the early stages of treatment or following dose adjustments.
Conclusion: Whilst the appropriate prescribing of antipsychotics forms a key part of many treatment plans, this case report serves as an important reminder of the potential rare but significant side effects of aripiprazole. Clinicians must remain vigilant for these behaviours and proactively discuss them with patients, who otherwise may feel reluctant in doing so. It is essential to provide

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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