and functional decline. He reported severe memory impairment, including inability to recall his date of birth or home address. He became unable to perform basic activities of daily living, forgetting how to make a cup of tea, operate household appliances, manage finances or shop independently. He frequently lost track of tasks midway and described episodes of intending to shower but later realising he had not done so.

He had recently commenced tirzepatide (Mounjaro) for weight loss, raising family concern about potential cognitive effects. Six-CIT score was 24/28. Blood investigations, including thyroid function, vitamin levels, and routine metabolic screening, as well as CT brain imaging, were unremarkable. He was referred to memory services for assessment.

During further reviews with the secondary care team, it was evident that affective symptoms were prominent. He was intensely anxious, preoccupied with fears of dementia, and distressed about becoming dependent or forgetting his family. He described low mood, anhedonia, early morning waking, appetite disturbance, and longstanding passive suicidal ideation. DASS-21 scores indicated severe depression, anxiety, and stress. Cognitive symptoms fluctuated in parallel with anxiety. Treatment with sertraline, alongside biopsychosocial support, led to early improvement in mood, confidence, and cognitive clarity.

Results: The abrupt onset, fluctuating deficits, preserved insight, and overwhelming affective distress were inconsistent with neurodegenerative dementia. Anxiety-driven hypervigilance likely perpetuated impairment. Memory assessments conducted during severe mood and anxiety disturbance may be misleading. Treating underlying mood and anxiety through pharmacological and non-pharmacological interventions can substantially improve cognitive function.

Conclusion: This case highlights the importance of recognising late-life depression and anxiety as reversible mimics of dementia. Clinicians should routinely screen for reversible causes of cognitive impairment, including depression, nutritional deficiencies, hypothyroidism, medication effects, infection, alcohol misuse, and electrolyte disturbances, to avoid misdiagnosis and support recovery.

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Suicide by Proxy: Murder as a Displaced Form of Suicidal Derive: A Case Series

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Aims: Suicidal and homicidal behaviors are typically assessed as distinct risk domains, despite overlapping psychopathology in psychosis and severe mood disorder. We introduce the new concept Suicide by Proxy as a psychodynamic formulation in which homicide (or attempted homicide) represents a displaced enactment of suicidal intent when direct self-destruction is inhibited. Drawing on Freudian models of internalized aggression, persecutory superego dynamics, and object-related conflict (Oedipal/Electra configurations), we aim to illustrate how self-directed destructive drive may be externalized toward a symbolic other.

Methods: Three retrospective forensic psychiatric case reports were analyzed using a psychodynamic framework. All cases involved severe mental disorder (schizophrenia-spectrum or major depressive episode with psychotic features), documented suicidal ideation and/or attempts, and a homicide or attempted homicide. Data sources included clinical interviews, collateral histories, medical/legal records, and psychological testing (including MMPI and SIMS). Identifying details were removed or altered to preserve confidentiality without changing clinical meaning.

Results: Case 1:A 26-year-old man with paranoid schizophrenia and persecutory delusions purchased a firearm intending suicide but reported inability to act. He subsequently killed an unknown man in a mosque, then left the weapon beside the body. The act is conceptualized as displacement of self-destruction onto an authority-linked symbolic target, enabling rebellion against a persecutory superego without direct suicide or parricide.

Case 2:A 39-year-old woman with psychotic depression and intense suicidal communications stabbed her sleeping father after planning to kill herself in his presence, then attempted self-stabbing. This is formulated as a negative Electra configuration: ambivalent attachment and rage toward a passive betrayer father, with psychosis collapsing boundaries between self-attack and object-attack.

Case 3:A 36-year-old woman with schizophrenia, shaming maternal criticism, and relapsed hallucinations broke a mirror and attempted to attack her mother with glass while concealing suicidal intent. The mother is conceptualized as a proxy self-representing the rejected, humiliated part of the patient targeted for annihilation.

Conclusion: Across cases, homicidal acts functioned as symbolic self-attacks emerging from internalized aggression, persecutory superego pressures, and unresolved parental-object conflict. Suicide by Proxy may help forensic clinicians integrate suicidality into violence formulations, prompting dual-screening for suicidal and displaced homicidal risk in severe mental disorder. Further empirical work is needed to test the model beyond case-series evidence.

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Acute Catatonia in Autism Spectrum Disorder: Beyond Pharmacological Treatment

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Aims: Catatonia is a neuropsychiatric condition that is frequently under-recognised in children and adolescents and may co-occur with a range of psychiatric and neurodevelopmental disorders, including autism spectrum disorder (ASD). Diagnosis is often challenging due to symptom overlap with neurological and psychotic conditions. In individuals with ASD, catatonia may be precipitated or exacerbated by environmental stressors and disruption to established routines. This case report aims to describe the presentation, diagnostic process, treatment, and longer-term management of catatonia in an adolescent with ASD, with particular emphasis on pharmacological treatment, electroconvulsive therapy (ECT), and psycho-ecological interventions.

Methods: We report the case of a 16-year-old female who presented with a five-month history of mutism, immobility, unsteady gait, and markedly reduced oral intake, resulting in significant weight loss, nasogastric feeding, and hospital admission. Extensive investigations, including CT and MRI brain imaging, EEG, autoimmune