

Certain clinical situations may pose a dilemma for clinicians such as concomitant use of clozapine during myelosuppressive chemotherapy. There is limited evidence-based data regarding Clozapine and chemotherapy. We report on a case of a clozapine-stabilized, Schizophrenia patient with Mild ID who was diagnosed with High Grade B-cell Non-Hodgkin's Lymphoma (NHL) requiring chemotherapy. The challenges of this complex case are detailed in this paper.

Methods. A 56-year old man with a diagnosis of Mild ID, Schizophrenia and OCD. The patient has been taking Clozapine since 2001 daily dose of 600-400 mg for the past 20 years. Unfortunately, he was diagnosed with High Grade NHL in 2023. The decision was reached to continue Clozapine while undergoing chemotherapy sessions with frequent blood monitoring. Towards the end of his chemotherapy his bloods showed dangerously low (Clozapine red alert) requiring stopping Clozapine. The patient started showing signs of relapse in his mental state and subsequently commenced on Olanzapine. He continued to show signs of relapse and didn't recover to his previous baseline; the treatment plan is adding another antipsychotic or considering re-challenging Clozapine.

Results. This report contributes to a very limited literature on the concurrent use of clozapine with chemotherapy and the use of Clozapine "outside license". The main treatment options facing clinician is stopping or continuing clozapine during chemotherapy. The dilemma of taking the path of withdrawing a medication on which a patient is stabilized may compromise psychiatric stability, yet there is a valid argument that such inconvenience would present more favourable outcome than facing the serious haematological risks of neutropenia. There is a need for robust and close liaison between psychiatrists, oncologist, and haematologist on the various clinical considerations.

Conclusion. In summary, both clozapine and chemotherapy are known to cause neutropenia and agranulocytosis. The clinical decision to continue clozapine during chemotherapy could be challenging. Clinicians should be aware that psychotic decompensation in such patients would inevitably increase morbidity and perhaps mortality due to nonadherence to all proposed treatment, including chemotherapy. In the absence of guidelines and given the nature of treatment-resistant symptoms, clinicians should work in a multidisciplinary approach and carefully weigh the risks and benefits of continuing clozapine during chemotherapy.

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A Case Study of Cognitive Impairment Associated With Levetiracetam

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Aims. In patients with cognitive impairment, it is important to assess the possible impact of medications on cognition. Levetiracetam is an antiepileptic medication used in the management of epilepsy. Its effect on cognition is unclear.

Methods. We present a case study of a 57-year-old female who developed cognitive impairment associated with levetiracetam.

She was referred to Memory Services from her GP due to cognitive impairment. Her past medical history included an optic

nerve glioma which was surgically removed followed by radiotherapy, and meningiomas which were managed with stereotactic radiosurgery. She had no previous psychiatric history.

Following a first seizure, she was started on levetiracetam 250 mg BD. Over the following months, she developed worsening symptoms of poor memory, fatigue and lethargy, sleeping excessively, headaches, and subsequently, low mood and occasional suicidal thoughts. Levetiracetam dose was halved. When seen in Memory Services 3 months later, it was reported that there had been a gradual but partial improvement in her symptoms since the dose reduction. Addenbrooke's Cognitive Examination (ACE-III) score was 67/100. Short form mood scale was 3/15, below the threshold for depression. Blood tests were normal. MRI Head showed meningiomas and diffuse white matter hyperintensities, both unchanged from previous imaging.

The patient then started lamotrigine and stopped levetiracetam. On follow up (2 months after initial memory assessment), ACE-III score improved to 80/100 and it was reported that her symptoms had completely resolved.

Results. In this case, there is evidence to support a causal link between levetiracetam and the patient's cognitive impairment – there was a temporal relationship, dose response relationship, and reversibility, which are all in the Bradford Hill criteria for causation. Other causes were considered and deemed less likely, including depression; the mood symptoms were not the predominant symptoms and developed after the other symptoms, and the patient scored below the threshold score for depression on short form mood scale.

Regarding the aetiology in this case, one hypothesis is that there may have been risk factors that made this patient more susceptible to cognitive side effects from the biological effects of levetiracetam, such as previous neurosurgery and radiosurgery. Another hypothesis is that the levetiracetam may have triggered an atypical depressive episode which manifested predominantly with memory symptoms and tiredness.

Conclusion. This case study highlights the importance of reviewing medications when assessing cognitive impairment, and of obtaining a clear timeline of symptoms. There is a need for further research looking at the effect of levetiracetam on cognition.

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An Interdisciplinary Approach to the Management of Ketamine Induced Uropathy

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Aims. This report describes the treatment of a patient with ketamine induced uropathy. This condition can be significantly debilitating due to its severe effect on the urinary system. This report outlines an interdisciplinary approach to the care of the patient involving addictions services, urology and primary care.

Methods. The patient presented with a history of inhalation of ketamine intermittently for four years and daily for three years. His highest daily use was 14 grams per day.

He developed multiple urinary symptoms including dysuria, urgency, incontinence, haematuria and abdominal and urethral pain. He had significant weight loss and suicidal thoughts. After

six years of use, he was reviewed by urology, however was discharged within a year, after missing appointments. Investigations included ultrasound which showed kidneys of normal appearance; flexible cystoscopy which showed a small bladder with acute bleeding and posterior wall ulcer; urodynamic studies showed overactive bladder.

He attended a private, inpatient detoxification programme, however relapsed after this admission and self-referred to local addictions services. When assessed there, a detailed history and physical examination were completed. Baseline electrocardiogram and blood investigations were completed and were broadly normal.

It was felt that a collaborative approach between addictions services, primary care, urology, and a regional addictions detoxification centre could help him manage his symptoms and achieve more sustained abstinence. Following interdisciplinary discussions, he was commenced on solifenacin to treat his urinary frequency, mirtazapine for his mood and buscopan for pain. Motivation interviewing approaches were used to help him reduce his ketamine use.

Results. Ketamine is a synthetic drug with marked dissociative, stimulant and hallucinogenic properties. There has been a rising trend in adults entering treatment with harmful ketamine use in recent years. In 2023, 2,211 people entered treatment for harmful ketamine use in England, a fivefold increase from 2014. Ketamine induced uropathy would be expected to occur in a high proportion of these people. A survey of adolescents demonstrated that 60% of ketamine users had lower urinary tract symptoms. There are a range of medical and surgical options to treat ketamine induced uropathy but no clear agreed approach for its holistic management in the UK.

Conclusion. This case report highlights the consequences of prolonged ketamine use on the urinary tract system. It highlights an example of effective interdisciplinary working between addictions services, primary care and urology. The authors recommend the development of nationally agreed guidelines on ketamine induced uropathy with emphasis on collaborative, inter-service working.

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Eating Disorder or Disordered Eating; an Interesting Case Study

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Aims. Eating disorders often present as a significant challenge in adolescents; especially with regards to early diagnosis and intervention. This case report explores the complex presentation of a 15-year-old female initially suspected of having an eating disorder. The complexity in this case lies in the differentiation between a formal eating disorder and disordered eating, emphasising the importance of thorough assessment and understanding of the underlying psychological factors.

Methods. This patient presented to the CAMHS eating disorders team having lost 14 kg in 6 weeks. Such an alarming weight loss had triggered the urgent referral and review. These symptoms initially suggested a classic eating disorder. However as the patient spent more time on the physical health ward a comprehensive evaluation revealed underlying issues related to body image, self-

esteem, and emotional wellbeing as well as complex family dynamics leading to a diagnosis of disordered eating rather than a specific eating disorder. The multidimensional approach involved collaboration between mental health professionals, paediatricians and dieticians, to address the multifaceted nature of the condition whilst the patient was admitted to a physical health ward.

Results. The case highlights the intricate interplay between physical and psychological factors contributing to disordered eating behaviours in adolescence. Factors such as societal pressures, peer influences, personal expectations as well as dynamics within a family home may all contribute to a distorted relationship with food and body image. Recognising these complexities is crucial for tailored interventions that address the root causes rather than merely focusing on symptomatic relief. We also established in this case the difference in efficacy between utilising aripiprazole vs olanzapine in terms of treatment of anorexic cognitions.

Conclusion. This case study underscores the necessity of a thorough and holistic approach in assessment, diagnosis and management of eating-related concerns in adolescents. By differentiating between eating disorders and disordered eating, healthcare professionals may better accommodate interventions to address the specific needs of the individual. Early identification and comprehensive care, involving medical, nutritional, and psychological components, are essential for promoting healthy relationships with food and preventing the escalation of disordered eating into more severe conditions.

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A Challenging Case of Generalised Anxiety Disorder and Recurrent Depressive Disorder, Unspecified

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Aims. This case presentation is on a 54 year old female patient. Prior to 2023, she had never had an inpatient admission for her mental health. She was referred to her local community mental health team in May 2023 as they were concerned that she was suffering from panic disorder. The GP referral stated that this lady was suffering from anxiety and panic attacks. At the time of the GP referral, she was on maximum doses of escitalopram, propranolol and zolpidem (and she had been on these maximum doses for three years prior to the referral). This lady has significant caring responsibilities (she has a brother who is severely disabled and she lives with him and she is his main carer). She sustained an injury to the tip of her left index finger in April 2023 and this injury seemed to cause an acute deterioration in her mental health.

Methods. This lady had her first inpatient admission in June 2023 and at that time she was treated for the following: mixed anxiety and depressive disorder. She was discharged to the care of her Community Mental Health Team at that time. Post-discharge, her mental state started to deteriorate and she waded into a river and she also made a serious hanging attempt. After this hanging attempt, she sustained multiple rib fractures, a pleural effusion and atelectasis. She also ended up in ICU following this suicide attempt. She was re-admitted to Holywell Hospital in November 2023.