psychiatric and neurological manifestations. Unlike typical associations of personality changes with frontal lobe tumors, our case challenges this by implicating a thalamic tumor, highlighting the complexity of symptom correlation with precise brain lesion locations. Psychiatric symptoms, though not exclusive, may indicate underlying brain tumors. New-onset psychosis, mood or memory symptoms, atypical occurrences, personality changes, and anorexia in individuals over 40 warrant a thorough diagnostic workup, including neuroimaging, to investigate potential intracranial lesions.

Conclusion. This case emphasizes the significance of identifying psychiatric symptoms as potential indicators of underlying brain tumors. The diverse manifestations, such as sudden psychosis, mood or memory changes, or unusual symptoms, should prompt further investigation, including neuroimaging. Early detection is crucial for improving overall quality of life, and understanding these psychiatric signs aids in unraveling the broader narrative of potential brain tumor involvement.

PANDAS Among the Lake District

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Aims. Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infection (PANDAS) is an inflammatory brain disorder characterised by a new onset of obsessive-compulsive disorder, triggered by streptococcal infection likely inducing molecular mimicry of antistreptococcal antibody action within brain tissue. PANDAS is perhaps considered controversial in the field of psychiatry due to debates over the validity of the diagnosis, controversy surrounding aggressive antibiotic and immunomodulatory treatment and limited well-controlled case studies.

Methods. A 13-year-old boy, X, presented with new onset worsening confusion, on a background of autism, to a child psychiatric clinic in the Lake District. During the summer, he developed a fixation with Harry Potter and began to act on confabulating beliefs that his mother is (and always has been) Lord Voldemort. X's behaviour became increasingly violent and aggressive and he now only spoke in 'parseltongue', refusing to communicate with anyone in any other way. A new personality change was identified as his usual routine behaviours and fixations had dissipated, such as a decrease in his ritualistic behaviours, a loss of his usual inquisitive nature, and an increased fascination with wearing sunglasses due to beliefs that the sun was poisoned by his mother, 'Lord Voldemort'. Additionally, X's eating habits had markedly changed and now refused all forms of food. Clinically, X also developed a new and sustained tic and was tremulous in clinics, despite no evidence of focal neurological signs. Due to the relatively acute onset of symptoms, an organic cause was queried, which eventually led to the presumed diagnosis of PANDAS.

Results. Extensive investigations, such as an MRI of the brain, autoantibody testing for anti-AQP4, MOG-Ab, and other serological testing, showed no specific cause could be identified other than evident inflammatory changes in the brain. A 'three-pronged' treatment approach was adopted: increased psychotherapeutic intervention, antibiotic treatment and IV immunoglobulin therapy.

Conclusion. This case illustrates the importance of recognition of PANDAS and, more pertinently, an appreciation of the biological aspect of the biopsychosocial approach to psychiatry. From the minimal evidence available, there is a suggestion of a relatively good prognosis for patients with suspected PANDAS when intervened timely; however, repeated infections or a chronic course of illness is more difficult to treat. PANDAS remains a diagnostic challenge and perhaps a mystery, with complicated impacts on not only the patient and their families but also the psychiatrist and wider teams involved in the management of care.

Hypothyroidism Presenting as Acute Mania

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Aims. In patients presenting with acute mania & psychosis, it is important to rule out organic cause of their symptoms. Neuropsychiatric problems include affective disorders, disturbances in cognition and psychosis. Mania is commonly associated with hyperthyroidism, But hypothyroidism is a medical condition commonly encountered in a variety of the clinical settings. Patients with severe hypothyroidism may present with psychosis and less commonly with symptoms of mania. We report a case of 37 year old male presenting with acute mania & psychosis, in context of severe hypothyroidism.

Thyroid dysfunction is known to have a significant impact on mental health. Hypothyroidism, in particular, has been linked to mood disorders and acute psychosis. Though most commonly associated with depression, hypothyroidism has been linked to psychosis since the late 1800s, in reports of delusions and hallucinations in patients with myxedema. More recent literature highlights the incidence and coexistence of hypothyroidism and psychiatric disorders, describing possible mechanisms contributing to the pathophysiology of these disorders. The link between hypothyroidism and mania, however, is less clear, with few reports in the literature. We present a case report of a 37 year old male presenting with acute onset mania with psychosis and previously undiagnosed severe hypothyroidism.

Methods. AB, a 37-year-old married male from a Telugu-speaking rural background, was brought to the psychiatric outpatient department with his family. The patient's attendants reported concerns about inappropriate talk, bizarre behavior, hyperactivity, sleeplessness, decreased appetite, and suspiciousness lasting for 10 days, indicative of acute psychosis. AB, with no previous psychiatric history, attributed his symptoms to stress related to business and property issues. Family members described him screaming in his apartment, displaying grandiose delusions of a divine presence within him, and exhibiting restlessness and aggression.

Further exploration revealed a history of sleepless nights preceding these symptoms, during which AB initiated a fast, abstaining from eating or drinking to establish himself as a 'spiritual advisor.' He expressed paranoia, believing neighbors and family members were conspiring against him due to

fictitious landownership claims. Upon examination, AB appeared conscious but restless, agitated, and inattentive for the past 15 days.

Blood work unveiled thyroid abnormalities, with elevated thyroid-stimulating hormone (TSH) (>100 mIU/L) and decreased free triiodothyronine (T3). AB denied prior hypothyroidism diagnoses, though his mother had a history managed with levothyroxine. Notably, no apparent physical symptoms of hypothyroidism were observed.

AB's social history included occasional alcohol (30ml once in a blue moon) and tobacco use (3–4 cigarettes/day). Three days before admission, he ceased smoking, and his last social drink occurred a month earlier.

Diagnosed with acute mania per ICD-10, AB commenced treatment with Tab. diazepam 5mg HS and levothyroxine 100 mcg daily. With this regimen, he showed improved goal-directed behavior and reduced grandiosity, although mild restlessness persisted. Continuing the treatment, the endocrinology team increased levothyroxine to 300 mcg daily, leading to stabilized restlessness. Remarkably, psychosis and mania resolved after two weeks without antipsychotics or mood stabilizers, accompanied by a downward trend in TSH (83.10 mIU/L) and an upward trend in free T3 (0.70 ng/mL) and free T4 (5.03 mg/dL). At discharge, AB showed no residual psychotic or manic symptoms, and levothyroxine was maintained at 300 mcg daily, with diazepam discontinued after a few days.

Results. In the above case rare effect of hypothyroidism was observed. The coexistence of hypothyroidism with depression, bipolar disorder and psychosis has been reported, dating back to the late 1800s. In 1949, Asher reported 14 cases of psychosis with hypothyroidism, 9 of which recovered with thyroid hormone treatment alone. Numerous cases have since linked psychosis to hypothyroidism. The majority of these cases were managed with a combination of antipsychotic medication and thyroid replacement, however in some cases maintenance therapy included thyroid replacement alone. There was no correlation between the degree of hypothyroidism and the severity of psychiatric symptoms. Psychosis usually remits after 1 week of thyroid replacement, with earlier resolution with the addition of antipsychotic medications. Although psychosis is less commonly associated with hypothyroidism than depression, it is a possible manifestation of the disorder.

Hypothyroidism is a common co-morbidity in bipolar disorder. The association between hypothyroidism and mania is less clear. Mania with concomitant hypothyroidism has been reported in patients previously undiagnosed with psychiatric illness. Patients presenting with acute manic episodes and hypothyroidism have improved clinically with a combination of psychotropic medications and thyroid hormone. But in this case patient's manic condition improved with levothyroxine alone.

Delineating aetiology of psychiatric symptoms in our patient is not difficult. AB's description of manic & psychotic symptoms with no past or family history of bipolar illness would suggest the diagnosis of acute mania. It is possible that hypothyroidism aggravated an underlying psychiatric illness or induced a manic episode with psychotic features. Treatment with levothyroxine & diazepam was considered for this patient to see whether the patient improves with levothyroxine alone & to prove mania is secondary to hypothyroidism. It is possible that levothyroxine contributed to improvement of ABs psychotic and manic symptoms. It is surmised psychotic symptoms completely resolved when the TSH, T3, T4 levels returned to normal.

Conclusion. Thyroid function should be investigated in all patients presenting with mania or psychotic symptoms. Without an underlying psychiatric illness, thyroid hormone replacement may suffice in the treatment of acute onset psychosis in the context of severe hypothyroidism. However, during an acute manic episode, treatment with thyroid hormone therapy alone may not suffice in some cases, and likely requires concomitant therapy with an antipsychotic or mood stabilizer.

Identifying Organisational Factors Related to Increased Risk of Depression in Usher Syndrome Patients: A Case Report

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Aims. Usher syndrome (USH) is the leading genetic aetiology of congenital hearing loss and progressive vision loss. It is linked with a high prevalence of mental health issues, including depression. Previous literature attribute this to communication barriers, constraints in mobility, and general feelings of dependency and uncertainty. However, there is little literature considering poor mental health in USH patients as a consequence of gaps in service provision on a national level.

Methods. The present report is the case of a 54 year old woman, who was born with USH Type IIa, and was previously diagnosed with depression and retinitis pigmentosa. The patient was recruited via the RareBeacons charity through volunteer sampling. A semi-structured interview was conducted, with 3 main categories: the impact of diagnosis, interpersonal relationships, and challenges in day-to-day life. A common theme of self-isolation was found, largely due to inefficient communication between healthcare providers, including but not limited to years of waiting for hearing aid treatment exacerbating symptoms of social withdrawal. The patient also reported inadequacies in physician knowledge regarding USH and their general unwillingness to be educated further. Unprofessional physician attitudes and lack of sensitivity towards the patient's deafblindness over time led the patient to feel distrust towards the system, which further compromises care.

Results. Areas of improvement on a systemic scale were identified, including increasing awareness of deafblindness in both the medical community and the general public through patient advocacy, as well as streamlining dedicated support pathways. The patient found formal support to be unhelpful, conversely emphasising the impact of informal support, namely web-based support group platforms. Support groups can provide a sense of community and belonging, alongside sharing valuable resources – often overlooked yet vital in USH, a rare condition with little official support. Subsequent research may include expansion of this case report to yield quantitative data, alongside investigating further factors increasing depression in USH patients (e.g. psychosocial, genetic and biological factors).

Conclusion. This report concludes that the gaping inadequacies of the current medical system poses a significant psychological, emotional and social burden on USH patients.