India. As per available information, KC was asymptomatic until 1 month ago. Over the next week, the family members observed KC to be withdrawn, quieter than usual and skipped work. He would reluctantly accept food and eat less than usual. Family members consulted general practitioners who advised multivitamins and supportive measures, with no improvements in KC's symptoms.

In the week preceding hospital visit, family members got concerned as KC would spend an entire day without speaking. He would occasionally nod yes/no or utter 1–2 words at his own will. He clenched his jaws when family attempted to feed him. Family googled KC's symptoms and guided by the suggestions over the internet, they decided to visit the ENT clinic for further evaluation.

Upon presentation to the clinic, KC appeared dishevelled and had clearly lost weight, with his clothes hanging loosely. He refused cooperation for the oral and laryngoscopic examination. Neurological examination revealed increased rigidity in both limbs following which a psychiatry referral was done and a provisional diagnosis of catatonia was established.

After a lorazepam challenge, the rigidity reduced, and KC became more compliant, accepting small amounts of food. The laryngoscopy was performed when KC was cooperative, revealing no structural abnormalities or any pathological finding. His speech returned, and he expressed fear, saying, "I can hear people plotting against me". With a diagnosis of psychosis, oral risperidone 4 mg per day (divided dose) was started. Routine blood tests revealed nutritional deficiencies likely due to prolonged food refusal. Two weeks into the treatment, KC resumed normal interaction, and his speech was fully restored.

Results: The case highlights the collaborative approach of ENT and mental health professionals in prompt identification and treatment of aphonia. Unlike many patients who present to ENT clinics with aphonia due to stress-related causes, this case is unique because psychotic symptoms overlapped with the aphonic presentation.

Conclusion: This case emphasizes the importance of a multidisciplinary approach in the diagnosis and management of aphonia. It serves as a reminder to consider a broader differential diagnosis when encountering aphonia, particularly in patients with unusual behavioural changes or neurological signs.

Kaleidoscope in the Mind: Charles Bonnet Syndrome

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Aims: Charles Bonnet syndrome (CBS) is a phenomenon characterized by complex visual hallucinations in visually challenged patients. CBS may go unrecognized and be misdiagnosed as early dementia or psychosis.

Methods: We present the case of an 83-year-old Caucasian gentleman 'X' who was referred to the older adult home treatment team.

X reported that his problems began when some men turned up at his door a few weeks earlier, regarding an application he had made to the council for solar panels. X suffered from a complex delusional framework, believing that these men have stayed around in his home and are living in his loft. He believed that there are microphones in his bedroom and that his conversations are being transmitted to malicious people who work for the council.

X reported distressing visual hallucinations of men in his kitchen threatening him with guns. Other hallucinations included his ex-partner engaging in sexual activities with the aforementioned men, which led him to believe that she has been forced into the sex trade. He reported seeing distorted faces in his bathroom mirror, bodies floating up against the ceiling, and children with metallic prostheses for limbs. X recently received a diagnosis of a mild cognitive impairment following a referral made by the GP to the memory clinic. Prior to this, he did not have a history of psychiatric or neurological illness.

Interestingly, X had previously undergone excision of his right eyeball for the treatment of cancer, and has a skin graft at the site. He has only partial vision in his remaining eye due to macular degeneration.

Results: Three criteria should be fulfilled to diagnose CBS; namely, visual loss, clearly formed recurrent visual hallucinations, and insight into the unreal nature of the hallucinations.

In our case study, X fulfilled the first 2 criteria, but was unable to appreciate that the images that he sees are not real. We surmise that X may initially have understood that his hallucinations are not real, but these hallucinations gradually became amalgamated with his delusional belief systems, leading to a loss of insight.

Conclusion: CBS should be considered as a diagnostic possibility in persons with visual impairment presenting with visual hallucinations, and differentiated from psychotic and neurological disorders such as dementia, delirium and late-onset psychosis.

SLC6A1 Neurodevelopmental Disorder: A Case Report

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Aims: Solute Carrier Family 6 member 1 (SLC6A1) genetic mutations are rare and mostly reported in the paediatric population. Few reports on adult cases have been mentioned in the literature. At present only pathological and likely pathological variants can confirm a diagnosis of SLC6A1-related neurodevelopmental disorder.

Methods: We report the clinical presentation of an adult male with a heterozygous variant of uncertain significance of the SLC6A1 gene. He presented with developmental delay initially and only in later years presented with other features in keeping with SLC6A1-related neurodevelopmental disorder. This includes moderate intellectual disability, epilepsy, autism, attention deficit disorder, behavioural difficulties including aggression. A further EEG at age 14 also showed focal and general abnormalities, however an MRI was normal. He was trialled on methylphenidate, lis-dexamphetamine and atomoxetine which were all unsuccessful. In 2024, genetic testing revealed a heterozygous variant of uncertain significance of the SLC6A1 gene.

Results: Our case adds further credence to the growing literature on SLC6A1 gene-related disorder and SLC6A1-related neurodevelopmental disorder. This individual illustrates the diverse clinical phenotype. Given the lack of published evidence, the result from

genetic testing for this person was classified as a variant of uncertain significance.

Uniquely, this case report describes an adult who has been tested, as opposed to paediatric cases which comprise much of the literature in this area. The notable case described by Verhowen of a patient who presented with a late onset of seizures, similar symptoms, progression and prior failed trials of medication as the case presented here, also benefited from genetic testing in later life. In addition, this patient responded well to sodium valproate which is known to be beneficial in cases with SLC6A1. This is most likely related to the GABA mediation. The findings of this case demonstrate the SLC6A1 gene-related disorder provides a unifying explanation for this diverse clinical phenotype, previously thought to be a constellation of syndromes and co-morbid symptoms.

The individual in this case study failed to respond to three adequate trials of medication for ADHD, all which have a robust evidence base. This suggests a possible alternate pathway for the development of ADHD features in cases such as this, as the majority of individuals with moderate-severe ADHD symptoms achieve symptomatic relief with pharmacological intervention

Conclusion: This case highlights the relevance of genetic testing in adults and the reporting of variants of uncertain significance that could possibly lead to reclassification of a variant.

Parkinson's Disease With Psychosis: A Case Report of Neuropsychiatric Manifestations

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Aims: Parkinson's disease (PD) is mainly a movement disorder, although 30% of PD patients may also suffer from psychosis, which may impair quality of life. PD psychosis (PDPsy) may result following approximately 10 years of treatment using dopaminergic agonists. PDPsy is characterized by recurrent and continuous hallucinations and delusions lasting for at least 1 month.

Methods: A 59-year-old female was admitted under Section 2 of the Mental Health Act (MHA) due to concerns raised by the police and her family regarding her mental health. The police were particularly alarmed after she repeatedly contacted them, expressing paranoid delusions. Her confusion and memory issues further contributed to the concerns leading to her admission. She was under the Early Intervention Psychosis team at the time of admission but her engagement with them was very erratic. She was started on quetiapine 50 mg ON but was non-compliant. She was diagnosis with PD 12 years prior to admission, and was still under the neurology team, and being regularly reviewed. The medication prescribed for PD were Sinemet 12.5/25 2 tabs QDS and ropinirole 8 mg BD.

Upon admission, the patient reported feeling monitored via 16 satellites connected to her television, broadcasting signals worldwide. She denied calling the police and instead suggested that her phone had been hacked. The police reported that she alleged that she had been sexually assaulted by her ex-partner or individuals organized by him while being drugged, though she had no memory of these events when questioned. She believed she was being followed, a notion she first experienced on a train to Cornwall a year prior. She also alleged that her ex-partner frequently entered her home at night to steal from her. She, also, exhibited delusional beliefs regarding her YouTube presence, asserting that her ex-partner manipulated satellites to influence her views online. Risk factors identified included medication non-compliance, poor insight, risk of falls due to Parkinson's disease, potential financial exploitation due to engagement with strangers on social media, and vulnerability.

Results: The differential diagnosis considered for this patient:

Delusional Disorder.
Late-Onset Psychosis.
Parkinson's Disease Psychosis.
Alzheimer's Disease with Psychosis.
Brief Reactive Psychosis.

A literature search showed that management of PDPsy involves a balance between reducing PD medication and introducing an antipsychotic for symptom management.

Conclusion: This case highlights the diagnostic challenges of psychosis in Parkinson's disease and underscores the importance of a multidisciplinary approach in managing psychiatric symptoms in neurodegenerative conditions.

Case Report: The Forgotten Functions of the Hindbrain

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Aims: This case highlights the cognitive functions of the cerebellum which is often forgotten about.

Methods: An 80-year-old lady with a previous mental health diagnosis of Bipolar Affective disorder (BIPAD). She presented to the general hospital in July 2024 with a sudden onset of confusion and aggressive behaviour. She was referred to the Psychiatric Liaison Service (PLS). On assessments, she presented with no clear mood or psychotic disorder suggestive of relapse in her BIPAD. She scored 8 out 30 on the Mini-Addenbrooke's Cognitive Examination (M-ACE) – losing marks on attention, memory – registration/recall, verbal fluency and the clock drawing test showed neglect. She lacked insight into her presentation and thus was in hospital under Deprivation of Liberty Safeguards (DoLS). Collateral history from her son corroborated that this was not a relapse in BIPAD. He enquired about an MRI head which revealed a small old infarct in the left cerebellar hemisphere.

Results: Cerebellar cognitive affective syndrome (CCAS; Schmahmann's syndrome) would explain the timeline of symptoms, assessment findings and collateral history. CCAS is characterized by deficits in executive function, linguistic processing, spatial cognition, and affect regulation. Neuropsychiatric features include impairments in attentional control, emotional control, psychosis spectrum disorders and social skill set. The deficits suggest a disruption of the cerebellar modulation of neural circuits that link frontal, parietal, temporal, and limbic cortices with the cerebellum which is known as Cerebellum-Cerebrum cortex loop. Movement, co-ordination, and cognition are intricately connected within the brain, however the role of the cerebellum in cognition has often been ignored.

Conclusion: Clinicians tend to focus on the motor-coordination functions of the hindbrain, and this case report highlights cognitive functions of the hindbrain that are often forgotten. CCAS may be underdiagnosed due to the lack of awareness of the intricate