potential Logopenic Primary Progressive Aphasia (lvPPA) with mixed dementia and Lewy Body dementia (LBD). Neurologist review confirmed diagnosis of lvFTD. Antipsychotic trial undertaken with aripiprazole, only to stop as led to worsening behavioural symptoms. Subsequently started on mirtazapine, quetiapine, lorazepam and rivastigmine. Improvement noticed in symptomatology. Currently awaiting DAT scan for further evaluation and on waitlist of Young Onset Dementia Psychology.

Results: This case underscores the complex diagnostic challenges in patients with overlapping neurodegenerative and psychiatric symptoms. The patient, in her late 50s, presented with progressive language impairment, memory issues, and psychotic features including auditory hallucinations and paranoid delusions. Neuroimaging revealed frontal lobe atrophy and significant asymmetrical hypometabolism in the left frontal, temporal and parietal lobes, findings suggestive of lvPPA. However, reduced tracer activity in the occipital cortices raised the possibility of mixed dementia, potentially co-existing with LBD. These overlapping features highlight the need for a comprehensive, multidisciplinary approach to refine diagnosis and optimize management strategies.

Conclusion: Breaking through the diagnostic fog, this case exposes the intricate challenge of untangling overlapping neurodegenerative and psychiatric disorders. The patient's progression from language deficits to memory loss and psychotic symptoms along with neuroimaging showing left hemispheric hypometabolism and frontal lobe atrophy, suggested lvPPA, potentially complicated by mixed dementia and probable LBD. She was diagnosed as lvFTD. This complexity calls for early multidisciplinary evaluation for prompt diagnosis and tailored intervention for improved patient outcomes.

Catatonia and Systemic Lupus Erythematosus – A Case Report

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Aims: Catatonia is a complex neuropsychiatric syndrome of disturbed psychomotor function, abnormal behaviours and withdrawal. It remains under-recognised and under-diagnosed, especially within the acute hospital setting.

While often associated with primary mental illness, it can also occur secondary to systemic medical conditions such as systemic lupus erythematosus (SLE), an autoimmune disease in which neuropsychiatric manifestations are commonly described.

We present a case which highlights the diagnostic challenge and importance of recognising catatonia in the context of lupus.

Methods: A 34-year-old female with a three-year history of SLE presented with decline in functioning accompanied by malar rash, joint pains, paucity of speech and altered mental state. She had previously experienced command hallucinations in the context of lupus flares and though the psychotic component resolved between episodes, she was prescribed a daily maintenance dose of olanzapine 2.5 mg.

Assessment revealed an agitated, distracted patient with suspected auditory and visual hallucinations, profound paucity of speech and incoherent mumbling. She required assistance with personal care, displayed rigid posturing, and had stopped eating and drinking. Laboratory results were consistent with an acute SLE flare, and it was proposed that her presentation was SLE-related psychosis, initially addressed by increasing olanzapine dose with minimal effect.

Further clinical deterioration prompted a lumbar puncture after which the patient began to talk and regain some normal functioning. Thorough examination of notes revealed midazolam had been administered so it was proposed that this was catatonia and therefore partially resolved with a benzodiazepine. Further examination revealed waxy flexibility, catalepsy, stupor and mutism. Regular lorazepam was added to the schedule of cyclophosphamide and high-dose prednisolone and led to prompt substantial clinical improvement.

Results: Data suggests neuropsychiatric symptoms are common in SLE and though there are some reports in literature of lupus-associated catatonia, its precise prevalence is uncertain.

It is proposed that the diversity of symptoms can arise due to various pathophysiological mechanisms in lupus, which include autoimmune inflammation of the central nervous system, metabolic disturbances or adverse effects of medication. While treatment of the underlying cause is key, timely recognition of catatonia and pharmacological therapy can result in rapid clinical improvement.

Conclusion: Catatonia is associated with significant morbidity and mortality if untreated. It should be considered as a differential in patients with lupus, particularly those with concurrent neuropsychiatric symptoms, thus resulting in improved patient outcomes.

Ekbom Syndrome With Folie à Deux – an Examination of Nature vs Nurture Through a Case Study

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Aims: Delusional parasitosis (DP), or Ekbom syndrome, is a rare psychiatric disorder in which individuals falsely believe they are infested with parasites. When shared by another person, it is classified as folie à deux (shared psychotic disorder). This case study explores a unique DP case within a close relationship, examining clinical presentation, potential causes, and treatment outcomes.

Methods: A 64-year-old woman sought mental health services, convinced she had fatally infested her 26-year-old neurodivergent son with scabies and transferred her heart disease to him. She had believed for years that she had a scabies infestation, a delusion shared by her mother, who had recently passed away at 89. Multiple dermatology consultations ruled out any infestation, yet she continued self-treating with bleach, essential oils, borax, and horse skin infection chemicals. She also took excessive baths, scrubbing herself vigorously.

Additionally, she was convinced she had heart disease and past cancers, though no medical evidence supported these claims. She exhibited significant anxiety and distress but denied perceptual disturbances and lacked insight into her condition. Treatment was initiated with a combination of an antipsychotic and an antidepressant, leading to a gradual reduction in delusional intensity and increased engagement with mental health services. Psychological support was also provided.

Results: DP is challenging to treat, particularly when reinforced by family members, as seen in this case. The patient's condition worsened following her mother's death. However, a multidisciplinary approach is essential to enhance engagement and compliance, which are crucial for a positive prognosis.