working diagnosis of catatonia. He responded positively to a lorazepam challenge therefore commenced on 1mg of lorazepam twice daily. Despite increasing doses, the catatonia worsened with severe psychomotor retardation, "psychological pillow" and nil food or fluid intake with Bush Francis score of 18. ECT was arranged as an emergency treatment but put on hold while tolerating all food and fluids requirements via nasogastric tube. Lorazepam dose was titrated to 3mg three times daily but signs seen of benzodiazepine toxicity therefore dose was reduced and ECT arranged for treatment resistance. Improvement seen on reduced dose prior to receiving ECT, therefore ECT put on hold again. His lorazepam dose was titrated up at a slower rate to 4mg three times daily which he was able to tolerate. His catatonia fully resolved at 12mg. Once stable, lorazepam dose was very gradually decreased until stopped. No evidence of catatonia returned.

Results. Medical and psychiatric causes of catatonia were explored.

Two positive blood anti-NMDA receptor tests two months apart; both 1/10 titre. This was discussed with the specialist neurology team in Oxford who advised this was an incidental finding with no clinical implication (1% of healthy population are positive).

Throughout admission, possible fleeting psychotic and depressive symptoms were noted, including not trusting food, hallucinations, worries about contamination and apathetic mood. However, these all improved as the catatonia was treated.

Conclusion. There was no clear underlying psychiatric or medical illness identified as a cause of the patient's catatonia. Catatonia has a higher prevalence in people with autism. At discharge he was well and reintegrated back to community life without requiring further medication.

Cognitive Decline With Low-Dose Procyclidine and Improvement Following Removal of Anticholinergic Burden

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doi: 10.1192/bjo.2024.656

Aims. A recent Cochrane review published in December 2023 concluded that "no trials found that interventions to reduce anticholinergic burden led to any other improvements in cognition compared to usual care". We describe the case of a 62-year-old lady who developed significant cognitive decline following the initiation of a low dose of procyclidine, which was rapidly reversed upon stopping the medication.

Methods. We present the case of a 62-year-old lady with a diagnosis of schizo-affective disorder, whose symptoms had been stabilized on a regime of lithium carbonate 500mg nocte, sulpiride 400mg BD and fluoxetine 20mg OD. When the patient presented to the outpatient clinic, she was noted to have bilateral coarse tremors and slight cogwheel rigidity. Procyclidine was started at a dose of 5mg OD to manage these extrapyramidal side-effects.

Following this, family members reported that the patient had difficulty initiating and following conversations. Short-term memory was affected and she was observed to have reduced attention span. These problems were reportedly getting worse with time, with a simultaneous decline in functional abilities. She was no longer able to carry out her daily shop, and family members ensured that she was no longer driving as they had concerns about her road safety. She stopped taking procyclidine after 1 month and notably, these problems ceased within one week of stopping the medication.

Cognitive testing confirmed that the patient was cognitively intact after procyclidine was stopped. The patient scored 96 on the 'Addenbrooke's Cognitive Examination' scale, which falls within the normal range. The 'Instrumental Activities of Daily Living' scale was administered to assess functioning at the time of the cognitive impairment. This returned a score of 1/8, indicating that there was significant functional impairment secondary to cognitive impairment when prescribed procyclidine. The 'Informant Questionnaire on Cognitive Decline in the Elderly' was administered to objectively quantify the extent of cognitive decline as noted by family. This returned a score of 4.3, confirming that the patient's cognition had indeed been worse when compared with her baseline.

Results. Our case report highlights the rapid improvement in cognition with the removal of anticholinergic burden in a 62-year-old female. Our report can, therefore, be a harbinger for more robust trials to determine the efficacy of interventions to reduce anticholinergic burden in preserving or improving cognition.

Conclusion. It is important to monitor for any change in cognition when prescribing anticholinergic medication in at-risk individuals.

Adult Onset Ornithine Transcarbamylase Deficiency: A Rare Cause of Psychosis

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doi: 10.1192/bjo.2024.657

Aims. Ornithine transcarbamylase (OTC) is an enzyme of the urea cycle catalyzing the condensation of carbamyl phosphate and ornithine to form citrulline. OTC deficiency leads to elevated serum ammonia and presents as different neurological or psychiatric symptoms. OTC deficiency is an X-linked inborn error of metabolism and most cases occur in neonatal period with severe presentation. Lesser known is the late-onset form that remains latent from infancy and only presents with intriguing symptoms mimicking psychiatric disease in adulthood.

Methods. Case report.

Results. We describe a case of adult-onset OTC deficiency in a 40-year-old man with borderline intellectual functioning and a psychotic episode following a protein rich meal. The case was first diagnosed as undifferentiated schizophrenia, until the genetic study was carried out.

Conclusion. Awareness of the adult onset ornithine transcarbamylase deficiency being a rare but possible differential diagnosis in a patient with acute psychiatric symptoms with hyperammonemia. Organic causes such as cerebral, metabolic, toxic causes of psychosis should be actively sought especially when encountering cases of acute psychosis.

Auditory Delusional Misidentification: A Case of Capgras Syndrome During the COVID-19 Pandemic

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doi: 10.1192/bjo.2024.658

Aims. Capgras syndrome is the most common of the delusional misidentification syndromes. It is characterised by the delusional belief that a familiar person has been replaced by an identical imposter. Capgras syndrome is associated with functional conditions, like psychosis, but also with a range of organic conditions such as dementia, brain injury and Parkinson's disease.

The COVID-19 pandemic created a unique situation where patients were unable to see their relatives in person, resulting in their only form of contact being via telephone or virtually.
Methods. We present a case of a 70 year old lady Mrs W, who was admitted with first episode psychosis. She developed Capgras syndrome during her admission, based purely in the auditory modality of talking to her husband on the telephone. She was firm in her conviction that he was an imposter, mainly based of 'a different tone' and using 'different words'. Showing a photograph of her husband was met with full and appropriate recognition. Given that a significant minority of elderly patients with a Capgras delusion have an organic aetiology, neuroimaging and extended laboratory investigations, including auto-antibodies for limbic encephalitis, were performed which were unremarkable.

With psychotropic medication, the Capgras delusion resolved, and on discharge she recognised her husband when they met again.
Results. The aetiology of Capgras syndrome remains unclear, although a range of causes have been suggested. Early psychodynamic theories related to conflict between love and hate towards the relative, which could be relevant in functional conditions but may have less significance in organic conditions.

Other theories examine Capgras syndrome as a mirror of prosopagnosia, where people have difficulties recognising familiar faces. This would indicate a pathological process affecting visual pathways. However, our case challenges this theory, suggesting that deficits in other sensory modality pathways may also contribute.

Although rare, our case is not entirely unique; several cases of Capgras syndrome in people with blindness have been reported. However, our case differs in that our patient was able to recognise photos of her husband despite misidentification based on auditory cues. As Mrs W did not have visual impairment, it is unclear if she would have presented with the more classical visual misidentification in the absence of the unique circumstances of the COVID-19 pandemic.
Conclusion. Capgras syndrome is classically associated with misidentification based on visual cues, however a growing number of case reports challenge this. Further investigation is required to create theories that encompass other sensory modalities.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Case Report of Prescribing in Attention Deficit Hyperactivity Disorder With Glycogen Storage Disease Type 1A

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doi: 10.1192/bjo.2024.659

Aims. Attention Deficit Hyperactivity Disorder (ADHD), is a neurodevelopmental condition affecting both children and adults, with a global prevalence estimated to be around 5% in children and 2.5% in adults, significantly impacting daily functioning, academic performance, and interpersonal relationships.

Glycogen Storage Disease Type 1A (GSD1A) is a rare metabolic disorder that occurs in approximately 1 in 100,000 births. It is characterized by accumulation of excessive glycogen and fat in the liver and kidneys that can result in growth retardation.

The aim is to increase knowledge of pharmacological management of ADHD in patients with GSD1A.
Methods. Our patient is a 16-year-old boy with both diagnoses of GSD1A and ADHD.

GSD1A is treated with a special diet of frequent small servings of carbohydrates which must be maintained day and night throughout life, given via PEG tube.

ADHD symptoms cause functional impairment and affecting his school attainment requiring treatment. However, stimulant medication, such as methylphenidate, which are first- and second-line treatments, can cause appetite suppression that would increase the risk of fatal hypoglycaemia in GSD1A.

The literature review of case reviews with similar presentations, aiming to confirm the absence of contraindications for prescribing methylphenidate in patients with GSD1A, showed no identified contraindications, and relevant papers were not found.

Collaboration with the metabolic disorders team at Great Ormond Street Hospital was established to verify the absence of contraindications and facilitate potential adjustments to feeds if necessary.

Short-acting methylphenidate was administered to mitigate appetite suppression and enable prompt reversal of potential side effects, owing to its brief half-life. This approach also aimed to facilitate regular dietary intake.

Gradual bi-weekly dosage increments of 5mg, coupled with vigilant side-effect monitoring, lead to enhanced attention and concentration, ultimately contributing to improved school attainment.
Results. Trial of short acting methylphenidate to ensure limited appetite suppression and allow opportunities for regular dietary intake. Slow dose titrations and weekly monitoring for response and side effects is vital. This young man's ADHD was successfully and safely treated.
Conclusion. This case shows that with careful liaison and planning, methylphenidate can be safely prescribed to patients with GSD1A. Our experiences show that using short-acting preparations of methylphenidate initially allows slow and careful titrations.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.