

paresthesias of both hands, and out of body sensations. She affirmed déjà vu and PM insomnia, and vivid dreams. When in high school she had one sleepwalking event, without recurrence. The patient was begun on buspirone, initially 2.5 mg and raised to 5 mg QHS. Within a day of increasing the dose, she experienced an episode whereby in the early hours in the morning, she removed her pajamas, folded them neatly into a stack next to the bed, and returned to bed, sans clothes. She was amnesic for this event, but based this history on her husband's report. She discontinued the buspirone and for over 1 year, there has been no recurrence of such events.

RESULTS: Abnormalities in her neurological examination: Mental Status

EXAMINATION: Anxious. Memory: immediate recall: 7 digits forwards and 4 digits backwards: Cranial Nerve Examination: Cranial Nerve I: Alcohol Sniff Test: 8 cm (hyposmia), Reflexes: 3+ throughout. Neuropsychiatric testing: Clock Drawing test: 4 (Normal). Animal Fluency test: 20 (normal).

CONCLUSIONS: Buspirone induced somnambulism may relate directly to its mechanism of action, as a 5HT_{1A} partial agonist. Since other 5HT_{1A} agonists, to cause noctambulism (Raja2012). Buspirone increases sleep fragmentation (Wilson, 2005), and thus may act to disrupt slow wave sleep, promoting susceptibility to somnambulism. Alternatively, her somnambulism may be a nocturnal variant of Buspirone induced dissociative state (Bystritsky, 2013). Given the above, it is worthwhile to query those who are undergoing therapy with buspirone for the development of somnambulism.

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Emetophobia: The Specific Phobia of Vomiting: 2 Case Studies With 1-Year Follow-up

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ABSTRACT: EDUCATIONAL OBJECTIVES: At the conclusion of the session, the participant should be able: 1) To recognize emetophobia & how it can lead to significant impairment & reduce quality of life; 2) To appreciate the prevalence of emetophobia among the general population, 3) To learn that the selective serotonin reuptake inhibitor sertraline can be effective for emetophobia; 4) Need for more research.

INTRODUCTION: Emetophobia is an intense, irrational fear of vomiting. The prevalence rate of emetophobia in a community sample has been estimated to 8.8 % with a female to male ratio 4:1: It can occur at any age and can have a chronic course affecting one's academic/career, family, and social life.

METHODS: Case 1: B. was a 7 year old female referred by her pediatrician for psychiatric evaluation for her intense fear of vomiting. Mother shared that B's overwhelming fear of vomiting started when she was 6 years old and it may have stemmed from an incident when one of B's cousins threw up inside their van. At school, B constantly monitored whether or not anybody was getting sick around her. If she found out, someone was sick she began screaming and crying. B's academic performance was negatively affected due to her intense irrational fear.

Case 2: P was a 12 year male patient referred by his pediatrician for psychiatric evaluation after receiving 4 days inpatient treatment on the pediatric unit for dehydration. Patient reported that he was afraid of vomiting and gradually stopped eating and drinking & became so dehydrated that he was hospitalized. Several months prior to his hospitalization he had suffered from the flu & during that time he had intense vomiting and since then he has been fearful of a recurrence of the vomiting.

After a complete psychiatric evaluation, a diagnosis of emetophobia was established for each patient. Both patients were treated with sertraline.

RESULTS: B and P both started with initial dose of sertraline 12.5mg daily and then increased gradually over a period of next few months. They responded well with sertraline. B and P continued sertraline 50mg daily and 25mg daily as a maintenance treatment respectively. At 1 year follow up visit both of them were symptoms free.

CONCLUSIONS: Emetophobia is a common and chronic debilitating mental illness. Still there are no treatment protocols and randomized controlled trials for the treatment of emetophobia. CBT/Exposure-based therapies are the most commonly used approaches for emetophobia per literature. More studies are needed for a better understanding of emetophobia, which is relatively deserted illness although it can cause as much suffering as other major psychiatric disorders do and any patient presenting with these symptoms deserve to be evaluated and managed with scientific understanding and guideline.

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