

A Gut Feeling: Delusional Parasitosis

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Aims: Delusional parasitosis, first described by Karl Ekbom in the 1930s, is a rare psychiatric disorder characterised by a persistent, false belief of parasitic infestation. The condition is typically classified into three categories: primary, secondary and organic. Primary delusional parasitosis arises in the absence of any other psychiatric or medical condition, while secondary and organic forms are associated with underlying psychiatric disorders or organic diseases. Here, we present the case of a 50-year-old male with a history of crack cocaine use, previously unknown to mental health services, presenting to our drug treatment centre with delusions of infestation.

Methods: Mr A, a 50-year-old male with a 20-year history of crack cocaine use, was referred for psychiatric review by his keyworker after expressing unusual beliefs. He had been engaged in treatment for his substance use for the past year. During this period, he disclosed a persistent belief that he had contracted a parasitic infection in his gastrointestinal tract, which he attributed to consuming sashimi during a trip to Cambodia a decade ago. He described feeling worms moving within his abdomen, with heightened nocturnal activity that disrupted his sleep. His appetite was affected by fear of worsening the infestation, though no significant weight loss was noted. His mental state exam revealed no signs of thought disorder, additional delusions or perceptual disturbances. His cognitive function, social interactions, and self-care remained intact. Despite reassurance that repeated blood tests and abdominal ultrasound scans showed no abnormalities, his delusions persisted.

Results: Substance misuse, particularly with stimulants such as cocaine and amphetamine, is a well-established risk factor for delusional parasitosis. Chronic stimulant use can result in a dysregulated dopamine system, contributing to psychotic symptoms. In Mr A's case, his long history of crack cocaine use is considered the primary contributing factor to his condition. While delusional parasitosis is typically associated with delusions of skin infestation, this case is notable for its gastrointestinal presentation, which is considerably rarer. Importantly, there was no indication that there were other contributory psychiatric or organic factors.

Conclusion: The management of delusional parasitosis requires a holistic, multidisciplinary approach. It is important for health professionals to address the patient's beliefs with empathy to promote trust and encourage engagement. Addiction services continue to support Mr A's efforts to reduce cocaine use, while mental health services have initiated antipsychotic treatment and are providing psychological therapy. Early indications suggest a positive response to this integrated treatment plan.

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.

Lost in a Thyroid Storm – Psychosis as a First Presentation of Grave's Disease

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Aims: Thyrotoxicosis is caused by an overactive thyroid gland, leading to excessive production and release of thyroid hormones into the bloodstream. The most common cause is Grave's disease. Presentation of Grave's disease with neurological and psychiatric symptoms as first line is rare; however it can lead to mis-diagnosis of a primary psychiatric condition, especially in younger patients. This report illustrates the case of a 24-year-old female presenting with psychotic symptoms on a background of undiagnosed Grave's disease.

Methods: Case report.

A 24-year-old lady was brought to A&E due to an abrupt change in behaviour, with confusion, bizarre speech, attempts to run on the street, aggression and insomnia. At assessment, she presented with thought disorder, thought block and derealisation phenomena. She was physically well, with only some mild diarrhoea. Routine blood tests were done at initial presentation, but this did not include thyroid function tests. She was detained under the Mental Health Act and transferred to a psychiatric ward. Thyroid function tests revealed an extremely high thyroid hormone level and presence of thyroid receptor antibodies. She was started on carbimazole and propranolol and her psychotic symptoms improved markedly without anti-psychotic medication. In the next few months, however, her psychiatric symptoms returned and she required further treatment in hospital as well as commencement of risperidone, an anti-psychotic. There was much debate between psychiatry and endocrine teams about the appropriate place of her care and the legal framework for a young woman who lacked capacity to consent to treatment due to an organic psychosis.

Results: Albeit rarely, hyperthyroidism can present with acute onset disorientation which can be misdiagnosed as a primary psychiatric disorder. Prompt treatment of hyperthyroidism with antithyroid medications is crucial for mitigating psychiatric symptoms, but it may take several weeks to months for thyroid hormones to return to baseline. The use of antipsychotics should be considered for symptom management; the dose and duration of treatment will depend on the time needed for return to euthyroid state, severity of symptoms and persistence of psychotic symptoms after correction of thyroid balance. Close collaboration between psychiatrists and endocrinologists is essential for the patient to receive the best quality care. Involving the patient and their family in care is equally important to support recovery in the longer term.

Conclusion: This case highlights the importance of considering organic causes in patients presenting with psychiatric symptoms.

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Awake Bruxism Treated With Quetiapine in a Patient With Alzheimer's Dementia

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Aims: Bruxism is a stereotyped movement disorder of tooth grinding or clenching. Unlike sleep bruxism, awake bruxism is not a sleep disorder, but is secondary to disorders of the central nervous system, such as Parkinson's disease, stroke and advanced dementia. We report a case of debilitating awake bruxism that developed during the course of Alzheimer's dementia, unrelated to neuroleptic use.

Methods: A 63-year-old man presented to our outpatient clinic of a tertiary care hospital in India, with a 4-year history of progressive short-term memory loss, increasing apathy and a constant audible teeth grinding in the day, which distracted him from social interaction. He was not taking any medications. Examination demonstrated phasic teeth grinding and extensive teeth wearing, but no extrapyramidal features or transient hypertonicity induced by distraction. Mini-Mental State Examination (MMSE) score was 15 out of 30. The psychometric testing was consistent with moderate dementia of Alzheimer's type. Computed tomography revealed age-related cerebral atrophy.

Results: Donepezil 5 mg was initiated and subsequently increased to 10 mg for Alzheimer's dementia improved MMSE to 20 three months after commencement. Quetiapine was prescribed for the bruxism. The patient reported a complete disappearance of awake bruxism at a daily dose of quetiapine 100 mg, with no occlusal appliances.

The biochemical origin of bruxism involves complicated interactions of various neurotransmitters. A central role of the dopaminergic system in awake bruxism was suggested from clinical observations in patients with Parkinson's disease and attenuation of symptoms with dopaminergic medications. A favourable response to quetiapine in the present patient suggests that bruxism in dementia might also involve the dopaminergic pathway.

Conclusion: A 63-year-old male treated with 100 mg daily doses of quetiapine for Alzheimer's dementia experienced a significant reduction of awake bruxism. More studies are needed to determine whether quetiapine has a long-term effect against awake bruxism.

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A Case Study of ADHD Management in a National-Level Athlete: Achieving Balance Between Academics and Sports Performance

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Aims: This case study explores the assessment and management of ADHD in a 14-year-old patient seen in CAMHS, presenting with significant academic difficulties but excelling as a national-level athlete in netball. The challenges of balancing stimulant treatment for ADHD with optimal sports performance highlight the need for personalised care strategies.

Methods: A 14-year-old patient was referred to CAMHS for concerns regarding persistent inattention, poor focus, and declining academic performance. A neurodevelopmental assessment, including the NICHQ Vanderbilt and ACE scales, confirmed a diagnosis of ADHD (combined type). Symptoms such as difficulty concentrating on tasks requiring sustained mental effort, poor organisational skills, and a tendency to rush through assignments without completing them were particularly prominent. These difficulties impacted her performance in core subjects, including mathematics, science, and English, where her grades had significantly declined.

Despite academic challenges, the patient demonstrated exceptional athletic abilities, excelling as a netball player at the national

level. Her coach praised her spontaneous, quick decision-making and high energy, attributes she associated with her ADHD.

After discussion, the patient was initiated on stimulant medication (methylphenidate). Following treatment, her focus, organisation, and overall academic performance improved, with notable achievements in her exams. However, the patient and her coach reported a decline in her sports performance, attributed to the loss of the “ADHD edge”, a concept supported in literature that highlights how ADHD traits, such as hyper-focus and spontaneity, can be advantageous in certain sports contexts. The patient felt her creativity and spontaneity, critical to her athletic success, were diminished.

Results: In collaboration with the patient, her family, and her coach, a flexible management plan was devised. The patient agreed to withhold methylphenidate on sports days while maintaining its use during school days. This approach allowed her to excel academically while preserving her peak performance in sports, achieving the best of both worlds.

Conclusion: This case highlights the nuanced challenges of managing ADHD in high-performing athletes. The combination of stimulant medication with a tailored regimen offers a balanced solution, enabling optimal academic and athletic outcomes. Further exploration into the interplay between ADHD and sports performance may guide future management strategies for similar cases.

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The Impact of Smoking Bans on Clozapine Metabolism and Psychiatric Stability: A Case Report

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Aims: A patient with a diagnosis of schizo-affective disorder, characterized by a history of harmful substance use, was undergoing treatment in the Intensive Psychiatric Care Unit (IPCU). His medical journey, punctuated by numerous admissions since childhood due to various mental health crises, presented considerable treatment challenges. Key components of his therapeutic regimen included clozapine and sodium valproate. His treatment was complicated by a pattern of medication non-compliance, substance misuse, and recurrent hospital admissions. A recent transfer to an unrestricted smoking ward resulted in significant changes in his smoking habits, which notably impacted both his mental health and clozapine levels.

Methods: In the IPCU, a patient treated with clozapine for schizo-affective disorder faced notable challenges after the implementation of the Smoke-Free Perimeter Law. Initially permitted a regulated number of cigarettes each day, this allowance was curtailed due to the law's enforcement requiring staff accompaniment for smoking breaks. The restriction led to reduced cigarette access. Following his transfer to an unrestricted smoking ward, the patient's cigarette intake increased to 20–30 per day, reverting to his usual habit. This change precipitated a drastic reduction in clozapine levels from 0.46 mg/l to 0.28 mg/l, leading to heightened confusion, delusional thinking, and disorganized speech. Despite no change in medication, it was resolved to move him back to the IPCU under a restricted smoking regimen. As his smoking stabilized at 10–12 cigarettes daily,