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Folie a Deux in 2 Elderly Sisters - Challenges in Diagnosis and Management

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Introduction: Folie a deux is a rare psychiatric disorder where an identical or similar mental disorder affects two or more individuals usually with close emotional ties. Management of patients with folie a deux may require multiple types of treatment including separation, family therapy and antipsychotics.

Objectives: Narrative case of Folie a deux in 2 elderly sisters

Methods: Clinical case presentation through retrospective review of clinical notes

Results: We present a case of 2 sisters living together of 76 and 74 years of age. The elder sister, Sister A, presented to Singapore's Institute of Mental Health on October 2021 after she was referred from court for disturbed behaviour with more than 10 years history of paranoid delusions against their neighbours, eventually extending to strangers in general. She was admitted and stayed in hospital from October 2021 to February 2022. She was referred to community psychiatric services to perform home visits due to her unwillingness to attend subsequent follow ups after discharge. During these home visits, it was determined that her sister, Sister B, was displaying delusional thinking as well. Sister A was started on antipsychotics while Sister B was managed non-pharmacologically. After commencement of antipsychotics, Sister A showed good response with improvement of symptoms, while Sister B continued to display delusional thinking. Discussion was made with the next-of-kin of both sisters, their nephew, and the decision was made to continue to observe these symptoms and monitor for their resolution with continued treatment of Sister A. A multidisciplinary approach was also used to attempt to reintegrate them into society to rebuild trust in the public. Currently both sisters still report vague paranoia of strangers in general and a multidisciplinary team is involved in improving their symptoms further.

Conclusions: With this case report, we hope to raise awareness of the different methods that are useful in the management of Folie a deux along with the challenges faced when managing these cases.

Disclosure of Interest: None Declared

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Neutrocytopenia associated with a lurasidon therapy in a patient with paranoid schizophrenia

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Introduction: Lurasidon is a relatively new, second-generation antipsychotic drug with an interesting receptor profile. It is con-

sidered safe and has a low risk of side effects. This drug is effective in reducing the productive symptoms of schizophrenia, but also has a positive effect on negative symptoms and cognitive functions. It is a medicine with a multi-receptor mechanism of action: it mainly blocks dopaminergic D2 and serotonergic 5-HT_{2A} receptors. According to the Summary of Product Characteristics, adverse reactions such as leucopenia, neutropenia and anaemia were too rare to estimate their frequency.

Objectives: This study describes case of neutrocytopenia and leukocytopenia that are likely to be related to lurasidon and have resolved after discontinuation of this medicinal product. The aim of the article is to highlight the risk of using second-generation antipsychotics in patients and the occurrence of blood cells disorders in particular neutrocytopenia.

Methods: An analysis of the medical history records were done to describe the case report.

Results: 39-years-old patient treated psychiatrically for 18 years, initially for mood disorders, irritability, behavioural disorders. In 2014 she was diagnosed with paranoid schizophrenia, her last psychiatric hospitalization took place in 2021. The patient had a history of neutrocytopenia and leukocytopenia. In December 2020, the patient was admitted to the psychiatric ward on account of active aggression against her mother. She was discharged in January 2021 with the recommendation to take paliperidone intramuscularly. Due to incomplete remission of psychotic symptoms, the patient received 37 mg of lurasidon since August 2021. The blood count, which was ordered upon admission to the Department of Psychiatric Rehabilitation, showed moderate neutrocytopenia. After discontinuation of lurasidon and the recommended supplementation, the results gradually improved and finally reached the normal range.

Blood cells type	23.09.2021 r.	04.10.2021 r.	14.10.2021 r.	28.10.2021 r.	10.11.2021 r.	24.11.2021 r.	08.12.2021 r.
Leukocytes	2,45 x 10 ³ / μl	2,73 x 10 ³ / μl	2,39 x 10 ³ / μl	2,66 x 10 ³ / μl	2,79 x 10 ³ / μl	4,09 x 10 ³ / μl	4,03 x 10 ³ / μl
Erythrocytes	4,26 x 10 ³ / μl	4,31 x 10 ³ / μl	4,48 x 10 ³ / μl	4,06 x 10 ³ / μl	4,08 x 10 ³ / μl	4,39 x 10 ³ / μl	4,22 x 10 ³ / μl
Neutrocytes	1,04 x 10 ³ / μl	1,60 x 10 ³ / μl	1,24 x 10 ³ / μl	1,53 x 10 ³ / μl	1,78 x 10 ³ / μl	2,72 x 10 ³ / μl	2,62 x 10 ³ / μl
Lymphocytes	1,05 x 10 ³ / μl	0,70 x 10 ³ / μl	0,72 x 10 ³ / μl	0,73 x 10 ³ / μl	0,64 x 10 ³ / μl	0,83 x 10 ³ / μl	0,92 x 10 ³ / μl

Conclusions: This case report shows the need for regular monitoring of blood cells parameters in patients treated with second generation antipsychotics, as there is a risk of neutrocytopenia or even agranulocytosis. If there is an obvious correlation, the dose should be reduced or switched to another medicinal product if possible and blood counts should be monitored further.

Disclosure of Interest: None Declared