done but he was managed for depression with several antidepressants with no improvement. He was also diagnosed with dementia and started on donepezil but nothing changed. He is currently psychotropics-free and following a retrospective diagnosis of IRDS and discussion with family, they were relieved that the correct diagnosis of XY's condition has been found.
Results: A physical illness appears to have triggered the regression in both cases. Personality and mood changes especially a manic presentation which is uncommon in people with Down syndrome were also reported. Psychotropic medications were not beneficial in at least the second case. In both cases, the diagnosis of Idiopathic Regression in Down Syndrome was an acceptable explanatory model for the family.
Conclusion: We hope clinicians will make the diagnosis more promptly thus facilitating quick access to adequate treatment.

Between Intent and Illness: A Look at Malingering vs. Factitious Behaviours

Dr Amy Anyi

Greater Manchester Mental Health Foundation Trust, Manchester, United Kingdom

doi: 10.1192/bjo.2025.10705

Aims: Presented is a 33-year-old gentleman with a diagnosis of emotionally unstable personality disorder (EUPD) well-known to mental health services, including inpatient, community, liaison, and psychological care teams, with a long-standing history of self-harm and suicide attempts, which included deliberately placing himself in high-risk public areas which have at times resulted in detention under mental health legislation.
Methods: Over the past several years, this gentleman has fabricated claims of a cancer diagnosis, terminal prognosis, and multiple surgical procedures – assertions refuted by his medical records – while leveraging these falsehoods on social media and through a crowd sourcing campaign to raise funds by misrepresenting his physical health. Furthermore, he has strategically leveraged medical admissions to access medications, including strong analgesics and for a self-reported diagnosis that remains unverified.

During conducted assessments, he has expressed a desire for psychological therapy and enhanced crisis support yet consistently avoids engaging with the planned, regular support offered by teams who are familiar with his history, including appointments scheduled after episodes of self-harm.

While services have considered a factitious component in his presentation others contest it aligns more strongly with malingering. Consensus with professionals is that given his presentation there are difficulties in developing and maintaining a safe therapeutic relationship due to his disingenuity, threats of complaints, and his active avoidance of any meaningful, structured, recovery-focused work.
Results: Factitious disorder is driven by an internal need to assume the sick role and receive attention or care, with patients intentionally producing symptoms rooted in psychological need rather than for external rewards where the behaviour is characterized by a willingness to undergo invasive tests and treatments, reinforcing their patient identity. Factitious disorder is recognised as a psychiatric diagnosis warranting treatment, whereas malingering is motivated by external incentives and is not considered a mental illness but rather a behavioural strategy. Individuals who malinger tend to avoid procedures that might expose their deception and selectively engage in behaviours that yield tangible benefits.
Conclusion: This case underscores the importance of comprehensive, multidisciplinary assessments in achieving accurate diagnoses by clarifying key differences in motivation, behaviour, and clinical classification. Enhanced diagnostic clarity not only improves patient care, but also safeguards healthcare resources. Despite evident secondary gains in this case, the long-standing emotional instability and interpersonal dysfunction associated with EUPD still necessitate a balanced, empathetic therapeutic approach.

Unmasking the Mind: A Journey Through Misdiagnosis to the True Identity of Dissociative Identity Disorder

Dr Nadia Amira Ashikin

Hospital Putrajaya, WP Putrajaya, Malaysia

doi: 10.1192/bjo.2025.10706

Aims: Dissociative Identity Disorder (DID) is a complex psychiatric condition that is often misdiagnosed due to its overlapping symptoms with other disorders such as mood and psychotic disorders. The presence of psychotic features, including auditory and visual hallucinations, disorganized behaviour, and memory gaps, can make the diagnosis of DID particularly challenging. This case study highlights a 27-year-old female whose DID diagnosis was delayed due to misinterpretation of her psychotic symptoms, which were initially attributed to other psychiatric disorders.
Methods: A 27-year-old female with a 15-year history of psychiatric care began experiencing symptoms at the age of 13, initially presenting with anxiety and panic attacks. Over time, her symptoms escalated to include episodes of auditory and visual hallucinations, disorganized speech, and erratic behaviour, leading to multiple hospitalizations. During one hospitalization, she displayed regressive behaviours, mutism, aggressive outbursts, hypomania, and dissociative amnesia. Despite extensive workups, including MRI scans and lab tests, no organic causes were found. Her diagnosis fluctuated between psychotic disorders, mood disorders, anxiety disorder, and dissociative disorder. Her mood and psychotic symptoms were initially treated as schizoaffective disorder, but the patient experienced adverse reactions to antipsychotic medications, including galactorrhoea from risperidone and weight gain from amisulpride. These medications were ineffective, prompting a reassessment of her diagnosis. A thorough review of her clinical history, including reports of memory gaps, identity disturbances, and dissociative episodes, led to the reconsideration of DID as the primary diagnosis.
Results: The psychotic features in this patient, such as hallucinations and disorganized behaviour, were secondary to her dissociative episodes, occurring during times of identity disturbance. This case underscores that psychotic symptoms in DID can easily be misinterpreted as part of a mood or psychotic disorder, especially when dissociative episodes are not initially recognized. The prolonged misdiagnosis delayed appropriate treatment, but a more comprehensive understanding of her symptoms led to the correct diagnosis and tailored management.
Conclusion: This case highlights the diagnostic challenges in identifying DID, particularly when psychotic features overlap with other psychiatric conditions. Early recognition of DID, with a thorough longitudinal assessment of both dissociative and psychotic

symptoms, is crucial for accurate diagnosis and improving patient outcomes. A more targeted approach, including trauma-informed care and psychotherapy, would have been beneficial and should be considered in similar cases.

Organic Delusional Disorder in the Context of Huntington's Disease (ICD 11 F06.2): A Case Report

Dr Segun Ayanda

Kent and Medway Partnership Trust, Maidstone, United Kingdom

doi: 10.1192/bjo.2025.10707

Aims: Miss X, a 39-year-old postpartum mother with a strong family history and previous diagnosis of Huntington's disease, was admitted to mother and baby unit three months after delivery due to psychotic symptoms and delusional disorder. Initially admitted informally, her deteriorating mental state necessitated detention under Section 2 of the Mental Health Act. Her symptoms significantly impaired her ability to care for herself and her children.

Methods: Her psychiatric history included past depression and anxiety, previously managed with counselling, but no prior inpatient admissions. Family history was significant for Huntington's disease in her mother, maternal aunt, and grandfather, as well as schizophrenia in her paternal aunt.

Miss X presented with persistent paranoid delusions, believing she was being stalked by both a male and female figure whom she could see and hear throughout the day. These hallucinations interfered with her sleep, appetite, and self-care. Additionally, she reported intrusive thoughts of accidentally harming her baby, further affecting her ability to meet the needs of her children. She lacked insight into her condition and was treated with risperidone for her psychotic symptoms and mirtazapine for depressive symptoms, given the history of Huntington's disease and the distress following the loss of custody of her baby.

Investigations revealed no acute intracranial abnormality on CT Head, but there was mild diffuse cerebral and hippocampal atrophy disproportionate for her age. Cognitive assessments included a Frontal Assessment Battery score of 16/18 and an ACE-III score of 78/100. Urine dip on admission was negative. Blood investigations and ECG were largely unremarkable. Differential diagnoses considered included Post-partum psychosis, Schizophrenia, Schizophreniform disorder.

Results: Miss X's lack of insight into her Huntington's disease has contributed to a significant breakdown in her caregiving ability. The persistence of her paranoid delusions, particularly the belief of being stalked, suggests a deeply entrenched belief system that may have been reinforced over time, making it more resistant to treatment. The overlap between neurodegenerative and psychiatric symptoms presents a challenge in management, requiring a tailored, multidisciplinary approach.

Conclusion: This case highlights the complex interplay between Huntington's disease and severe psychiatric manifestations, particularly delusional disorder. Her enduring psychotic symptoms, compounded by cognitive impairment, significantly impact her functionality and caregiving capacity. Early intervention, close psychiatric monitoring, and integrated neurological care are essential to improve patient outcomes.

Case Study: Harnessing Art Therapy for Patients With Learning Disability

Dr Sanskriti Babhulkar and Dr Caroline Deodhar

Norfolk & Suffolk NHS Foundation Trust, Ipswich, United Kingdom

doi: 10.1192/bjo.2025.10708

Aims: Individuals with learning disabilities (LD) have a higher rate of mental health disorders and behavioural difficulties.

Conventional interventions may be limited in addressing non-verbal emotional expression.

Art therapy offers a creative, structured medium for self-expression, emotional regulation and social skill development.

Methods: Case Report

A 42-year-old lady, Ms X, with moderate LD with challenging behaviour, paranoid schizophrenia and past history of mixed anxiety and depressive disorder and impact of art therapy in her treatment and quality of life.

Ms X has gone through a series of unfortunate events, for example, her brother committed suicide by jumping off a bridge. She lost her mother and her father had been diagnosed with Alzheimer's dementia. Considering her level of LD and the trauma that she has gone through and the past history of risky behaviours including verbal and physical aggression, requiring inpatient admission and intensive support, she has been doing well.

There are times she tends to become increasingly anxious needing reassurance, however, these are more infrequent now. In general, she has been compliant with the prescribed medications, Depakote and olanzapine. She goes out for swimming quite frequently and also she enjoys walking along the beach with staff. She keeps herself active.

A significant improvement in her presentation is attributed to the art therapy she has been having regularly since September 2024–January 2025. She has completed 12 sessions and a remarkable positive change has been noted by staff supporting her.

Results: Discussion.

1. Improvement in Psychosocial Functioning.

A systematic review (37 studies) indicated that art therapy interventions significantly enhanced psychosocial well-being.

Key therapeutic factors included varied artistic mediums and therapist-guided sessions.

2. Reduction of Aggression.

Ms X had reduced episodes of aggression which is also supported by a quasi-experimental study (Egypt) that found 85% of participants exhibited reduced aggression.

3. Alleviation of Mental Health Symptoms.

Art therapy provides a non-verbal mode of expression, effective in treating patients with learning disabilities and comorbid anxiety/