



Miss R – Testosterone Secreting Tumour, Gender Incongruence or Munchausen's Syndrome? A Case Report

Dr Hannah Pasha Memon^{1,2} and Dr Sumerah Jabeen²

¹North East London NHS Foundation Trust, London, United Kingdom and ²Patel Hospital, Karachi, Pakistan

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Aims:

Gender variance is a prevalent yet complex phenomenon that continues to generate significant academic and clinical interest. Historically, the diagnosis of Gender Identity Disorder was classified under Mental and Behavioural Disorders in the International Classification of Diseases (ICD). This has since been revised to 'Gender Incongruence' and relocated to the Conditions Related to Sexual Health section in ICD-11. Despite these advancements, the psychopathology of individuals experiencing distress related to gender incongruence remains insufficiently understood. Countries like Pakistan where sex reassignment procedures are illegal, provide a unique lens through which to explore the psychological experiences of individuals with gender incongruence.

Methods: This report details the case of a 20-year-old woman who presented with a testosterone-secreting tumour. Previously identifying and living as a heterosexual female, she reported experiencing homosexual encounters, emotional distress, confusion regarding her gender identity, and an increasing openness to adopting a male identity. Despite surgical interventions, her testosterone levels initially remained elevated and later surged, leading to a diagnosis of Munchausen's Syndrome (Factitious Disorder).

Results: Munchausen's Syndrome/Factitious Disorder: Munchausen's syndrome involves intentional fabrication or induction of illness without external rewards, distinguishing it from malingering. Features include inconsistencies in patient history, overdramatic presentations, and willingness to undergo invasive procedures. While Ms R's case lacked some typical features, her persistence in seeking medical attention and willingness to undergo surgical procedures supported the diagnosis.

Gender Incongruence: ICD-11 defines Gender Incongruence as persistent mismatch between experienced gender and assigned sex, often prompting medical interventions. In Pakistan, gender incongruence is stigmatized, compounded by legal prohibitions against homosexuality. Ms R's case highlights the cultural and psychological conflicts arising from these societal pressures.

Psychodynamic Considerations: Ms R's actions may have stemmed from a desire for attention and care amidst her challenging personal circumstances. The endocrinology team's thorough investigation reflects the cultural emphasis on finding biological causes, but the eventual diagnosis strained the doctor-patient relationship, underscoring the complexities of treating such cases in resource-limited settings.

Conclusion: This case underscores the complex interplay of gender incongruence and factitious disorder within a restrictive socio-religious context. It highlights the importance of culturally sensitive, multidisciplinary care, the need for further research on gender identity in conservative settings, and deeper exploration of the psycho-dynamic relationships between patients and healthcare providers.

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.

Contactless Remote Monitoring for the Detection of Drug Effects in People Living With Dementia: A Case Study on the Use of Mirtazapine to Treat Insomnia

Dr Ana Mirza-Davies, Dr Eyal Soreq and Professor David Sharp

Imperial College CR&T Dementia Research Institute, London, United Kingdom

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Aims: Safe and effective prescribing in people living with dementia (PLWD) is particularly challenging due to the increased risk of adverse events, polypharmacy and potentially inappropriate medications. Cognitive impairment and reliance on caregivers to report symptoms can further complicate the assessment of drug benefits. This case study demonstrates how novel contactless monitoring could address these challenges by enabling remote evaluation of drug effects in PLWD.

Methods: We present the case of a 77-year-old gentleman with late onset Alzheimer's disease enrolled on the CR&T MINDER cohort study and continuously monitored using the Withings Sleep Analyzer. He visited his GP with complaints of insomnia and was subsequently prescribed 15 mg of mirtazapine. He reported immediate beneficial effects, although noted that the drug made him drowsy. We evaluated his sleep by comparing baseline sleep metrics (a 2-week average 1 month before drug administration) with average sleep metrics 2 weeks after starting mirtazapine. Statistical analysis was performed using a paired t-test and a rolling average to assess trends over time.

Results: Calculated rolling average showed reductions in time spent awake overnight and in light sleep, while deep sleep and total sleep time increased. These trends were confirmed by period comparisons. Baseline deep sleep duration (M = 1.19 hrs, SD = 1.02 hrs), and total sleep time (M = 7.16 hrs, SD = 1.03 hrs) significantly increased 2 weeks post mirtazapine (deep sleep: M = 2.63 hrs, SD = 1.03 hrs); total sleep time: M = 7.87 hrs, SD = 0.47 hrs), $t(13) = -3.639$, $p = 0.003$, and $t(13) = -2.256$, $p = 0.042$. There was also a significant reduction in time spent awake during the night from baseline (M = 1.17 hrs, SD = 0.51 hrs) to 2 weeks post mirtazapine (M = 0.65 hrs, SD = 0.43 hrs), $t(13) = 2.616$, $p = 0.0214$.

Conclusion: This case study shows that contactless remote monitoring could be used objectively to evaluate the effects of mirtazapine on sleep in PLWD. Our results demonstrate that improvements in sleep detected by monitoring align with the participants' reported benefits. These findings suggests continuous remote monitoring could provide valuable, timely insights into drug effects in PLWD, improving clinical decision-making and personalising care.

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A Case Study Report: Crisis Emergency Admission of an Autistic and Moderate ID (Intellectual Disability) Patient and an Overview of Multidisciplinary Therapeutic Interventions Provided by a General Adult Psychiatry Clinical Team That Significantly Reduced Risk Incidents and Improved Patient Outcomes

Dr Angela Misra, Dr Omer Malik, Miss Emma Hahn, Mr Jeremy Stileman and Ms Karin Dicander

Cygnit Healthcare, London, United Kingdom