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.

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.

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,

the clozapine levels fluctuated before eventually normalizing, correlating with a stabilization of his psychiatric symptoms.
Results: This case underscores the significant influence of lifestyle habits, especially smoking, on the efficacy of psychiatric medications in mental health care. The increase in cigarette use in the unrestricted ward led to a marked decrease in his clozapine levels, highlighting the interaction between smoking and medication metabolism. The situation points to the crucial role of healthcare providers in closely monitoring and adjusting treatment plans in response to lifestyle changes, ensuring patient well-being alongside adherence to public health policies.
Conclusion: This case illustrates the complex challenges posed by the Smoke-Free Perimeter Law in psychiatric care, particularly in terms of personalized care and medication management. The significant changes in the patient's mental health and clozapine levels following increased smoking in an unrestricted environment underscores the need for careful planning in future transitions. Especially attempts to move the patient to a home or less restricted environment where smoking is more accessible, should be approached cautiously.

Catatonia Following Chemotherapy Complicated by Acute Kidney Injury and Delirium: A Case Report

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Aims: Catatonia can be secondary to psychiatric or medical conditions. Previous studies have reported associations between chemotherapy and catatonia, and between taxanes (a chemotherapeutic agent) and encephalopathy. However, there have thus far been no reports linking taxanes with catatonia. We present a patient whose catatonia emerged after receiving a taxane chemotherapy agent, docetaxel, while also suffering acute kidney injury and delirium.
Methods: Case report.
Results:

A 75-year-old housewife was admitted to a tertiary general hospital in Singapore for delirium followed by catatonia. She had a history of a right lentiform nucleus infarct in 2017 and of schizophrenia diagnosed in 1994, and treated with haloperidol. Her schizophrenia featured auditory hallucinations, delusions, and pressured speech; but no catatonia. In May 2024, she was diagnosed with stage III left breast carcinoma and commenced on neoadjuvant chemotherapy, consisting of docetaxel, pertuzumab, trastuzumab and filgastrim. Over the next 3 weeks, she developed poor oral intake and vomiting, resulting in acute kidney injury with metabolic acidosis, and requiring admission for rehydration. Initially, she was delirious, with drowsiness and inattention. However, on the third week of admission, she developed catatonia, with features of stupor, staring, echolalia, stereotypy, verbigeration, waxy flexibility, and perseveration. On the Bush–Francis catatonia rating scale (BFCRS), she scored 23. She did not exhibit any relapse of schizophrenia. To treat her catatonia, she was prescribed PO lorazepam 0.75 mg/day to 1.5 mg/day. Serial reviews before, and 30 minutes after the administration of lorazepam, demonstrated a significant reduction in catatonic symptoms. A week later, her catatonia resolved (BFCRS score 2) and she was discharged home. During clinic follow-up, she remained haemodynamically stable with good oral intake. Her BFCRS initially increased to 10, requiring further increase of lorazepam to 3 mg/day, which led to an improvement of the BFCRS to 2.
Conclusion: Breast cancer chemotherapy has previously been associated with cognitive deficits. Taxane-induced neurotoxicity can present with encephalopathy, ataxia, emotional distress, or cognitive impairment. Cerebral perfusion abnormalities in the motor cortex and frontal lobe have been previously described in catatonia, and after chemotherapy for breast cancer. In contrast, pertuzumab, trastuzumab, and filgrastim lack strong association with psychological symptoms. Therefore, while the catatonia is likely multifactorial in aetiology, with dehydration, acute kidney injury, and acidosis the probable culprits, we postulate that docetaxel significantly contributed to her catatonia. Notwithstanding the pathophysiology of catatonia, the case demonstrates good response to a benzodiazepine.

Munchausen Syndrome by Proxy in Singapore

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Aims: Munchausen syndrome by proxy, or "factitious disorder imposed on another" as per DSM–V criteria, is characterised by the falsification of signs or symptoms, or induction of injury or disease, in another individual. Despite its initial description over 60 years ago, the literature on its epidemiology, management, and prognosis remains limited, with most insights derived from isolated case reports.
Methods: We report a case of a 27-year-old woman charged with attempted murder after injecting her 7-year-old son with insulin multiple times. The patient's actions were driven by a history of severe childhood trauma, including sexual abuse by her father and brother, which contributed to her distorted perceptions of her son's behaviour. She falsely presented symptoms to healthcare providers, altered diagnostic tests, and fabricated medical histories, resulting in extensive and unnecessary investigations for the child on top of complications from being injected by insulin. Psychiatric evaluation diagnosed her with major depressive disorder, post-traumatic stress disorder, antisocial personality traits, and Munchausen syndrome by proxy. Despite being aware of the harm caused by her actions, the patient's judgement was significantly impaired due to her mental illnesses. Treatment included antidepressants and psychotherapy, with partial improvement observed.