reducing noradrenergic hyperactivity. This case highlights the challenges of managing complex comorbidities and balancing physical and mental health.

Methods: The patient, a 32-year-old female, was admitted for restricted eating. She had a history of Anorexia Nervosa (restrictive subtype) and PTSD. During admission, she reported increased PTSD symptoms, including frequent nightmares and difficulty distinguishing nightmares from reality.

Initially, her doxazosin dose was reduced from 16 mg to 8 mg due to hypotension concerns. However, this reduction coincided with worsening nightmares and distress. After confirming physical stability (stable blood pressure and no refeeding complications), the dose was increased to 12 mg. This adjustment led to significant improvement: reduced nightmare frequency, decreased distress, and better ability to differentiate nightmares from reality.

Her treatment involved a multidisciplinary approach, including medical monitoring of refeeding syndrome, psychiatric support for PTSD, and nutritional rehabilitation for anorexia nervosa. Regular monitoring of her physical and psychiatric health was maintained throughout her hospital stay.

Results: This case illustrates the complex interplay between physical and psychiatric conditions, particularly in patients with comorbid anorexia nervosa and PTSD. The reduction in doxazosin dose likely disrupted its therapeutic effect on PTSD-related nightmares, leading to symptom exacerbation. Doxazosin alleviates nightmares by blocking noradrenergic hyperactivity, which is implicated in PTSD pathophysiology. Restoring the dose to 12 mg balanced psychiatric symptom management with physical stability.

The case underscores the importance of a multidisciplinary approach in managing complex comorbidities. Collaboration between medical, psychiatric, and nutritional teams was essential to address both her physical health (refeeding syndrome, hypotension risk) and psychiatric needs (PTSD-related nightmares, anorexia nervosa). Regular monitoring and individualized treatment adjustments were key to achieving a positive outcome.

This case highlights the need for careful medication adjustments in patients with comorbid conditions. The decision to increase the doxazosin dose was guided by clinical response and physical stability, demonstrating the importance of personalized care.

Conclusion: This case demonstrates the challenges of managing comorbid anorexia nervosa and PTSD, particularly when physical and psychiatric symptoms interact. The careful adjustment of doxazosin dose, combined with a multidisciplinary approach, led to significant symptom improvement. It emphasizes the importance of individualized treatment plans, close monitoring, and collaboration between medical and psychiatric teams in achieving optimal outcomes.

Effect of Nurture on Nature Through Platelet Serotonin and Dopamine

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Aims: Each person is born with an unique personality/mental nature, determined by the genetic predisposition from biological parents. Starting from intrauterine period till the last date of life human beings are subjected to innumerable stressful factors, for which we are neither prepared or trained to face. Some of these stressors may have detrimental effects on our behavioural patterns by influencing the levels of neurotransmitters mainly platelet serotonin and dopamine (which has an inverse relationship with serotonin).

Methods: Here we present a case of 'SS', a Muslim lady 33 years married to a staunch Hindu male after having an affair for 6 years presenting in the OPD with recurrent suicidal thoughts for last 4 months with one failed attempt. She comes from a broken family. From her childhood she had seen her father regularly abusing her mother verbally and physically. Her mother separated when she was just 15 years and remarried. After one year of separation SS lost her biological father in a train accident which had affected her greatly.

After that loss, she ran away from her mom and stepfather and was staying alone when she met her present husband. After marriage her husband was also found to be very abusive verbally and physically and did not allow her to eat non-veg, neither was she allowed to do her regular namaz prayers. Recently she found her husband having an extra-marital affair that triggered the suicidal attempt. Her platelet serotonin was found to be very low and she was prescribed SSRI and antipsychotics.

Results: Leaving aside the natural calamities, aberrant/unsocial behaviours in the society mostly go unnoticed or not given the due importance until a grave crime is committed or the victims who are subjected to these sort of behaviours, by some reason or rather, themselves develop mental health issues.

Thus the preventable cause and effect factors are usually overlooked and treatment is targeted only to the affected patients. This causes a huge gap in the management of mental health issues in the society at large which seems to be increasing day by day.

Conclusion: Routine platelet serotonin test may help to unearth the hidden players with no insight causing unsocial and maleficent behaviours and thus affecting unwary family members or anyone outside coming in contact with them. Until and unless we cater to these predisposing and/or precipitating factors leading to mental stress, good mental health of the global society remains a myth.

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"I Am Going to Kill Myself": A Self-Reflective Case Study Exploring the Suicidal Language Used in Day-to-Day Life and How It Affects Those Who Have Experienced Mental Health Difficulties

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Aims: Some language which is now used day-to-day appears to be built upon the foundations of mental illness, such as "I am going to kill myself" or "I'm so OCD about things". However, these phrases seem to be brushed past in so many social situations. Two years ago, I attempted suicide during a particularly difficult period of my life. My experiences have made me more perceptive of this language heard in everyday conversations. This case study aims to spark early discussions around why this language has become so common and the impact that this has on the identity and spiritual well-being of individuals affected by mental illness.

Methods: This is an individual self-reflective case study of my own lived experiences. It embraces reflexivity as a method to understand one's own thoughts both past and present. During the depths of my depression, hearing others use this language made me believe that

suicidal thoughts were a normal part of being human, delaying my pursuit of any mental health support. Conversely, after my suicide attempt, such language left me feeling isolated, triggering vivid flashbacks. My journey to recovery has frequently been overtaken by thoughts that my past mental health is what solely defines me as a person.

Results: This case study proposes that the increasing use of statements like 'I am going to kill myself' reflects a deeper societal need for connection to others, yet it also diminishes autonomy over when and how individuals process their own mental and spiritual experiences. Overcoming mental illness is a difficult battle, often shaking one's sense of purpose in life. Reflecting on these experiences is essential for growth, but our society must help create a mindful and respectful space for this to happen.

Conclusion: A single case study goes a long way in proving that at least one individual has been affected by the use of mental health phrases by others. Whether that is the case for every person who has been mentally unwell at some point in their life or not, it is important to raise awareness of the negative setbacks it can have for vulnerable individuals. Further research should aim to recruit more participants affected by mental illness, gathering more evidence to either support or challenge the findings of this case study.

Zolpidem for Catatonia Refractory to Benzodiazepines in Resource-Limited Settings

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Aims: Catatonia is a neuropsychiatric syndrome characterized by a paucity of movement and speech. Benzodiazepines are the mainstay of treatment for catatonia, but a subset of patients do not respond. While electroconvulsive therapy is another treatment option for catatonia, access can be limited. This case report discusses the use of zolpidem, a hypnotic non-benzodiazepine GABA-A receptor modulator, in a patient with benzodiazepine-resistant catatonia.

Methods: A 19-year-old male presented to a hospital in the United States from jail custody with altered mental status. His medical history was notable for psychosis with paranoid delusions and severe catatonia.

The patient reportedly had severely reduced oral intake for the past month, with almost no intake at all in the prior eight days. His presentation, which included psychomotor retardation, mutism, and posturing, raised a high clinical suspicion for catatonia.

Initial treatment with 1 mg of lorazepam every 6 hours was ineffective, and the patient developed tachycardia, raising concern for malignant catatonia. At this time, his differential diagnosis included schizophrenia. His treatment regimen was adjusted to include olanzapine for suspected schizophrenia, memantine for catatonia treatment augmentation, and metoprolol for tachycardia. Despite this regimen, along with escalating lorazepam doses up to 7 mg three times daily, the patient remained severely catatonic. A trial of clozapine also failed to yield significant improvement.

Given the patient's limited response to benzodiazepines, zolpidem was introduced. He showed rapid improvement in his catatonic symptoms, including markedly improved speech, oral intake, and overall participation. Zolpidem was dosed throughout the day to limit drowsiness. By day 30, the patient demonstrated substantial recovery, with minimal catatonic symptoms and improved engagement in daily activities. He was discharged home on a regimen of zolpidem, clozapine, and memantine.

Results: A subset of patients with catatonia fail to respond to benzodiazepines, necessitating alternative treatments. Prompt intervention is crucial due to the life-threatening nature of catatonia and its numerous complications. While electroconvulsive therapy is often effective, its availability can be limited. Zolpidem, acting through a distinct mechanism of GABA-A receptor subunit binding, may offer an effective alternative for benzodiazepine-resistant cases.

Conclusion: Further research into zolpidem and other alternative therapies for catatonia is warranted, especially in settings where electroconvulsive therapy is not accessible. Zolpidem's potential as a treatment for benzodiazepine-refractory catatonia deserves further investigation.

Acute Outpatient ECT for Depression: Case Series of the First Clinical Pilot in Ireland

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Aims: ECT is a well-evidenced, cost-effective intervention for treatment-resistant depression. In Ireland acute (twice-weekly) outpatient ECT for depression has not been reported, though common elsewhere. Ireland has among the lowest number of inpatient psychiatry beds per person in Europe. We observed a clinical need for acute outpatient ECT for people who could not access elective inpatient care.

Methods: All cases provided written informed consent. A multidisciplinary (psychiatry, anaesthesiology, nursing) protocol for assessment and delivery of acute outpatient ECT was developed and implemented, cases described and feedback from stakeholders sought in an acceptability forum.

Results: Four medically stable patients (ASA Grades 2) completed acute outpatient ECT, receiving between n=6 and n=14 ECT treatments, attending from home. N=140 inpatient psychiatry bed days were saved, and n=45 community psychiatry reviews were required. No adverse events or medical interventions occurred. Three people had CGI outcome of "very much improved" and one person halted their treatment course when "minimally improved", citing lack of response. Stakeholder feedback in an acceptability forum highlighted the increased resource intensity of twice weekly community review for outpatient ECT, and the positive outcomes for treatment-resistant depression.

Conclusion: Acute outpatient ECT was safe and effective in this case series and resulted in n=140 psychiatry inpatient bed days being saved. There was an increased need for reviews from the community team during the treatment protocol. Medically stable patients with substantial social support were eligible for this pilot phase, thus a priority for future development must be equity of access to this effective intervention.