



during medication administration. The negative approach of the ward staff dissipated when the patient's behaviours settled with an antipsychotic. An informal meeting was conducted with the ward staff to highlight the potential iatrogenic harm that stigma can cause. Staff were evidently remorseful and understood the importance of engaging with all patients with the same standard of care, regardless of diagnosis.

**Results:** The stigma associated with EUPD is so potent that it may filter through to patients without the diagnosis based on loose associations. Healthcare professionals may distance themselves from patients with EUPD which may perpetuate sensitivities such as rejection and abandonment. This study highlights that this stigma poses a risk to the wider patient cohort should similar risk profiles or symptoms be displayed.

**Conclusion:** Mitigating the negative impact of an EUPD diagnosis must start with an acceptance and recognition of the dangers that staff narrative can have on patient care. This case study demonstrates the dangerous impact of stigma whereby a place of safety, the hospital, becomes the antithesis of therapeutic intervention. Of course, a more conclusive outcome would be to revisit the use of this diagnostic label and review policies in the management of EUPD in the inpatient setting.

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## Effective Management of Ketamine-Induced Bladder Syndrome With Baclofen During Ketamine Detoxification: A Case Report

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**Aims:** Ketamine, a dissociative anaesthetic, is used therapeutically to treat mental health disorders like depression, anxiety, and PTSD. However, its recreational misuse can lead to severe physical and psychological consequences. A concerning long-term effect of ketamine misuse is ketamine-induced bladder syndrome (KIBS), which presents with symptoms such as urinary urgency, frequency, and pain. As dependence on ketamine develops, the severity of KIBS increases, potentially leading to significant organ damage. In such cases, ketamine detoxification becomes essential for reducing or eliminating ketamine from the system while managing withdrawal symptoms and psychological distress. While no FDA-approved medication exists for ketamine detoxification, treatment generally focuses on addressing withdrawal symptoms, psychological and physical dependence, and related complications.

**Methods:** This case involves a 23-year-old woman with a complex mental health history, including ADHD, Borderline Personality Disorder (BPD), anxiety, and previous self-harm attempts, well-documented by community mental health services. Her substance use began at age 18, starting with ketamine use during university. Over time, her ketamine consumption escalated from 0.5 grams every few months to 3.5–5 grams, causing both physical and psychological harm. Her usage pattern varied; sometimes she refrained from use for a day or two, but often she would use it continuously for 3 to 4 days, followed by a break. At times, she alternated days of use, with usage depending on her mood, occasionally taking the entire dose at once.

Approximately four years after initiating ketamine use, she developed significant bladder pain, frequent urinary tract infections (UTIs), and a constant urge to urinate. To manage these symptoms, she began using pregabalin, initially obtained illegally but later prescribed at a dosage of up to 600 mg daily by her GP. Despite this, her bladder pain remained inadequately controlled, and she resorted to using paracetamol and co-codamol, which proved ineffective. She also visited a urologist biweekly. She underwent two private ketamine detoxifications in 2021, although relapse occurred a few days later.

Considering her ketamine addiction and bladder pain, she underwent detoxification treatment. Managing her bladder pain was a key focus of her treatment. Diazepam was prescribed for anxiety, and in addition to pregabalin, baclofen was added to address the bladder pain. During detox, the patient reported significant improvement in bladder pain.

**Results:** One of the most challenging aspects of ketamine-induced bladder syndrome is the chronic bladder pain. Baclofen, a GABA-B receptor agonist, helped relax smooth muscles, including those in the bladder, reducing spasticity and discomfort. Baclofen also alleviated neuropathic pain, which contributed to ketamine-induced bladder dysfunction. Baclofen's ability to manage neuropathic pain makes it a valuable option when traditional painkillers fail. By inhibiting pain signal transmission, baclofen provides relief from discomfort and reduces urinary urgency and frequency. In this case, baclofen effectively alleviated bladder pain, reducing reliance on pregabalin during detoxification. Despite the complexities of her treatment plan, baclofen was vital in improving the patient's quality of life during detox.

**Conclusion:** Baclofen proves to be an effective alternative for managing ketamine-induced bladder pain, particularly when traditional treatments fail. This case emphasizes the importance of a multidisciplinary approach to address both physical and psychological challenges during ketamine detoxification. By managing bladder pain and other withdrawal symptoms, patients can experience a sustainable detox process, ultimately improving their chances of recovery and decreasing the risk of relapse.

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## Clozapine Rechallenge in Treatment-Resistant Schizophrenia: Clinical and Ethical Considerations After Ileus

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**Aims:** Clozapine is the cornerstone of treatment for treatment-resistant schizophrenia. It primarily acts by inhibiting dopamine D2 receptors based on the hyperdopaminergic theory of psychosis. Additionally, second-generation antipsychotics (SGAs) interact with serotonin receptors (5-HT2A and 5-HT1A), mitigating extrapyramidal side effects. However, widespread activity on D2 receptors and additional anticholinergic effects can impact gastrointestinal motility, leading to complications such as paralytic ileus. Clozapine has potent anticholinergic activity and is associated with higher risks of paralytic ileus compared with other SGAs.

**Methods:** A male in his late 40s with treatment-resistant schizophrenia, anxiety and panic attacks underwent an elective