EPIDEMIOLOGY OF CATATONIA IN A LARGE DATASET

1.1 Jonathan Rogers, 1.2 Thomas Pollak, 1.3 Nazifa Begum, 1.4 Anna Griffin, 1.5 Rashmi Patel, 1.6 Megan Pritchard, 1.7 Matthew Broadbent, 1.8 Graham Blackman, 1.9 Anna Koliakou, 1.10 Robert Stewart, 1.11 Timothy RJ Nicholson 1.12 Anthony S David, King’s College London; 1.13 South London and Maudsley NHS Foundation Trust; 1.14 University College London

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Objectives/Aims Catatonia is an important neuropsychiatric disorder with a high morbidity and mortality. However, due to a perception that it is very infrequent and because of the acuity of the patients, it has remained poorly studied and research has often been confined to small groups. We aimed to establish the demographic, disease-related variables and blood-based biomarkers for catatonia in a large dataset.

Methods We used the Clinical Records Interactive Search (CRIS) system hosted at the NIHR Maudsley Biomedical Research Centre to search the clinical records for patients with catatonia. An initial free-text search was refined by use of a natural language processing app. The results of the app were validated by three of the authors, who included patients in the analysis only if a clinician had made a diagnosis of catatonia and two or more items of the Bush-Francis Catatonia Screening Instrument were in evidence. Demographics, disease-related variables and blood-based biomarkers could then be extracted for these patients and compared, where relevant, to non-catatonic psychiatric patients.

Results The natural language processing app extracted the records of 2766 patients with at least one mention of catatonia in their records. The majority of cases identified by the app could be validated by the researchers. A high proportion of patients had more than one episode of catatonia.

Full results will be available in time for the presentation.

Conclusions This study demonstrates that catatonia is not very rare, even relying on clinician identification. The frequency of recurrence is interesting, as it suggests that catatonia might indicate an underlying trait, rather than merely a transient state.

RELATIONSHIP BETWEEN INTEROCEPTION AND STRESS IN PATIENTS WITH FUNCTIONAL NEUROLOGICAL SYMPTOM DISORDER

1.1 Isabel Williams, 1.2 Markus Reuber, 1.3 Liz Levine. 1.4 Department of Psychology, 1.5 Academic Neurology Unit, University of Sheffield

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Objectives/Aims Self-report studies of alexithymic traits in individuals with Functional Neurological Symptom Disorder (FND), suggest that emotion dysregulation in this population is characterised by an impaired ability to detect and identify their own emotions (identification impairments). This regulatory deficit might be particularly problematic for a patient group with an increased incidence of stressful life events relative to healthy controls, for whom the ability to regulate emotions might therefore be more crucial. Examining sensitivity to changes in physiological cues associated with emotional experience (interoception) is a way of assessing one aspect of emotional experience, for example during stress. Our findings therefore represent a form of identification impairment that may contribute to stress-vulnerability in this population. Raised levels of self-reported ‘impooverished emotional experience’ corroborate the suggestion that patients with FND have difficulty identifying and understanding their emotions. These findings have direct implications for understanding and treating emotion dysregulation in FND.

REFERENCES


ON BEING AUTOIMMUNE IN PSYCHIATRIC PLACES: 10 CHARACTERISTIC MENTAL STATE FEATURES IN PATIENTS WITH DEFINITE NMDAR-ANTIBODY ENCEPHALITIS

1.1 Adam Al-Diwani, 1.2 Ruth Linghan, 1.3 Cheryl Perkins, 1.4 Gail Critchlow, 1.5 Belinda R Lennox, 1.6 M Isabel Leite, 1.7 Sarjatyn Manohar, 1.8 David Okai, 1.9 Sarasri R Irani, 1.0 Oxford Autoimmune Neurology Group, 1.0 Nuffield Department of Clinical Neurosciences, University of Oxford, Oxford, UK; 1.1 Department of Psychiatry, University of Oxford, Oxford, UK; 1.2 Clinical Neurosciences, Oxford University Hospitals NHS Foundation Trust, Oxford, UK; 1.3 Warneford Hospital, Oxford Health NHS Foundation Trust, Oxford, UK

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Objectives/Aims NMDAR-antibody encephalitis frequently presents with psychiatric symptoms. However, new-onset mental illness does not usually receive detailed biomedical investigations. Yet, early diagnosis and treatment correlates with improved outcomes. Here we used detailed psychiatric phenotyping to explore the nature of mental state abnormalities in this immunologically-defined illness.

Methods Prospective and retrospective semi-structured interviews with patients, carers, and clinicians in five consecutive cases of definite NMDAR-antibody encephalitis (all female, median age=20 years, range=16–30, ovarian teratoma in 4). Weekly multi-disciplinary assessment using the Neuropsychiatric