EPIDEMIOLOGY OF CATATONIA IN A LARGE DATASET

1. Jonathan P Rogers *, 1,2 Thomas A Pollak, 2Hafsa Begum, 1Anna Griffin, 1,2 Rashmi Patel, 1Megan Pritchard, 1Matthew Broadbent, 1,2 Graham Blackman, 1,2 Anna Kollia Kou, 1Robert Stewart, 1 Timmy HL Nicholson, 1Anthony S David, 1King’s College London; 2South London and Maudsley NHS Foundation Trust, 1University College London

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

1Isabel A Williams, 1,2 Markus Reuber, 1 Liat Levita. 1Department of Psychology, 2Academic Neurology Unit, University of Sheffield

Methods Twenty-six patients with FND and twenty-seven healthy controls performed the Heartbeat Detection Task (HBDT) pre- and post-stress-induction with the Cold Pressor Test. The HBDT is a behavioural paradigm, measuring participants’ sensitivity to a physiological cue associated with emotional experience - the heartbeat. Participants also completed a self-report measure of emotion dysregulation (The Emotional Processing Scale-25) which includes a subscale capturing ‘a detached experience of one’s emotions due to poor emotional insight’, and a measure of Major Depressive symptomology (The PHQ-9).

Results Relative to healthy controls, patients with FND performed more poorly on the HBDT both at baseline and following stress-induction (p=0.032). Patients also reported greater impairments across all domains of the EPS-25 and higher scores on the PHQ-9 than healthy controls (both p<0.001). Group differences on HBDT performance were not explained by group differences in age or depressive symptomology.

Conclusions Impaired HBDT performance suggests that patients with FND lack sensitivity to their heartbeat, both under ‘normal’ conditions and following stress-induction. Physiological cues (like the heartbeat) are an important source of interoceptive information for 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 ‘impoveryed 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

1,2Adam Al-Diwani, 1,2Ruth Longlan, 2Cheryl Perkins, 2Gail Critchlow, 2,1,3Belinda R Lennox, 1M Isabel Leite, 1Sanjay Manohar, 2,3David Okai, 1,2Soroush R Iran, 2Oxford Autoimmune Neurology Group, Nuffield Department of Clinical Neurosciences, University of Oxford, Oxford, UK; 3Department of Psychiatry, University of Oxford, Oxford, UK; 2Clinical Neurosciences, Oxford University Hospitals Nuffield Foundation Trust, Oxford, UK; 1Worcester Hospital, Oxford Health NHS Foundation Trust, Oxford, UK

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

Abstracts