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Poster Proceedings

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Case Presentation: ER is a 16 year old male with no past psychiatric history, who presented to the inpatient child psychiatry unit after an aborted suicide attempt by hanging the previous evening. He admits to feeling low occasionally in the past but otherwise had no past psychiatric history. Four months prior, in March of 2020, he broke up with his girlfriend. After briefly reprising the relationship they had officially ended the relationship two months prior to admission. He states that the isolation imposed by quarantine, along with the end of his relationship, had led to him feeling that he had lost all of his friends and supports, making it difficult to cope with the breakup. He endorsed worsening depressive symptoms, and in July 2020 he initiated treatment with escitalopram 10 mg. In early August 2020, upon seeing an image of his ex-girlfriend “moving on” on social media, he began to attempt suicide by asphyxiation with an electric cord. He decided mid-attempt to instead seek help at his outpatient psychiatric appointment the next morning, and at the appointment was encouraged by his outpatient psychiatrist to seek inpatient treatment. ER’s clinical course in the inpatient unit was uncomplicated. His escitalopram was titrated up to 20 mg and he was sent home after significant symptomatic improvement with a safety plan and close outpatient follow-up. Further investigation during his hospital stay revealed that social media, in this case a surrogate for social interaction, exacerbated ER’s underlying depression and psychosocial stressors by providing a warped view of his peers and their own experiences of quarantine. Instead of being a potentially protective factor and alleviating the loneliness of quarantine, his interactions via social media were detached from the emotional realities of his peers’ isolation and instead offered a series of joyful façades. Discussion: This case highlights the need to appreciate the roles social media plays in adolescent social development, and how this influences mental health in the context of quarantine during the COVID-19 pandemic.

No. 88

Cultural Considerations in Psychiatric Treatment of Children and Adolescents of Immigrant Parents

Poster Presenter: Mandar Jadhav, M.D.

Co-Author: Esther S. Lee, M.D.

SUMMARY:

In an inner city academic pediatric medical center in the northeast/mid-Atlantic United States, the growing numbers of immigrant & refugee families over the years has been correlated with an increase in children and adolescents from these families being treated for psychiatric concerns. While many of the diagnostic and treatment considerations for these youth are similar to those of youth from families who have been acclimated to this social environment for generations, there are some cultural differences that bear a significant impact on their treatment. Some of these factors are examined through the lens through a small selection of such youth herein for illustration in the background of previously published academic work in this domain. Additional avenues for interventions that may decrease the duration & severity of youth and family distress are also identified for further research.

No. 89

Disulfiram-Induced Psychosis in an Adolescent Treated for Chronic Lyme Disease: A Case Report and Review of Related Literature

Poster Presenter: Christina Michael, B.S.

Co-Authors: Kenny Hirschi, M.D., Ramnarine Boodoo, M.D., Daisy Shirk, M.D., Jasmin G. Lagman, M.D.

SUMMARY:

Introduction: Disulfiram (DSF) is a commonly prescribed medication for the treatment of alcohol use disorder. DSF has been recently studied in the treatment of Lyme Disease but with minimal data and contrasting results. Treatment has shown significant psychiatric side effects and has even resulted, in the adult population, in acute psychiatric hospitalization during treatment. We present a case of a 16 y/o male that was hospitalized status post treatment of Chronic Lyme disease with DSF that developed fulminant psychosis. Objectives: To discuss the presentation of overt psychosis in an adolescent on disulfiram for chronic Lyme disease. Case Presentation: A 16-year-old male with a history of chronic Lyme disease presents to the emergency department (ED) for altered mental status (AMS). Patient was found running naked in the woods when the police were called. At the ED the patient stated he was “running from God” and reported auditory hallucinations. Past history

includes an inpatient stay last year when he had presented to the hospital with AMS. His behavior at the time was described as having inappropriate laughter, grandiose ideas, delusions and pressured speech. He was given antibiotics and presented back to the hospital when his symptoms did not improve. Workup at that time yielded a diagnosis of Lyme disease. Lyme IgG was positive. Head CT showed no abnormalities. He was on antibiotics for a year where he was reported to be "stable", then followed up with a Lyme disease specialist who recommended switching treatment to DSF. He was taken off of DSF after three weeks of treatment, a few days prior to presentation - at which he presented with overt psychosis. During his inpatient stay, he was sexually and religiously preoccupied, disorganized and exhibited aggressive behavior. He responded minimally with Olanzapine and responded better with the addition of valproate. Discussion: Disulfiram is an irreversible aldehyde dehydrogenase inhibitor and in the context of alcohol use results in increased serum levels of acetaldehyde, which can precipitate symptoms of diaphoresis, palpitations, facial flushing, nausea, vertigo, hypotension, and tachycardia with the goal of discouraging further alcohol use. This is referred to as a DSF reaction and, due to the variability in half-life of this medication, has been seen in patients up to 2 weeks after discontinuation of therapy. There are also commonly associated dermatologic, psychiatric, and cardiac side effects. A lesser known mechanism of action of DSF is that it also inhibits dopamine beta-hydroxylase (via metabolite of DSF; Diethyldithiocarbamate) which is an enzyme that converts dopamine (DA) to norepinephrine (NE). This lesser known mechanism of DSF results in an increase in DA within the brain and is the principle mechanism implicated in psychosis seen with DSF dosing. To our knowledge, there have been no studies regarding adolescents presenting with psychosis secondary to disulfiram.

No. 90

Does Recurrent Mood Dysregulation Predict Obesity? Observations Made in an Adolescent Inpatient Psychiatric Unit

Poster Presenter: Megan Lin, D.O.

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SUMMARY:

The prevalence of obesity in adults with psychiatric disorders is known to be twice as high as compared to those without psychiatric disorders. Obesity in adults is defined as a body mass index (BMI) ≥ 30 kg/m² (body weight in kilograms divided by height in meters squared). Obesity in adolescents is defined as BMI ≥ 95 th percentile of the sex-specific BMI for age which is 20.5 % in the United States of America. Childhood obesity is known to be one of the most serious public health challenges of the 21st century. In the United States, incidence of childhood obesity has more than doubled and quadrupled in adolescents in the past 30 years. About 80% of adolescents with obesity are said to continue to have this condition as an adult. Obesity is associated with several medical conditions like hypertension, hyperlipidemia, metabolic syndrome that can lead to long term complications such as cardiovascular disease. Research has yielded significant association between mood disorders and childhood obesity. Obesity is excessively prevalent among adolescents with mood disorders and is associated with consequences such as increased illness severity, poor quality of life, emotional and behavioral disorder, poor self-esteem and even suicidality. In adolescents with mood disorders, excess weight gain may add to disease burden by increasing stigmatization, decreasing self-esteem, decreasing social function and reducing self-management behaviors such as adherence to medication regimens. Thus, it is vital to prevent or arrest obesity especially in the high risk population of children and adolescents with mood disorders to minimize short and long term complications of obesity. We present our observations from cases of 3 adolescents with prior psychiatric history of mood disorders and baseline obesity needing frequent psychiatric hospitalizations owing to de-compensation in mood symptoms with prominence of continued weight gain. We emphasize on the vicious cycle of multiple factors such as genetic predisposition, impulsivity, exposure to more than two psychotropic classes, binge eating behaviors and environmental factors that in turn contribute to increase in BMI correlating to heightened psychiatric and medical burden in