



**APPA 2012 Spring Meeting Resident Poster Presentation
April 28, 2012**

Abstract 12-1-01

Title: Folie à Deux – Shared Psychotic Disorder: a Rare Case Involving a Father and an Adult Son

Chair: Praveen Narahari MD; Authors: J. Luke Engeriser MD, Kenan Penaskovic MD, Lindy Rosal MD, Shanthi Gatla.

Summary: Folie à Deux (FAD), or Shared Psychotic Disorder (SPD), is a relatively rare syndrome which has long attracted clinical attention. The interest in this disorder may derive from the possibilities inherent in its pathogenesis. The phenomenon of seeming contagiousness of delusional belief may shed light on a more general mechanism of acquisition and transmission of a serious psychiatric disorders. We describe a case of shared psychotic disorder also known as 'Folie à Deux' which is a very rare psychotic disorder especially in developed nations. Our case involves a father and an adult son who do not have any documented past psychiatric history. This is the first case report published involving a father and an adult son.

Abstract 12-1-02

Title: Assessment of Depression Treatment Response by Utilization of the PHQ-9, GAD-7, and PHQ-15 Scales in a Community Psychiatry Clinic.

Chair: Woo-Jin Kwak DO; Authors: Severin Grenoble MD, J. Luke Engeriser MD, Raymond Lorenz PharmD, Praveen Narahari MD, Christine Nuez MD, Eugene Fletcher DO.

Summary: A recent study revealed that more than 80% of U.S. psychiatrists do not use scales to monitor outcome when treating depression. The Centers for Medicare and Medicaid Services' Physician Quality Reporting Initiative (PQRI) may prompt psychiatrists to use scales to document efficacy of treatment. Only 11.2% of psychiatrists in the United Kingdom used scales to monitor treatment outcome. As a performance improvement project, we used the PHQ-9, GAD-7, and PHQ-15 to monitor and compare psychiatric treatment responses for depression and other psychiatric disorders in the University of South Alabama College of Medicine Department of Psychiatry clinics. The PHQ-9 appears to be a low cost, quick, efficient, reliable, quantitative, feasible, and valid tool to evaluate outcome of depression treatment. We plan to analyze the results to continue to improve the quality of care of our psychiatric services.

Abstract 12-1-03

Title: A Parent's Worst Nightmare: A Haloperidol-Induced Acute Dystonia.

Chair: Mark Haygood DO; Authors: W. Bogan Brooks MD.

Summary: We describe a case report of an acute dystonic reaction after two low doses of haloperidol in a previously healthy 5 year-old African-American male presenting to the Children's and Women's Medical Center with an amphetamine-induced psychotic disorder. Typical antipsychotic drugs associated with movement disorders include haloperidol, fluphenazine, and pimozide; however, dystonic reactions can occur with any similar class agent. One such explanation for dystonic events is due to dopaminergic hyperactivity in the basal ganglia once neuroleptic agent concentrations in the central nervous system begin to fall, particularly after cessation of the drug or between medication doses. Another such cause for dystonia includes a higher proportion of dopamine to acetylcholine antagonism⁶. Epidemiological findings indicate dystonias usually occur in males, individuals younger than thirty, and after high potency antipsychotic intake. Treatment options include intramuscular or intravenous administration of benztropine or diphenhydramine until symptoms resolve. This case report describes a haloperidol-induced acute dystonia in a 5 year-old African-American male with only two doses of haloperidol given for an amphetamine-induced psychotic disorder.