EXTRAPYRAMIDAL SIDE EFFECTS INCLUDING OCULOGYRIC CRISIS IN TWO TEENAGERS FOLLOWING ATYPICAL ANTIPSYCHOTIC USE

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Background Extra-pyramidal side effects (EPSE) such as oculogyric crisis (OGC) are known to be precipitated by first-generation antipsychotics but are rarely seen with second generation, or atypical, antipsychotics. Atypical antipsychotics are increasingly being used for behavioural indications in children, although their side effect profile in this population remains poorly defined.

Objectives To describe EPSE, including OGC, occurring as a response to therapy with Risperidone and Aripiprazole, two atypical antipsychotics.

Methods We present the cases of two teenagers treated with Risperidone and Aripiprazole.

Results We describe and present videos of the delayed adverse extrapyramidal responses of two teenagers to these drugs.

Conclusions We raise awareness about the presentation of extrapyramidal side effects and parkinsonism following atypical antipsychotic use in the paediatric population. This is especially important as these drugs tend to be used more in children with learning difficulties who may not be able to communicate discomfort which leads to significant distress as was seen with our patients.

NEUROCOGNITIVE PROFILE OF Milder PHENOTYPES OF GLUCOSE TRANSPORTER TYPE 1 DEFICIENCY SYNDROME (A CASE SERIES)

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Background Classical variants of Glucose transporter type 1 deficiency syndrome (GLUT-1DS) present with microcephaly, seizures, and moderate-severe developmental delay. Non-classical variants can present later in childhood with relatively milder phenotypes - epilepsy and/or paroxysmal movement disorders. There are limited descriptions of neuropsychological profiles in GLUT-1DS, and most previous work is qualitative.

Objectives To describe the neurocognitive profile of 4 children with the non-classical form of GLUT-1DS.

Methods We present a case series of neurocognitive profiles of four patients with the non-classical form of GLUT-1DS.

Results The mean age of presentation for our four cases was 6 years; clinical features were that of absence epilepsy and paroxysmal kinesigenic dyskinesia. One patient was on a ketogenic diet, one was not due to family choice, two had tried and had not been able to continue. All four patients had low average to borderline range intellectual abilities, with Verbal IQ >Performance IQ and particular difficulties were noted with visuospatial/visuomotor skills. Numeracy skills were more affected in comparison to literacy attainments and they had new learning/encoding difficulties. A high level of psychosocial stress was seen in our cohort.

Conclusions Our case series supports previous research which suggests neurocognitive deficits in childhood onset GLUT-1DS. In addition, we document particular challenges in visuospatial skills. As we have become familiar with non-classical phenotypes of GLUT-1DS only in the past decade or so, there is a need to understand the condition better in terms of long-term outcome especially as this is a treatable metabolic disorder.