view of the fact that repeated restrain was required, he was in seclusion and possibility of need for rapid tranquilization post admission the decision was made to use the mental health act.
Conclusion. This case has highlighted a significant problem and calls for an urgent action to increase the number of inpatient age appropriate mental health beds and number of appropriate residential placements nationally. It has also been identified that application of legal frame work in children and adolescents can be a challenge and there is a need for targeted educational programmes for professionals on the use of legal frame work in children and adolescents.

Prolong psychosis preceding cognitive and motor symptoms; an unusual presentation in Huntington's disease

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Objective. To describe an unusual clinical presentation of Huntington's disease.
Case report. A 39-years-old married female, a homemaker, presented to the psychiatry clinic with her husband, with over a nine-year history of decreased sleep, suspiciousness, self-talking, agitation, anger outbursts, aggression, and social isolation. The patient was diagnosed with schizophrenia. Previously, she received various antipsychotics and Electroconvulsive therapy (ECT). The patient showed a partial response to treatment. Over the last 2-3 years, the patient had a progressive decline and later required supervision in her Activities of Daily Living (ADLs). She developed slurred speech limited to 1-2 worded answers, gait disturbance, falls, involuntary movements of the trunk and distal extremities, bowel and bladder incontinence, and severe weight loss. The patient's mother and older brother had a history of death in their early 40s due to an unknown cause.

At presentation, the patient was restless, irritable, self-talking incoherently, neither made nor maintained eye contact and tried hitting and biting upon approaching closely. She did not respond to any queries or followed commands. The patient showed poor personal hygiene. On examination, the patient was hemodynamically stable, had a loss of muscle bulk, broad-based gait, and choreiform movements of the trunk and distal extremities. We admitted the patient to the psychiatry ward and also consulted the neurology team. Her blood investigations showed ASMA antibodies positive, MRI brain was suggestive of Huntington's disease (HD), and her genetic test for Huntington gene confirmed the diagnosis of HD. We started the patient on Fluoxetine, Clonazepam, and Olanzapine. The patient showed a decrease in agitation, and her self-talking stopped.
Discussion. HD is a rare genetic disease that has well-characterized symptoms. However, as seen in our patient, these symptoms can evolve and progress unusually in the early and middle stages. Psychosis in HD patients is rare but known. Psychosis is rare in HD and usually presents after a clear clinical picture of HD is apparent. Our case discussed psychotic symptoms in the pre-choreic stage of HD which adds to the existing evidence on challenging presentations and management of HD. Further research can help increase confidence in these outcomes and treatment guidelines.
Conclusion. Our case highlights an unusual clinical presentation of HD, which can be challenging and lead to diagnostic delays. We recommend a thorough approach to history and revision of diagnosis in case of atypical presentations.

Psychosis in youth in Singapore: a case series

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Objective. In this report, we present a case series of children with psychotic symptoms referred to a child consultation liaison psychiatric service within a tertiary paediatric hospital in Singapore. The purpose of this case series is to identify common symptoms at presentation, review the current practices in our hospital for investigation and treatment of first episode psychosis and short-term outcomes.
Case report. We identified 9 cases over a 1 year period, for which 7 were seen whilst admitted to hospital and 2 in the outpatient clinic. There were 6 females and 5 males ranging in age from 11 to 16 years old. The commonest symptoms on presentation were perceptual disturbance (88%) most commonly auditory hallucinations and altered behaviour (55%). Of the 7 children admitted to hospital, all were seen by the neurology team prior to the request for a psychiatric opinion. All admitted patients had blood and radiological investigations carried out. Most of the children were started on a short course of antipsychotic medication with the majority continuing to attend follow-up outpatient.
Discussion. Only 9 cases were identified in this case series over a 1 year period highlighting that psychosis is not a common presentation in the paediatric population. From the history alone, it can be challenging to distinguish between primary and secondary causes of psychosis. Acute onset of symptoms and the presence of other neurological signs should raise the suspicion of an underlying organic cause. Out of 9 cases, only 1 case was treated for a presumed organic aetiology, which is consistent with findings from other authors who only found underlying organic factors in 12.5% of cases.

In this case series, we also noted that 45% of cases reported having symptoms for over 1 year before seeking help. This is also seen in the adult population in Singapore. Stigma, denial and lack of information about psychosis may all contribute to delay in seeking help. Although prolonged duration of untreated psychosis has been shown to be associated with poor long-term outcome, we found in our case series that even patients who reported a long duration of symptoms still responded well to medication.
Conclusion. There is room for collaboration with our neurology colleagues in the approach towards children with first presentation of psychosis, both in terms of investigations and management. Identifying reasons for disengagement from psychiatric care is an area for further investigations to improve outcomes in our patients.

Management of inappropriate sexual behaviour in frontotemporal dementia: a case study

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