Catatonia Due to a General Medical Condition: the 5 C's of Treatment Approach

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Introduction

Catatonia due to a General Medical Condition:

- 3 or more of psychomotor features
- Evidence from H&P or labs of direct pathophysiologic consequence of another condition
- Not better explained by another mental dx
- Does not occur exclusively during course of delirium
- Causes clinically significant distress/impairment (social, occupational, other areas of functioning)

Abstract

Background/Significance: Catatonia may be due to a general medical condition (CDGMC) in up to 50% of patients seen on the Consultation-Liaison Service. Patients with CDGMC catatonia may respond favorably to a lorazepam challenge.

Methods: We performed the Bush Francis Catatonia Rating Scales to assess catatonia and its treatment.

Results: We found that our patient met DSM 5 criteria for Catatonia due to a general medical condition. The patient was initially treated with lorazepam. Carbamazepine was restarted. The patient improved within 3 days. Lorazepam was gradually tapered. The medical history, brain imaging and psychiatric history also pointed to structural CNS disorder as a second etiology.

Conclusion/Implications: The diagnosis is Catatonia due to major neurocognitive disorder. The precise etiologies of dementia are unknown. Despite a positive lorazepam challenge test, she failed to maintain a response to lorazepam. We propose the 5 C's of the treatment of CDGMC. Patients in acute medical and surgical settings who present with catatonia deserve a medical work-up that will prioritize CNS etiologies. The 5C's of the treatment of catatonia due to a general medical condition consist of treatment directed at Catatonia, Treatment directed at Comorbid conditions, Treatment directed at the medical Cause, Treatment directed at the Complications of catatonia and Treat the Primary psychiatric Condition it most loosely resembles.

Case Presentation

A 58-year-old female was seen by the Consultation Liaison (C-L) service. The patient met Diagnostic and Statistical Manual of Mental Disorders Fifth Edition-Text Revision criteria for catatonia.

Medications prior to admission:

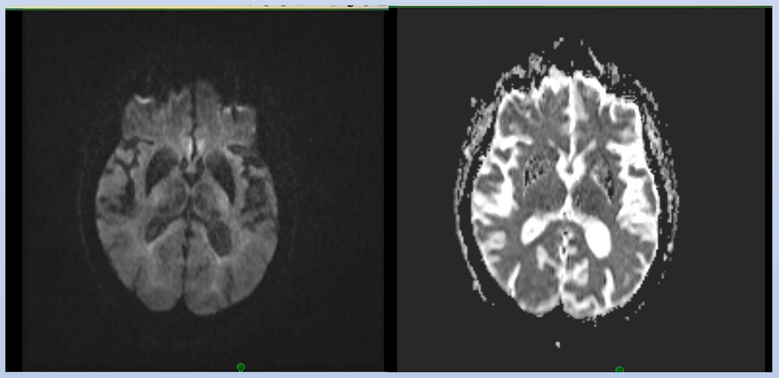
- Escitalopram 20 mg daily for depressive features

Seen in Emergency Department for rapid decline in mentation and completion of ADLs and IADLS within 6 months. Five years prior to the index hospitalization she had significant alcohol abuse. Four years prior unusual behavior and personality change were noted by family.

Case Presentation, cont.

Three years prior she no longer abused alcohol. One year prior the patient had a loss of hygiene and self-care. She was seen by a neurologist who recommended a dementia evaluation which was not pursued. In the six months prior she had a decline in cognition. One month prior the patient assaulted her mother.

The patient was hospitalized for three weeks. Head CT that showed generalized atrophy. MRI of head showed mild ischemic chronic small vessel disease and bilateral frontal encephalomalacia. An EEG showed generalized slowing with the predominant alpha rhythm and theta transients. No sharp or spike activity was seen. No focal slowing was seen. A lumbar puncture revealed normal CSF glucose, elevated protein at 118 (with normal being 15 to 40 mg/ml), 3 white blood cells, and 2000 red blood cells.



Initial Consult:
Bush-Francis - 41 (Impulsivity, Excitement, Incontinence, Combativeness, Negativism)

- MRI T2/Flair– Bilateral hyperintensities of the frontal lobes

Lorazepam Challenge Encounter:

- BFCRS = 41 (mutism, posturing, immobility, staring)
- Lorazepam 1mg PO on with improvement of 50% reduction in catatonic features within 1 hour
- BFCRS = 13 (mutism, posturing, immobility , staring)

Subsequent Evaluation:

- BFCRS = 14 (mutism, posturing, grimacing, immobility, staring)
- Continued on lorazepam 0.5 mg TID
- Valproic Acid 250 mg BID
- Peridex for Oral Hygiene
- Escitalopram 10 mg daily
- Repeat EEG demonstrated no clear paroxysmal activity or epileptiform activity. Beta activity is nonspecific pattern usually seen with benzodiazepine effects.

She became was more pleasant and able to converse with limited organization. She was eating and drinking without difficulty. She was discharged to an extended care facility.

Treatment directed at The Five C's

- Catatonia Conditions
- Comorbid Conditions
- Medical Cause
- Complications of Catatonia
- Closely Resembled Psychiatric Condition

Conclusion

This patient developed catatonia. The etiology is multifactorial, but the onset, course, features and resolution of catatonia could be explained treatment of the 5 C's.
Takeaway:

- CDGMC can have multiple etiologies
- Prioritize CNS etiologies
- Become familiar with the rating scales (Bush Francis Catatonia Rating Scale & Kanner rating scale)
- Treat the catatonic conditions, comorbidities, the medical etiologies, complications from catatonia, and the closely resembled psychiatric conditions

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