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Introduction

- Catatonia is a complex neuropsychiatric syndrome defined by abnormal behavior, movement and withdrawal.
- The pathophysiology is unknown, with unclear neurobiological correlation to specific receptors and neurotransmitters. Likewise, potential treatment options are unclear.
- Established treatment options such as ECT and Lorazepam are known to be effective, with Lorazepam in particular being well known for producing a dramatic recovery .
- However, when conventional options fail, it is important to consider alternatives.
- In this report, we describe a case of catatonia mostly unresponsive to Lorazepam during two different hospitalizations, but with successful return to baseline after treatment with Valproate.

Case Report

- A 19-year-old male presented initially with reported severe, sudden depression with bizarre behavior.
- Prior to current admission, the patient had been discharged recently from another tertiary hospital following a 2-week hospitalization for severe catatonia.
- Chart review from that admission scored his Bush-Francis Catatonia Rating Scale (BFCRS) at 16, which remained mostly unchanged after numerous intramuscular/oral doses of Lorazepam, with a reduction of BFCRS by only two points.
- Upon current admission, the patient endorsed bizarre, guilt-related delusions, and his condition had escalated to malignant catatonia as evidenced by a BFCRS of 19, with tachycardia and diaphoresis.
- Patient was initially given a total of seven doses of a mix of intramuscular and oral Lorazepam (total 18mg), with a minimal (2-point) reductions in BFCRS.
- As ECT was unavailable, Lorazepam was discontinued in favor of a trial of oral Valproate 500mg twice daily, which resulted in his catatonia subsiding (at a serum Valproate level of 60.8).
- The patient was started on oral Risperidone 0.5 mg once at night, titrated up to 3mg twice daily, and eventually returned to baseline.

Discussion

- Valproate has shown effectiveness in treating catatonia in case reports. The literature suggests GABAergic pathways may be the key to its success in catatonia treatment.
- Valproate use in acute treatment may also have potential for preventing future catatonic episodes.
- Furthermore, the use of Valproate may treat underlying conditions that can cause catatonic symptoms, such as mood disorders or seizure disorders.
- Lorazepam is an effective treatment for catatonia but when it and ECT fail, or when ECT is not available, alternatives such as valproate may be viable treatment options.

Conclusion

- This case along with the evidence available in literature highlight the importance of having alternative treatments for catatonia.
- Valproate is an intriguing option that can be of use in complex cases where traditional treatment has failed or is unavailable.

References

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