Multidisciplinary Management of Malignant Catatonia in a Geriatric Patient: A Consultation-Liaison Psychiatry Case Report

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Background

- Malignant catatonia in the geriatric population poses significant clinical and systemic challenges, requiring an integrated, multidisciplinary approach.
- This case study highlights the critical role of Consultation-Liaison (C-L) Psychiatry in delivering effective, patient-centered psychiatric care while navigating systemic healthcare challenges.

Case Description

- This is the case of a 73-year-old female with a history of MDD with psychotic features and recurrent catatonia with historical responsiveness to Electroconvulsive Therapy (ECT).
- A relapse occurred following ECT discontinuation, attributed to logistical issues and transportation barriers from SNF.
- Upon re-admission, the patient exhibited severe catatonic symptoms, compounded by dehydration and failure to thrive.
- The C-L Psychiatry service, in collaboration with the internal medicine hospitalist service, expedited the resumption of ECT, leading to improvement in symptoms.
- One of the challenges was obtaining informed consent and this posed significant ethical and logistical challenges.
- Post-discharge care was difficult as skilled nursing facilities (SNFs) and psychiatric hospitals expressed reluctance to admit the patient due to ongoing ECT treatment, revealing a distressing gap in the continuum of care for patients requiring complex psychiatric interventions.
- This challenge necessitated a compromise including discontinuation of the optimal treatment plan (weekly ECT sessions) to secure a facility placement, significantly heightening the risk of relapse and future morbidity.

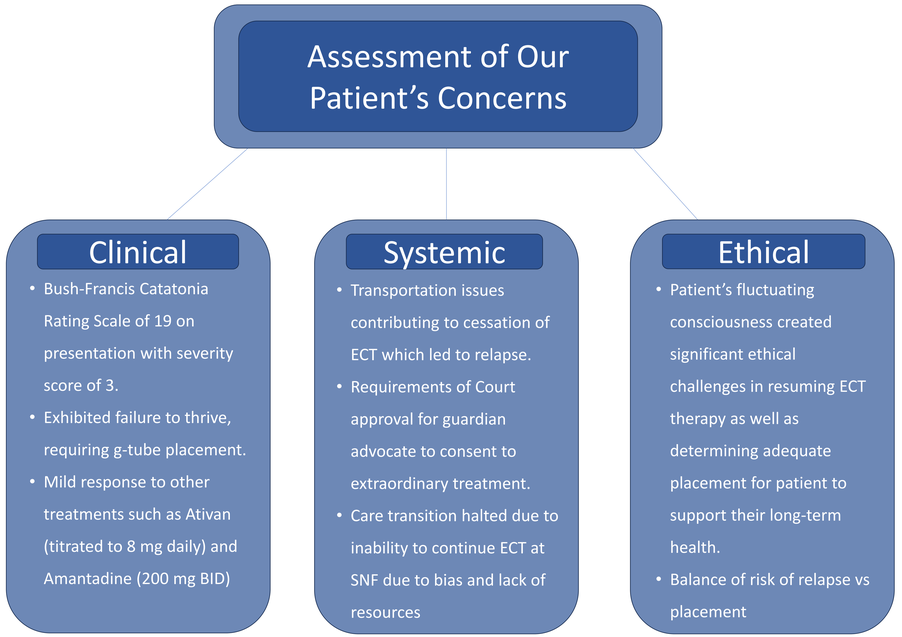

Figure 1: An organizational chart detailing the clinical, systemic, and ethical concerns assessed during our management for this patient.

	Rank-order score[b]	
Rank	**M**	**SEM**
1. Lack of physical space	1.67	.16
2. Stigma on part of patients	1.63	.14
3. Transportation	1.45	.12
4. Lack of administrative support and bureaucratic issues	1.27	.13
5. Lack of adequately trained ECT practitioners	1.25	.14
6. Potential side effects not acceptable to patients	1.21	.12
7. Lack of knowledge on part of referring providers	1.17	.13
8. Poor reimbursement rates	.84	.11

Table 1: Adapted from Wilkinson et Al. Barriers to expansion of ECT services.

Discussion

- Barriers to care such as a lack of transportation, insufficient community support services, and questions regarding patient autonomy are key factors in this case which serve to further exacerbate healthcare disparities in those seeking adequate psychiatric care.
- The reluctance of care facilities to accept a patient undergoing ECT treatment highlights a critical need for systemic reform to support continuity of care for psychiatric patients, especially those requiring specialized interventions like ECT for which timely follow-up is imperative.
- The forced discontinuation of ECT to secure SNF placement illustrates the unfortunate reality of navigating patient care within rigid healthcare systems, often at the cost of optimal patient outcomes and the reduction of patient comorbidities.

Conclusion

- The management of malignant catatonia in geriatric patients demands a patient-centered approach, underscoring the vital role of C-L Psychiatry in orchestrating care across multidisciplinary teams and healthcare settings.
- This case study advocates for systemic changes to eliminate barriers to continuous psychiatric care, emphasizing the importance of creating flexible healthcare policies that accommodate the complexities of treating severe psychiatric conditions.

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