

Treatment-resistance or the perfect storm? A multifaceted case of catatonia in a patient on clozapine.

Casey K. Gilman, M.D.¹; Sheharyar Sarwar, D.O.¹

¹Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN, USA

INTRODUCTION

- Catatonia is a complex syndrome, characterized by motor, behavioral, attentional, and sometimes autonomic symptoms, that **can occur due to medical and psychiatric causes**.
- It **often goes unrecognized in medically ill patients**, despite medical illness being the cause in approximately 20% of cases.
- The treatment of these particular individuals can be challenging as they **are less likely to respond to lorazepam**.

CASE BACKGROUND

- A **39-year-old Somali male with schizophrenia** presented with **abdominal distension and signs of infection**, later found to have pyelonephritis.
- Psychiatry is consulted to **assess for clozapine-induced ileus**, suspected to be due to increased clozapine levels in the setting of infection. Clozapine is being held due to concern for worsening ileus and infection.
- Approximately 3 months prior, he had been doing well on 150 mg clozapine and monthly Invega Sustenna 156 mg injections. He was adherent to all medications and visits. He was experiencing constipation at this time but was on an aggressive bowel regimen and still having bowel movements daily. Of note, he does also have a history of Hirschsprung's.
- On initial examination, he is noted to have mutism/paucity of speech, staring, and was withdrawn **raising concern for catatonia**. Collateral information obtained from his brother is also suggestive of catatonia. We **recommend 2 mg of intravenous lorazepam**.

FIGURE 1. THE PERFECT STORM

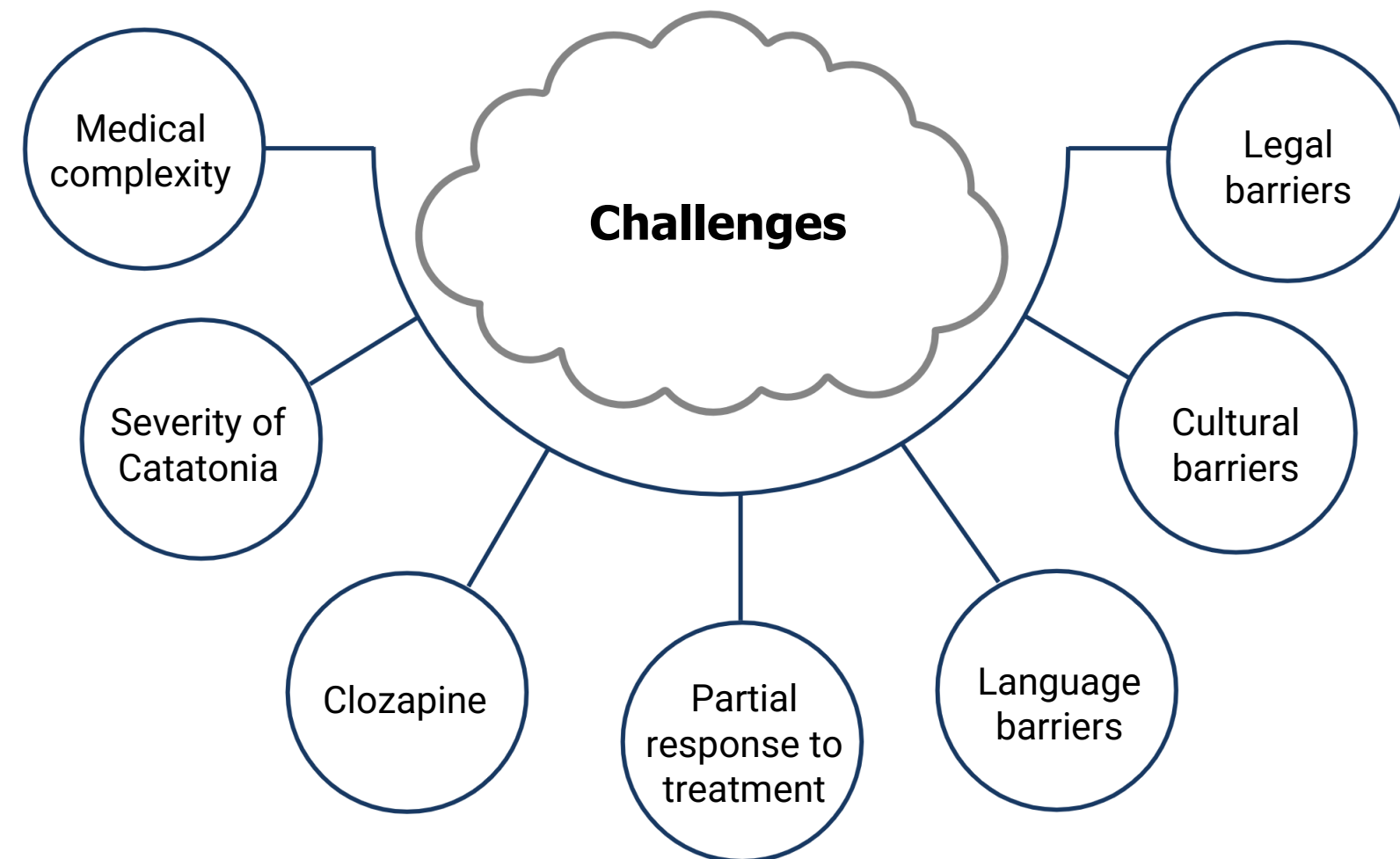
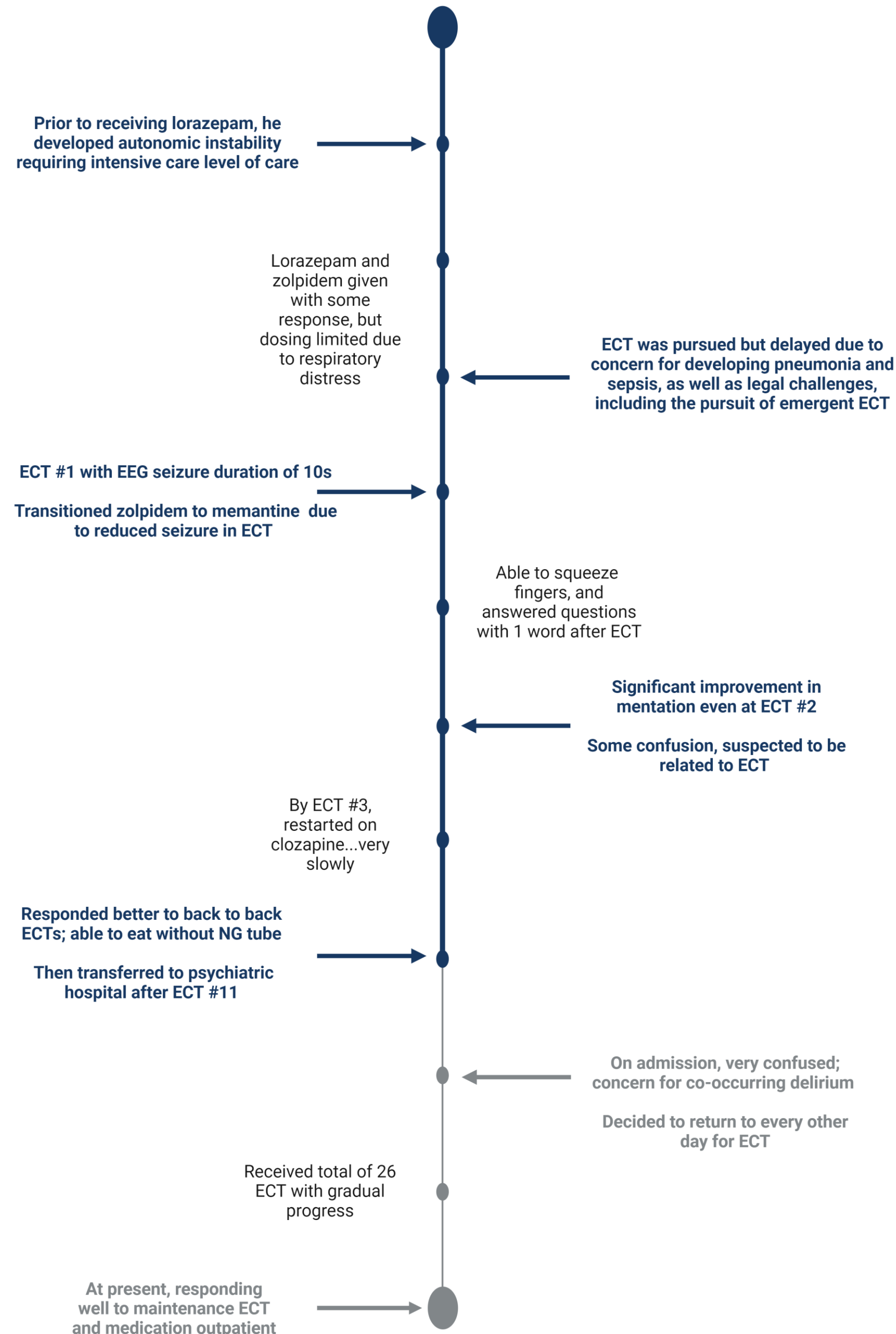


FIGURE 2. CASE



DISCUSSION

- Catatonia occurring in medically ill patients can be particularly **difficult to diagnose and treat**.
- Severe catatonia may require **multiple medication trials and combinations**.
 - Benzodiazepines (lorazepam)
 - NMDA antagonists (memantine, amantadine)
 - GABA-A modulators (zolpidem)
- The use of antipsychotics is typically discouraged due to the potential risk of worsening symptoms
 - Clozapine is unique among antipsychotics in that it has been demonstrated to improve signs and symptoms of catatonia.
 - Discontinuation of clozapine has also been observed to cause withdrawal catatonia.
- A challenge with patients on clozapine who are also medically ill, particularly with an infection, is that clozapine can build up to toxic levels, causing ileus, neutropenia, hypotension, seizure and myocarditis.
- An alternative first-line treatment for catatonia is ECT, and in cases of malignant catatonia, prompt ECT can significantly decrease mortality.
 - Despite this, ECT is highly regulated and thus can be significantly delayed due to legal constraints.
- Although it is not uncommon for catatonia to occur in minority groups, there is minimal literature on cultural barriers impacting catatonia detection and management.
- For medically complex patients, the appropriate management relies on recognizing catatonia amongst a myriad of confounding and contributing factors.

REFERENCES



DISCLOSURE

The authors have no financial conflicts of interest or personal relationships to disclose that are relevant to the concepts discussed in this poster.