

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

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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- On initial examination, he is noted to have mutism/paucity of speech, staring, and was withdrawn raising concern for catatonia.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

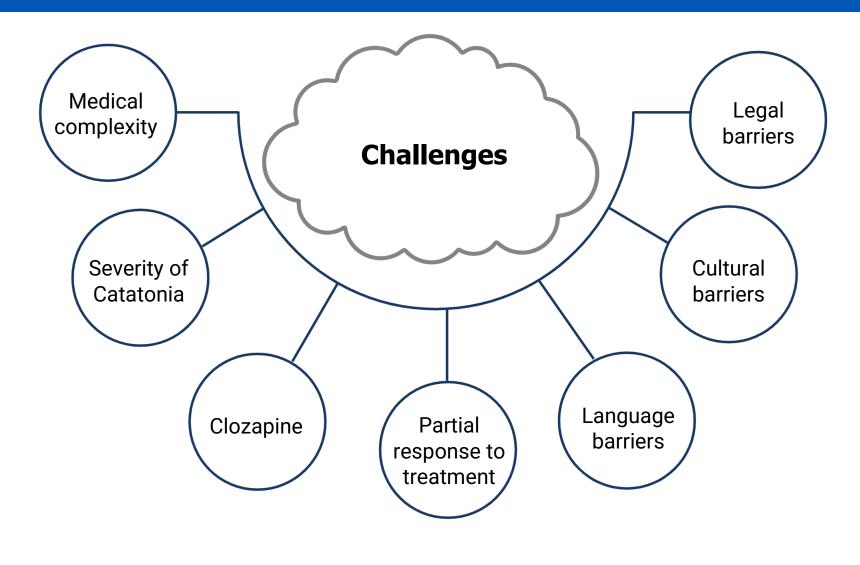


FIGURE 2. CASE Prior to receiving lorazepam, he developed autonomic instability requiring intensive care level of care Lorazepam and zolpidem given with some response, but dosing limited due ECT was pursued but delayed due to to respiratory concern for developing pneumonia and distress sepsis, as well as legal challenges, including the pursuit of emergent ECT ECT #1 with EEG seizure duration of 10s Transitioned zolpidem to memantine due to reduced seizure in ECT Able to squeeze fingers, and answered questions with 1 word after ECT Significant improvement in mentation even at ECT #2 Some confusion, suspected to be By ECT #3, restarted on clozapine...very slowly Responded better to back to back ECTs: able to eat without NG tube Then transferred to psychiatric hospital after ECT #11 On admission, very confused; concern for co-occurring delirium Decided to return to every other day for ECT Received total of 26 ECT with gradual progress

At present, responding

well to maintenance ECT and medication outpatient

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.