

A Palliative Approach to Whole Care in a Catatonic Patient with Terminal Cancer

Background

- Catatonia is a neuropsychiatric syndrome characterized by altered movements and behavior that can arise from medical and neurological etiologies.
- Consultation-Liaison (C-L) Psychiatrists are well-versed in recognizing and treating catatonia.
- However, management of catatonia in terminally ill patients can pose a clinical, ethical, and philosophical challenge.
- There is need to weigh symptomatic benefit and quality of life over clinical improvement in catatonia.
- In this case, we will highlight some of the challenges faced by our team in providing whole care to a terminally ill young cancer patient with treatment-refractory catatonia.

Case Presentation

- 25-year old female with a history of mitochondrial disease, heart transplant due to non-ischemic dilated cardiomyopathy, central nervous system (CNS) lymphoma, and prior posterior reversible encephalopathy (PRES) syndrome complicated by catatonia that resolved with lorazepam.
- Presented with fevers, nausea, and vomiting in setting of receiving induction chemotherapy for planned CAR-T therapy.
- There were initial concerns for CNS infection and PRES.
- Psychiatry initially consulted for management of agitation.

Clinical Course

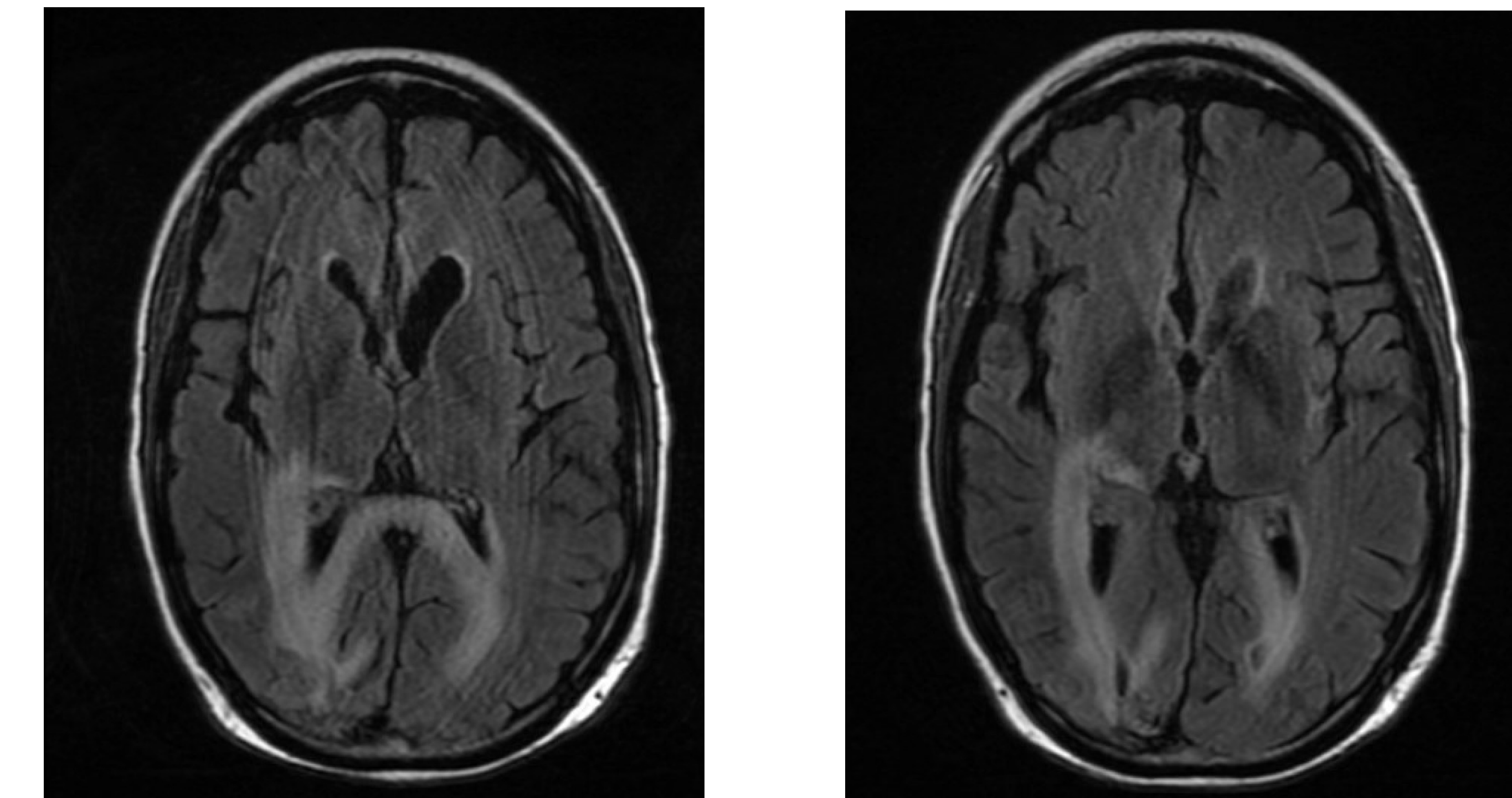


Figure 1. Brain Magnetic Resonance Imaging (MRI) – T2 Flair

Discussion

- C-L psychiatrists recognize the need for multidisciplinary care for catatonia in medically ill patients.
- However, there is limited discussion on managing catatonia in terminally ill cancer patients with a palliative focus.
- One case report documents the use of electroconvulsive therapy (ECT) as a palliative measure for a patient with terminally ill cancer and catatonia with partial response to medications (Mahajan et al., 2024).
- Our options were constrained due to the absence of an inpatient ECT service and her medical instability.
- Escalating lorazepam doses to provide symptomatic relief resulted in sedation.
- More cancer centers may benefit from offering limited ECT services for palliative catatonia treatment.
- Recognizing the need for a shift to palliative care in treatment-resistant catatonia for terminally ill cancer patients is crucial.
- C-L psychiatrists are adept at navigating these dilemmas and collaborating with medical/surgical teams.

References

1. Mahajan A, et al. Palliative ECT for Catatonia in a Terminal Cancer Patient: A Case Report. J Acad Consult Liaison Psychiatry 2024;65(3):315-316.