Sudden Catatonic Episodes- A Case Report

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Introduction

- Catatonia, although first described in 1869, still to this day remains a medical and psychiatric enigma[1]
- Typically, seen as a marker for worsening medical and psychiatric pathology but has been reported in cases with no apparent cause[2]
- Catatonia has been theorized to be a remnant of a vestigial evolutionary fear response[3]

Case Description

We present a case, of an highly functional 36 year old woman of Indian decent with multiple terminal degrees and no past medical or psychiatric diagnosis. Who presents with two episodes of rapid onset and rapidly remitting catatonic episodes. Onset was preceded by anxiety provoking discussion that centered on family structure, but never discussions where life or safety were threatened.

Take Home Messages

- **Due to its diverse presentation and relative ease of treatment, catatonia should always be on the differential**
- **Even after 150 years of discovery, much is yet to be learnt about catatonia pathophysiology, but might be worth considering it as a tonic response to fear.**
- **The patient in this case responded uncharacteristically fast to Lorazepam treatment, which prompted faster discontinuation of medication. In hindsight, of her relapse further investigation is needed to determine if relapse would have been prevented with continuous pharmacotherapy.**

First Hospitalization

Chief complaints -- 5 day history of flat affect, difficulties with activities of daily living, lack of sleep, reduced oral intake, reduced communication with family members, and

MSE- Appropriately dressed and groomed. behavior was calm. Answered questions with 1-3 word, mood reported as "depressed" with a blunted affect. Thought process was circumstantial and non-linear. When she did answer questions, the answers were either inappropriate or included insignificant information, there were no signs or reports of perceptual disturbance and cognition grossly remained intact.

Pertinent-
Vitals- Heart rate of 118 bpm
Lab- elevated white blood cell count (WBC) of 16.5K/UL- Work up to include urine drug screen, urinalysis, and preliminary infectious work-up (RPR, Common respiratory viruses PCR, and COVID- 19) were unremarkable.
Rad- CT head without contrast and Brain MRI with and without contrast were unremarkable

Bush-Francis Scale for Catatonia: 5 (Mutism- 2, Withdrawal- 2 and Autonomic abnormality -1)

Treatment –
- Lorazepam challenge of 2 doses of 1 mg IV Lorazepam given at 30 minutes apart lead to immediate improvement of mutism and withdrawal.
- Elevated WBC and HR suspected to be secondary to dehydration, patient treated with IV fluids.
- Discharged on Day 2 of hospitalization on oral Lorazepam 1mg every 8 hours and Aripiprazole 2mg QHS

Outpatient

No further evidence of medical or psychiatric pathology. Continuous assessment revealed only an ego-systonic meticulous and anxious disposition that seemed adaptive for her profession.

Treatment-
- Weaned of Lorazepam over 8 weeks
- Discontinued Aripiprazole after 9 weeks from discharge

Second Hospitalization

5 months after first discharge…

Chief complaints – 3 days of abrupt withdrawal after anxiety provoking conversation, aimless pacing, reduced hygiene, reduced oral intake and disorganized thoughts

MSE- Fixed gaze on walls, visibly slow engagement with slow, low and non- spontaneous speech. Repeats examiners words in a mirroring pattern. Mood reported as "sad" with flat affect. Thought process were primarily linear and logical with some signs of thought blocking.

Pertinent-
Vitals- Heart rate of 112 bpm Systolic blood pressure of 142 mmhg
Lab- elevated white blood cell count (WBC) of 11.5 K/UL- Work up to include urine drug screen, urinalysis, and preliminary infectious work-up (RPR, Common respiratory viruses PCR, and COVID- 19) were unremarkable.

Bush-Francis Scale for Catatonia: 18
Immobility – 1 Mutism – 1 Staring – 2 Posturing – 2
Grimacing – 1 Verbigeration – 1 Rigidity - 2
Waxy flexibility – 3 Withdrawal - 1 (minimal PO intake <1 day) Gegenhalten – Perseveration - 3
Autonomic abnormality - 2 (SBP 142; HR 112)

Treatment –
- IV Lorazepam 2mg every 8 hours for a day which was immediately effective. She had returned to baseline as at the next day, with Bush-Francis Scale for Catatonia of 0.

Sources

1. Carroll BT. Kahlbaum's catatonia revisited. Psychiatry Clin Neurosci. 2001 Oct;55(5):431-6. doi: 10.1046/j.1440-1819.2001.00887.x.
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3. Moskowitz AK. "Scared stiff": catatonia as an evolutionary-based fear response. Psychol Rev. 2004 Oct;111(4):984-1002. doi: 10.1037/0033-295X.111.4.984.