Catatonia

Clinical Features

- Catatonia is a motor dysregulation syndrome that can be seen in major mental disorders, intoxication and withdrawal, delirium, and in other medical conditions. It occurs in both the retarded and excited forms.
- The catatonia spectrum includes **depressive stupor**, **delirious mania (Bell's mania**), **neuroleptic malignant syndrome** and **malignant catatonia**.
- **WIRED N MIRED W**axy flexibility, **I**mmobility, **R**efusal to eat/drink, **E**xcitement, **D**eadpan staring, **N**egativism, **M**utism, **I**mpulsivity, **R**igidity, **E**cholalia/echopraxia, **D**irect observation in nursing notes.
- Additional features: catalepsy, gegenhalten, mitgehen, ambitendency, verbigeration, primitive reflexes (Glabeller tap, palmomental, snout, grasp), autonomic instability, mannerisms, stereotypies, automatic obedience, perseveration, combativeness.
- Associated laboratory findings: **elevated CK**, **leukocytosis**, and in malignant catatonia **low serum iron** and **ferritin**. Elevated Cr and myoglobinuria and elevated AST/ALT may also be found.
- Associated complications: DVT/PE, pressure ulcers, contractures, aspiration pneumonia, AKI, dehydration, malnutrition
- **Bush Francis Catatonia Rating Scale** is gold standard for detecting and measuring treatment response

Associated Psychiatric Diagnoses

- Bipolar Disorder – typically during mixed phase, but also in manic and depressive episodes
- Depressive illness – typically associated with psychotic or melancholic features
- Autistic Spectrum Disorders and Intellectual Disability – including in children and adolescents
- Schizophrenia – catatonic subtype expunged from DSM-5; more commonly found in above
- Delirium-Catatonia – technically not allowed per DSM-5 but catatonic features common
- Less commonly: acute stress reaction, acute and transient psychotic disorder, PTSD, OCD, periodic catatonia (no underlying psychiatric disorder found)

Conditions that may be mistaken for catatonia

- NMS
- Delirium without catatonia
- **Nonconvulsive status epilepticus**
- **Locked in syndrome** and posterior circulation strokes
- selective mutism
- factitious coma/unresponsiveness
- malingering
- **Ganser syndrome** – associated with approximate answers, clouding of consciousness, hallucinations, hysteria
- CJD/ bvFTD – **akinetic mutism**
- **Stiff person syndrome** – progressive, fluctuating muscle rigidity and muscle spasms triggered by stimuli GAD-65+
- **frontal lobe pathology** (e.g. vmPFC damage and apathy, DLPFC damage and perseveration, ACC damage and impaired conflict resolution)

Catatonia due to Another Medical Condition

- can be seen in autoimmune and paraneoplastic limbic encephalitis, post-encephalitic syndrome (encephalitis lethargica), SLE, other autoimmune disease (e.g. Sjogren's syndrome, vasculitis), neurodegenerative disease (e.g. CJD). Less commonly acute infections (e.g. viral encephalitis)

Treatment

- Lorazepam first line. Ativan challenge 2mg IV preferred. If positive response schedule 1mg TID and increase as necessary up to 24mg/day. Sometimes higher doses necessary. Other benzos could be used instead.
- Alternatives/2nd/3rd line agents: zolpidem, memantine, amantandine, sodium amobarbital, topiramate, Depakote
- ECT is most effective treatment
- Treat underlying disorder (e.g. once depression, mania, psychosis reveals itself)
- High potency neuroleptics typically avoided as increased risk of malignant catatonia/NMS