

# Catatonia in the Hidden: A Rare Case of Depressive Disorder

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**Article Type:** Case Report

**Compiled date:** August 05, 2024

**Volume:** 5

**Issue:** 2

**Journal Name:** Clinical Case Reports Journal

**Publisher:** Infact Publications LLC

**Journal Short Name:** Clin Case Rep J

**Article ID:** INF1000289

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**Keywords:** Catatonia; Depression; Electroconvulsive therapy; Neurological abnormalities



**Cite this article:** Potru SS. Catatonia in the hidden: a rare case of depressive disorder. Clin Case Rep J. 2024;5(2):1–2.

## Abstract

Patients who have catatonia, a motor dysregulation syndrome in which they lose their ability to move normally, are frequently diagnosed with neurological diseases such as encephalitis, stroke, and seizure disorders. Acute medical and neurological diseases, drug usage, mood disorders, and schizophrenia are also associated with it. The underlying ailment determines the intensity of catatonia.

## Introduction

An individual is considered to be in catatonia if they demonstrate three or more of the following clinical symptoms: stupor, catalepsy, posturing, mannerism, waxy flexibility, agitation, mutism, negativism, and grimacing. Catatonia is associated with a variety of biological problems, including metabolic and neurological abnormalities [1,7].

Although no published placebo-controlled randomized trials have examined the efficacy of benzodiazepines in acute catatonia syndromes, particularly stupor situations, there are consistent clinical accounts to support this claim. Catatonia concurrent with depression is known as catatonic depression. When a person has catatonia, their motor activity is noticeably disrupted. It is commonly understood to be associated with decreased engagement and activity, although it can also present as excessive or unusual motor symptoms. Catatonia may represent a distinct diagnosis or be part of another mental illness or physical condition that is classified as “unspecified.” [4,6]. Recognizing the syndrome’s clinical signs is crucial for the diagnosis of catatonia. Catatonia is suspected when immobility and mutism occur without alternative explanations. Alternative catatonic indications can then be discovered.

Any case where a serious psychotic, emotional, or medical disease cannot be diagnosed falls under the category of unspecified catatonia. In Western nations, 10% of patients with psychiatric disorders suffer from catatonia, which is a frequent illness in and of itself [2]. For catatonia, however, Benzodiazepines are the preferred medication. The majority of the time, Lorazepam is given intravenously or orally, starting at 3 mg/d and progressively raising to an effective resolution. Sometimes, dosages of 20 mg/d–30 mg/d are required. Electroconvulsive Treatment (ECT) is necessary for patients who do not respond well to Benzodiazepines or who respond poorly to them [3,5].

## Case Presentation

A 25-year-old female patient was admitted to the psychiatry department with a chief complaint of excessive crying at night,

not talking to family members, low mood, and stiffness of limbs since seven days back. She has a history of fever for seven days. Her vitals are normal, and the blood investigations are all normal except for potassium levels. Her MRI scanning was normal, and no significant abnormalities were detected. She was diagnosed with Catatonia with Depressive disorder. On day 1, Lorazepam was administered along, and paracetamol infusion was started. The fever was subsided on day 2. On day 3, low potassium levels were noticed, i.e., 2.1 mmol/l. The potassium citrate syrup was added to the ongoing treatment chart. On day five, the potassium levels were normal, and the catatonic symptoms persisted. Up to day 10, Lorazepam was administered. As a consequence, the patient received four cycles of modified Electroconvulsive therapy while under general anesthesia. Subsequently, the patient's catatonic symptoms started to improve progressively.

The patient was discharged on day 11 of admission. At the time of discharge, her potassium levels were normal, and the stiffness of her muscles had improved. Other than these, excessive crying at night had subsided, and the other depressive symptoms had improved. During follow-ups, the patient remained in remission with her current medications [8].

### Conclusion

Catatonia is a severe psychomotor illness with a positive prognosis if noticed and treated immediately. Acute medical decline can result in catatonia, especially if the patient has a history of mental disorders. It is critical to be attentive to catatonia. Wand has a high index of suspicion when long-term psychiatric drugs are discontinued under medical care or in patients with reduced oral intake. Because these patients are likely to be cared for by a medical team rather than a psychiatrist, it is critical to raise awareness of catatonia among clinicians and advocate early intervention. The onset of catatonic symptoms and the presence of certain risk factors, such as elevated serum HVA,

may help to predict whether a patient will respond to lorazepam. Benzodiazepines, specifically lorazepam and Electroconvulsive Treatment, have been observed to be effective in treating acute catatonic symptoms associated with various mental disorders in both pediatric and adult populations. Early treatment of catatonia can reduce the risk of patients developing complications.

### Conflict of Interest

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. Informed consent was obtained for this publication.

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