

MANAGEMENT OF ECT-RESISTANT CATATONIA IN A PATIENT DIAGNOSED WITH BIPOLAR AFFECTIVE DISORDER: A CASE REPORT

Esra Halaman, Erguvan Tugba Ozel Kizil

Ankara University Faculty of Medicine, Department of Psychiatry, Ankara, Türkiye

OBJECTIVE: Catatonia is a neuropsychiatric syndrome characterized by motor disturbances associated with changes in thought, mood, and consciousness. Studies suggest that catatonia is more prevalent among patients with mood disorders than those with schizophrenia. First-line treatments include benzodiazepines or electroconvulsive therapy (ECT). ECT is especially recommended for malignant catatonia, neuroleptic malignant syndrome, and benzodiazepine-resistant cases. This case report aims to contribute to the management of ECT-resistant catatonia.

CASE: A 28-year-old male presented with worsening depressive symptoms, psychomotor retardation, confusion, and suicidal ideation, leading to hospitalization. The patient had a history of bipolar disorder with multiple manic and depressive episodes treated with various mood stabilizers and antipsychotics. In May 2024, catatonic symptoms emerged, and ECT was initiated. Cognitive side effects, such as confusion and memory impairment, attributed to the combined use of ECT and lithium, led to a switch from lithium to valproic acid. Despite initial improvement, symptoms recurred within a month. Lithium was reintroduced along with further ECT sessions. However, cognitive impairments worsened, prompting neurological evaluations and brain imaging.

Brain CT and MRI revealed a minimal subdural hematoma and bilateral temporal hyperintensities. Further investigations were performed. CSF findings were unremarkable; however, PET-CT revealed bilateral prefrontal and parietal hypometabolism, that may be observed in patients with catatonia. Based on these neurological findings and clinical features, the patient's condition was considered ECT-resistant catatonia. Due to the unavailability of lorazepam in Turkey, diazepam was initially administered with partial improvement. Following the procurement of lorazepam, significant remission was achieved. Additionally, owing to instability in serum lithium levels, treatment was switched to extended-release lithium obtained from abroad. The patient was discharged on lithium, lorazepam, and venlafaxine. Written informed consent was obtained from the patient for publication of this case report.

DISCUSSION: ECT is effective in over 80% of catatonic cases, yet some factors predict non-response, including comorbid neurological conditions. Lithium-ECT interactions may contribute to cognitive deficits. This case highlights the importance of individualized treatment and benzodiazepine availability in catatonia management.

Keywords: Bipolar disorder, electroconvulsive therapy, lithium