

A Case Report of Catatonia in the Setting of Down Syndrome: Healthcare Systems and Medicolegal Barriers to Treatment

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Introduction

Catatonia is a psychomotor syndrome that can occur in neurodevelopmental disorders such as autism spectrum disorder (ASD) and Down Syndrome.¹ The condition is responsive to benzodiazepines as well as electroconvulsive therapy (ECT).² Patients may not be able to consent to treatment due to current or premorbid disease. This case highlights the difficulty of facilitating direct psychiatric admission and ECT in an individual with Down Syndrome and Catatonia.

Case Report

Patient RJ was a 25 year-old man with Down Syndrome, hypothyroidism, and Type 1 Diabetes Miletus well-controlled with insulin pump. The patient had no psychiatric history. He had insidious onset of catatonic symptoms with an extensive and unrevealing medical workup. Upon initial outpatient evaluation, he had a BFCRS of 19, and showed minimal response to titration of lorazepam from 1.5 mg daily to 9 mg daily. Direct admission from outpatient office was done for ECT consultation.

The patient's family expressed frustration multiple times that they could not consent to ECT for patient despite having power of attorney (POA) and had their attorney contact hospital multiple times, as well as frustration that glycemic control was worse in hospital without insulin pump due to unit policy. After 4 days of adjusting insulin dosing, the patient maintained blood glucoses in the 100 to 200 range.

A court order was obtained, and the patient began ECT on the 10th day of admission. The patient had improvement in symptoms with BFCRS of 4 at time of discharge for staring and perseveration, and he continued outpatient ECT with insulin pump for control of diabetes.

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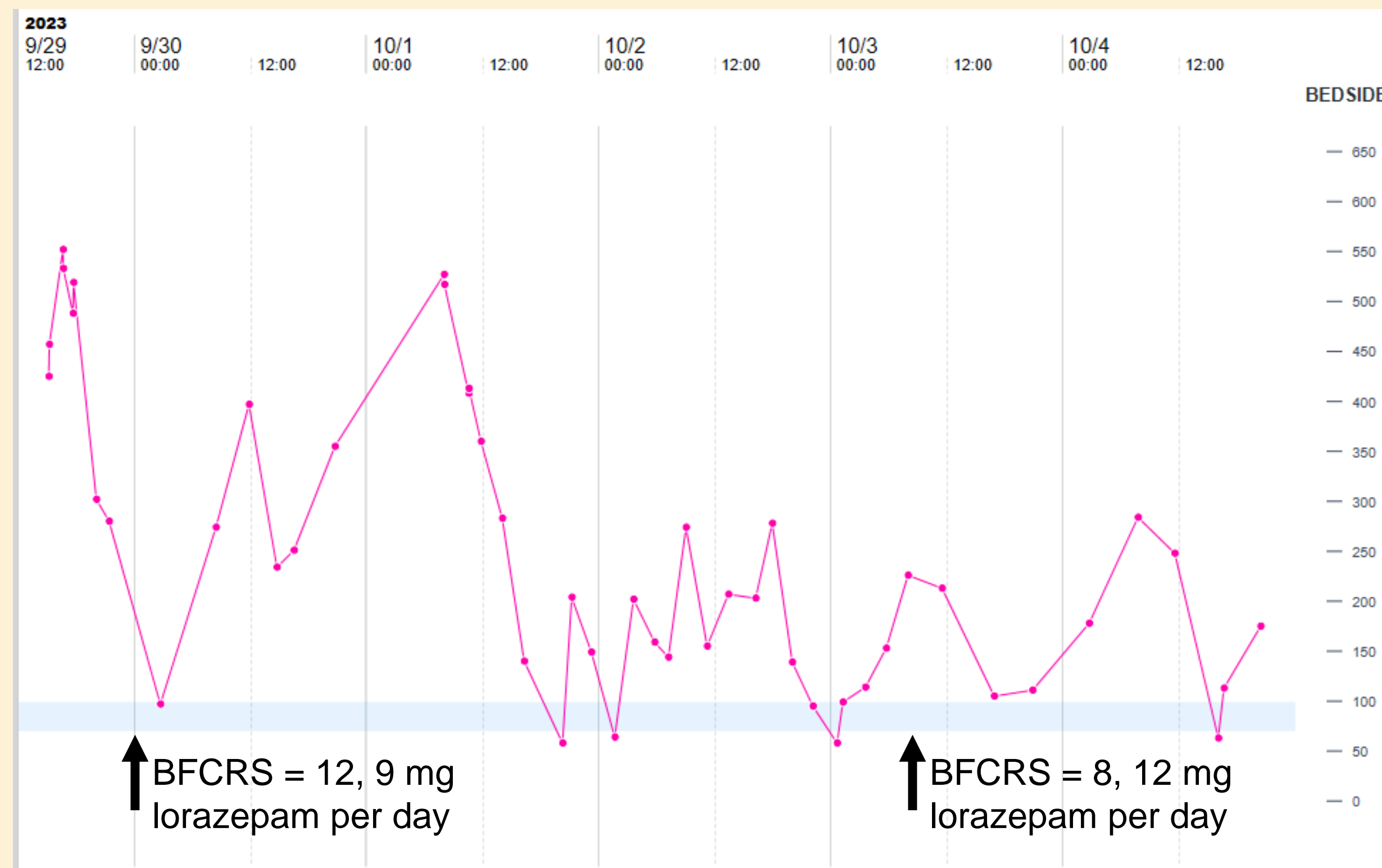


Figure 1: Patient glycemic control on admission. Blue bar represents normal range.

Discussion

Electroconvulsive therapy is an effective treatment for catatonia and was specifically shown to be effective for catatonia in Down Syndrome in one case series³. Unfortunately, both catatonia and intellectual disability may impair someone's ability to consent to a procedure, and Pennsylvania law does not allow for collateral consent for ECT, even in emergent circumstances. Families may often seek guardianship/POAs for patients, but ECT is virtually never mentioned in said forms due to under-recognition of catatonia and later onset compared to neurodevelopmental disorder. Unfortunate medical complications of catatonia can also cause death if not treated properly or delayed. In this patient's case, insulin pump also needed to be removed as patient family could not attend to pump as they do at home. Current existing guidelines for insulin pump management often do not address special cases such as psychiatric admissions, where restrictions are different from general medical hospitals⁴. This case demonstrates flaws in current legal process to obtain ECT where a patient cannot give consent, and it also demonstrates systems-level issues related to care of patients with medical co-morbidities in standalone psychiatric hospitals.

References

- Hauptman AJ, Cohen D, Dhossche D, Raffin M, Wachtel L, Ferrafiat V. Catatonia in neurodevelopmental disorders: assessing catatonic deterioration from baseline. Vol. 10, The Lancet Psychiatry. 2023. p. 228–34.
- Mormando C, Francis A. Catatonia revived: a unique syndrome updated. Vol. 32, International Review of Psychiatry. 2020. p. 403–11.
- Miles JH, Takahashi N, Muckerman J, Nowell KP, Ithman M. Catatonia in down syndrome: Systematic approach to diagnosis, treatment and outcome assessment based on a case series of seven patients. Neuropsychiatr Dis Treat. 2019;15:2723–41.
- Houlden RL, Moore S. In-hospital management of adults using insulin pump therapy. Can J Diabetes. 2014;38(2):126–33.