



Short communication

Resurgence of catatonia following tapering or stoppage of lorazepam – A case series and implications

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ABSTRACT

The resurgence of catatonia following tapering of lorazepam is a common clinical phenomenon. However, there is limited evidence on the relationship between tapering method of lorazepam and resurgence of catatonic state. We report seven (0.6%) such patients who were found to have resurgence of catatonia. The mean age is 35.7 years; five of them had schizophrenia and other psychotic spectrum disorders. Five of them had resurgence within one week of stoppage, and three of them had multiple resurgences and required maintenance treatment with lorazepam. So gradual tapering and maintenance treatment with lorazepam might be effective in preventing resurgence of catatonia.

1. Introduction

Catatonia is a heterogeneous neuropsychiatric syndrome characterised by a combination of concurrent motor, emotional, vegetative and behavioural signs and symptoms (Carroll, 2001; Northoff, 2002). The diagnosis is based on the presence of two or more above signs or symptoms for a period of 24 h or longer (Taylor and Fink, 2003). Both benzodiazepines (BZD) and electroconvulsive therapy (ECT) have been found safe and effective in the treatment of catatonia (Bush et al., 1996; Ungvari et al., 1999). Most treatment protocols recommend use of benzodiazepines as the first choice of treatment with lorazepam being the most widely used. Lorazepam is found to be safe and effective with reported recovery rates of over 80% (Lin and Huang, 2013; Lin et al., 2016; Tibrewal et al., 2010). Maudsley's prescribing guideline and past studies shows that 4–6 mg of lorazepam per day is effective in the treatment of catatonia (Tibrewal et al., 2010).

Once effective, it is recommended that lorazepam be tapered and stopped over 1–4 weeks depending upon clinical improvement. This recommendation is not supported by any controlled studies. There are a few case reports on resurgences of catatonia while tapering with lorazepam. Those patients having multiple resurgences required maintenance dose of 4–6 mg/day of lorazepam for a long period varying from 3 months to 5 years as per existing studies. (Grover and Aggarwal, 2011; Lin et al., 2016; Sivakumar et al., 2013; Thamizh et al., 2016). Adding to the existing literature, we are reporting case series of seven such patients.

2. Methodology

This case series is reported from the Department of Psychiatry, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, India. Medical records of total 117 patients who were diagnosed with catatonia from February 2016 to August 2016 were reviewed retrospectively. Out of them, 7 (0.6%) patients were found to have a resurgence of catatonia on tapering/stoppage of lorazepam. The demographics, clinical profile, the pattern of the resurgence and course of the illness of these patients were collected through structured data extraction method.

2.1. Inclusion criteria

All patients who had a diagnosis of catatonia were included if they had a complete resolution after treatment and resurgence of catatonia following tapering/stoppage of lorazepam.

2.2. Exclusion criteria

Patients who received Electro Convulsive Therapy (ECT) for catatonia during study period.

3. Results

In our case series of seven patients, of whom four were females with a mean age of 35.7 years. The demographic details, clinical diagnosis as

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Table 1
Resurgence of catatonia following tapering or stoppage of lorazepam.

	Case –01	Case –02	Case –03	Case –04	Case –05	Case –06	Case –07
Name	Ms. A	Mr. M	Mr. N	Ms. B	Mr. O	Ms. C	Ms. D
Age in Years	33	34	30	26	27	47	53
Sex	Female	Male	Male	Female	Male	Female	Female
Diagnosis	Acute Transient psychosis in catatonic state	Severe Depression with psychotic symptoms in catatonic state	Catatonic schizophrenia	Psychosis NOS in catatonic state	Psychosis NOS in catatonic state	BPAD – Mania without psychotic symptoms in catatonic state	Catatonic Schizophrenia
Initial Rx dose and duration	6 mg for 2 weeks	6 mg for 2 weeks	6 mg for 1 weeks	6 mg for 2 days	6 mg for 6 weeks	6 mg for 2 weeks	3 mg for 4 weeks
Improvement with Lorazepam trial	Complete Catatonia resolution	Complete Catatonia resolution	Complete Catatonia resolution	Complete Catatonia resolution	Complete Catatonia resolution	Complete Catatonia resolution	Complete Catatonia resolution
Other Psychotropic Medication	Tab. Risperidone 6 mg/day and Table Trihexyphenidyl 2 mg/day	Tab. Escitalopram 10 mg/day	Tab. Risperidone 8 mg/day and Table Trihexyphenidyl 2 mg/day	Tab. Olanzapine 20/day and Table Trihexyphenidyl 2 mg/day	Tab. Risperidone 6 mg/day and Table Trihexyphenidyl 2 mg/day	Tab. Valproate 1000 mg/day, and Table Chlorpromazine 300 mg/day	Tab. Olanzapine 20/day.
Tapering Technique of Lorazepam	Tapered 2 mg over every one week	Tapered 2 mg over every one week	Tapered 6 mg over one week	Tapered 6 mg over one week	Not Tapered	Tapered 2 mg over every one week	Tapered 1 mg over every one week
Time to relapse of Catatonia (Days)	Resurgence of symptoms after 4 days of stoppage of 3 mg Lorazepam	Resurgence of symptoms after 3 days of stoppage of 2 mg Lorazepam	Resurgence of symptoms after 7 days of stoppage of 2 mg Lorazepam	Resurgence of symptoms after 3 days of stoppage of 2 mg Lorazepam	Resurgence of symptoms after abrupt stoppage of Lorazepam	Resurgence of symptoms while on 3 mg of Lorazepam	Resurgence of symptoms after 6 weeks of stoppage of 2 mg Lorazepam
History of prior Resurgences of catatonia	Yes	No	No	Yes	No	Yes	No
Lorazepam reinitiation and outcome	Improved and Complete resolution of catatonia	Improved and Complete resolution of catatonia	Improved and Complete resolution of catatonia	Improved and Complete resolution of catatonia	Improved and Complete resolution of catatonia	Improved and Complete resolution of catatonia	Improved and Complete resolution of catatonia
Lorazepam maintenance treatment for catatonia	Yes	No	No	Yes	No	Yes	No

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