Caso clinico

Life-saving electroconvulsive therapy in a patient with near-lethal catatonia

**Summary.** A young woman with bipolar I disorder and comorbid catatonia on enteral nutrition from several months, developed a form of near-lethal catatonia with weight loss, pressure sores, muscle atrophy, electrolyte imbalance, and depression of vital signs. A compulsory treatment was necessary, and informed consent was obtained from her mother for electroconvulsive therapy (ECT). After 7 ECT sessions, the patient recovered and resumed feeding. ECT may save the life of a patient with catatonia provided that legal obstacles are overcome. Clinicians should carefully evaluate patients with near-lethal catatonia, taking into account the risk of pulmonary embolism or other fatal events. The medical-legal issues, which vary across state regulations, should be addressed in detail to avoid unnecessary and potentially harmful delay in intervention.

**Key Words:** catatonia, lethal catatonia, bipolar disorder, ECT, informed consent.

**Introduction**

Catatonia is characterized by diverse and often contradictory symptoms, like psychomotor arrest (catatopsy, including waxy flexibility) or hyperactivity, extreme negativism and mutacism or echolalia and echopraxia, stupor or severe excitement, opposition or automatic obedience. In addition, patients may show stereotypies, mannerisms and posturing, or mimicry. Potential self-harm or aggression, temperature dysregulation, and malnutrition during catatonia need careful supervision. In most severe cases, there is a risk for lethal catatonia, which may rapidly bring to death, if not adequately treated.
Electroconvulsive therapy (ECT) is a safe and effective treatment for both catatonia and lethal catatonia (1-3).

We here describe a case of near-lethal catatonia with complete psychomotor arrest causing gradual weight loss, pressure sores, muscle atrophy, electrolyte imbalance, and altered vital signs. The patient succeeded in remitting completely after seven ECT sessions.

**DISCUSSION**

We described life-saving ECT in a patient with bipolar disorder and a form of catatonia that worsened during the course of several months, until progression to near-lethal catatonia.

Catatonia is associated with excess early mortality when it is unrecognized or inadequately treated. The characteristics of the lethal catatonia subtype are well described, but the excess mortality, mainly from pulmonary embolism (4), of the remaining patients with catatonic syndrome is ineffectively recognized.

ECT has proved to be effective in the treatment of catatonia (5,6); both the American Psychiatric Association (APA) (7) and the National Health System (NICE) (8) guidelines agree to its usefulness in treating lethal catatonia with ECT and strongly recommend its use. Patients respond promptly to ECT, as assessed with the Catatonia Rating Scale (5). Despite strong evidence (9), in some countries, especially in Italy, many clinicians consider it an unethical procedure based on ideological, rather than on scientific evidence. Hence, precious information about this treatment option is often withheld and patients do not realise that ECT may constitute a life-saving procedure in emergencies like lethal catatonia.

Another ethical problem with obtaining informed consent often characterizes catatonic syndromes. In this case, we preferred to declare the patient as incapacitated, and to treat her compulsorily, after having obtained an informed consent by her legal tutor, who in this case was her mother. Treating physicians...
should be aware of local legislations (10) to overcome bureaucratic obstacles that may endanger patients' lives.

In conclusion, ECT should be considered early in the course of catatonia to improve prognosis and to avoid serious or fatal complications, simultaneously taking into account legal implications.

Acknowledgments

We gratefully acknowledge the contribution of the Librarians of the School of Medicine and Psychology of Sapienza University, Drs. Mimma Ariano, Felicia Proietti and Tiziana Mattei, in helping us localizing relevant literature.

Financial & Competing Interests Disclosure

In the past three years, Stefano Ferracuti has participated in advisory boards for Pfizer and Lilly and received honoraria from Lilly, Bristol-Myers, Sigma Tau, Schering and Pfizer; Paolo Girardi has received research support from Lilly and Janssen, has participated in Advisory Boards for Lilly, Organon, Pfizer, and Schering and received honoraria from Lilly and Organon; Roberto Tatarelli has participated in Advisory Boards for Schering, Servier, and Pfizer and received honoraria from Schering, Servier, and Pfizer.

All other authors of this paper have no relevant affiliations or financial involvement with any organization or entity with a financial interest in, or financial conflict with the subject matter or materials discussed in the manuscript. This includes employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties.

REFERENCES


Rivista di psichiatria, 2012, 47, 6

537