A CASE OF DELIRIUM WITH CATATONIC FEATURES

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INTRODUCTION

While catatonia is characterized by motor symptoms and behavioural signs and delirium is mostly defined by a disturbed sensorium, they may have overlapping symptoms. These include altered awareness and behaviour changes. Although DSM-5 considers that catatonia does not present with altered sensorium and excludes the possibility of its co-occurrence with delirium, this finding is common in clinical context. Considering the differences in treatment and prognosis of these 2 syndromes, it is of great clinical significance to focus on their relationship.

The authors aim to report a case of delirium with catatonic features and discuss the implications of conceptualizing this subtype of delirium.

MATERIALS AND METHODS

Case report and non-systematic review through literature research in *PubMed/Medline* database, using the key-words: catatonia and delirium

RESULTS

CASE REPORT

Medical history: 37 year-old female, living with her husband and 11 year-old son, currently unemployed, undergoing professional training.

- ✓ **No** personal or family psychiatric history
- ✓ **No** history of substance abuse

Diagnosed with **HIV infection** 12 years prior, currently undergoing treatment with ART with Dolutegravir+Lamivudine+Abacavir, which she thoroughly follows. Regular infectious diseases consultations with **no recent changes in medication** and with **viral load nearly undetectable**.

Current episode timeline:

LITERATURE REVIEW AND DISCUSSION

Studies of noncognitive features of delirium, focusing on motor activity, have led to the conceptualization of the **hypoactive**, **hyperactive**, and **mixed subtypes**.²

Some motor and behavioral aspects of delirium appear to overlap with the signs of catatonia (Table 1).

		Catatonia (Bush-Francis Catatonia Rating Scale)
Hypoactive delirium (DSM-V)	Psychomotor retardation, sluggishness, lethargy, stupor	Immobility, withdrawal, posturing, mutism, negativism
Hyperactive delirium (DSM-V)	Increased psychomotor activity, mood lability, agitation, refusal to cooperate	Impulsivity, mannerisms, excitement, combativeness

Table 1 - The relationship between delirium subtypes (DSM-V) and Catatonia signs (BFCRS).

DSM-5 specifies that catatonia can't be diagnosed in the presence of delirium, since it must occur in clear consciousnesses, however the evidence for this requirement is not yet solid and in clinical context they often coexist⁴, most prominently in the **hypoactive motoric subtype of delirium** (figure 1).²

A thorough investigation of catatonic symptoms in patients with delirium is of great clinical importance, especially concerning **treatment** and **prognosis**.

Patients with **catatonia** respond well to benzodiazepines (typically **lorazepam**)¹, which may **worsen delirium** (except for known substance withdrawal delirium).²

As an adjuvant in the treatment of **delirium**, **antipsychotics** are often used, but they may **worsen catatonia** or precipitate a lethal or malignant form similar to neuroleptic malignant syndrome.¹

Either in the presence of catatonia or delirium, it is of the utmost importance to understand the **underlying cause** to choose appropriate treatment.

In this clinical case we assumed the diagnosis of **non-convulsive status epilepticus**, considering the **abrupt onset** after **neurosurgery** intervention, **amnesia** absence of family/personal psychiatric history, no substance abuse and **rapid and total remission** after **anticonvulsivant** therapy, **without antipsychotics**.

Even if several isolated EEG were normal, **longer EEG monitoring (>24h)**, **IV anticonvulsivant trial** during the exam, or **electrodes with increased sensibility** (eg: sphenoidal), are often necessary to reveal the characteristic EEG pattern.⁸

CONCLUSION

This case is a clear example that the relationship between catatonia and delirium goes beyond simple overlap, leading to the conceptualization of the new subtypes of delirium, the hypoactive motor subtype being the most prominent as an equivalent of delirium with catatonic features.

The debate over whether catatonia and delirium are separate entities, if they exist on a spectrum or if they can co-exist in a catatonic subtype of delirium, has important implications in selecting treatment and predicting prognosis. It may also provide further insight in understanding the subtyping of delirium and also in understanding its neurobiological foundations.

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