

CASE REPORT

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# Chronic catatonia treated with electroconvulsive therapy: a case report

Varuni A de Silva<sup>1\*</sup>, Wickramaarachchige D Lakmini<sup>2</sup>, Heshan N Gunawardena<sup>2</sup> and Raveen Hanwella<sup>1</sup>

## Abstract

**Introduction:** In the International Statistical Classification of Diseases and Related Health Problems 10 and *Diagnostic and Statistical Manual of Mental Disorders IV* classification systems, catatonia is classified as a subtype of schizophrenia. However, catatonia is more frequently associated with mood disorders than schizophrenia. It is also associated with organic conditions. Catatonia responds to treatment with benzodiazepines and electroconvulsive therapy rather than antipsychotics. These features support the categorization of catatonia as an independent syndrome. There is a lack of consensus regarding the definition of chronic catatonia. There are two previous case reports of effective treatment of chronic catatonia with electroconvulsive therapy.

**Case presentation:** A 29-year-old South Asian woman was admitted to hospital because of poor food intake. Her condition had progressively worsened over the past seven months. She had features of catatonia. On admission, her Bush-Francis Catatonia Rating Scale score was 24. Her symptoms resolved after the administration of 17 electroconvulsive therapies but recurred later. She was given a further four electroconvulsive therapies. She remains well on aripiprazole at a dose of 60mg a day.

**Conclusions:** Bilateral electroconvulsive therapy is effective in the treatment of chronic catatonia and should be considered as a treatment option. A relapse of symptoms can occur after the discontinuation of treatment.

**Keywords:** Chronic catatonia, Electroconvulsive therapy, Schizophrenia

## Introduction

*The Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM IV)* describes catatonia as a syndrome with marked psychomotor disturbance that may involve motor immobility, excessive motor activity, extreme negativism, mutism, peculiarities of voluntary movement, echolalia or echopraxia [1].

Catatonia was first described by Kahlbaum as a disorder of movement and speech. Kraepelin grouped together catatonia, hebephrenia and paranoid psychosis, as dementia praecox. Eugen Bleuler later coined the term schizophrenia for this condition.

In the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and DSM IV classification systems, catatonia is classified as a subtype of schizophrenia [1,2]. However catatonia is more frequently associated with mood disorders than schizophrenia [3]. It

is also associated with organic conditions. Unlike other subtypes, the core features of schizophrenia, delusions and hallucinations, are not characteristic of catatonia. Catatonia responds to treatment with benzodiazepines and electroconvulsive therapy (ECT) rather than antipsychotics. These features support the categorization of catatonia as an independent syndrome [3].

Taking into account the current scientific evidence, the DSM-5 made several changes in the classification of catatonia [4]. 'Schizophrenia, catatonic type' has been eliminated. Catatonia is included as a specifier across the 10 principal primary diagnoses. The subcategory 'catatonia associated with another mental disorder' is retained and a new subcategory of 'unspecified catatonia' has been included.

Benzodiazepines are effective in the treatment of acute catatonia [5]. The motor symptoms of acute catatonia probably occur due to a deficiency of cortical gamma-aminobutyric acid (GABA). Benzodiazepines increase GABA activity, which could explain their therapeutic effect in catatonia. Some patients with chronic catatonia

\* Correspondence: varunidesilva2@yahoo.co.uk

<sup>1</sup>Department of Psychological Medicine, Faculty of Medicine, University of Colombo, Kynsey Road, Colombo 08, Sri Lanka  
Full list of author information is available at the end of the article