

BACKGROUND

Catatonia is a neuropsychiatric psychomotor syndrome characterized by abnormalities in motor behavior, speech, affect, and volition. Although most commonly associated with mood disorders such as major depressive disorder (MDD) and bipolar disorder, catatonia remains under recognized in medically hospitalized patients, where symptoms may be misattributed to delirium, hypoactive states, or postoperative recovery. Delayed recognition can lead to significant morbidity, including poor oral intake, immobility, and functional decline. Acute physiological stressors, including trauma, may precipitate catatonic episodes in vulnerable individuals with underlying psychiatric illness.

PURPOSE

The purpose of this report is to describe a case of recurrent catatonia associated with major depressive disorder that was precipitated by acute physical trauma in a medically hospitalized patient, and to highlight the importance of early recognition and treatment in reducing morbidity.

METHODS

This is a single-patient case report involving a 66-year-old female with a history of recurrent major depressive disorder and prior episodes of catatonia. Clinical data were obtained through chart review, psychiatric consultation notes, collateral history, serial mental status examinations, and medical workup during hospitalization for orthopedic trauma. Catatonia severity was assessed using the Bush-Francis Catatonia Rating Scale. Medical and neurologic causes of altered mental status were evaluated and excluded.

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Baseline

- 66-year-old female
- MDD history
- Prior catatonic episodes

Trigger

- Motor vehicle collision
- Open trimalleolar fracture
- ORIF performed

Clinical Decline

- Withdrawal & Mutism
- Psychomotor slowing
- Poor intake

Psychiatric Evaluation

- BFCRS evaluation
- Initial BFCRS of 10
- Concern for recurrent catatonia

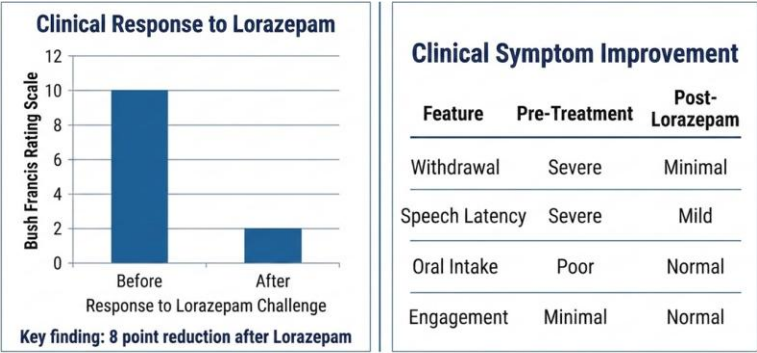
Treatment

- Lorazepam challenge
- Risperidone discontinued
- Sertraline initiated

Outcome

- Rapid improvement within 24 hours
- Improved engagement
- Normalized oral intake

Rapid Symptom Improvement with Lorazepam Challenge



RESULTS

Following hospitalization for an open right trimalleolar ankle fracture requiring surgical repair after a motor vehicle collision, the patient developed progressive psychomotor slowing, marked speech latency, staring, withdrawal, and reduced oral intake. Collateral history revealed prior catatonic episodes associated with psychosocial stressors. Examination was consistent with catatonia, with a Bush-Francis Catatonia Rating Scale score of 10. Medical and neurologic evaluation did not identify an alternative etiology. The patient was treated with intravenous lorazepam, discontinuation of antipsychotic medication, and optimization of antidepressant therapy. Significant clinical improvement was observed within 24 hours, including improved verbal responsiveness, oral intake, and psychomotor activity. Repeat assessment demonstrated a reduction in Bush-Francis score from 10 to 2.

CONCLUSIONS

This case highlights recurrent catatonia associated with major depressive disorder precipitated by acute physical trauma in a medically hospitalized patient. Early recognition of catatonia is critical, particularly in individuals with mood disorders and recent physiological stressors, as symptoms may be misinterpreted in medical settings. Prompt treatment with benzodiazepines can result in rapid clinical improvement and may prevent progression to more severe or malignant forms of catatonia.

REFERENCES

See poster author for reference list

