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CATATONIA IN AUTISM AND OTHER NEURODEVELOPMENTAL DISORDERS

L.E. Wachtel

Psychiatry, Kennedy Krieger Institute/Johns Hopkins School of Medicine, Baltimore, USA

Objective: This paper reviews the presence of catatonia in neurodevelopmental disorders, with emphasis on autism spectrum disorders. Clinical presentations are reviewed, followed by catatonia treatment algorithms including lorazepam and ECT.
Method: A literature review of catatonia in autistic, developmentally disabled and neurologically impaired populations was conducted. This was combined with the author's experience with patients with autism as well as traumatic, infectious and congenital brain injuries, all of whom developed frank catatonia.

Results: Catatonia is a unique neurobiological syndrome with multiple psychiatric, neurological, medical and drug-related etiologies. Most commonly associated with bipolar affective illness, catatonia has also been found in 12-17% of patients with autism. Other neurodevelopmental disorders may similarly present with catatonia. Blueprints for treatment of catatonia include lorazepam and electroconvulsive therapy. While current literature supports the appropriateness, safety and efficacy of ECT for catatonia in autistic and developmentally disabled populations, treatment barriers may persist. The following cases are presented:
Pt 1: A 14 year-old female with encephalitis of unknown origin and profound catatonia. Cultural barriers prevented treatment.
Pt 2: A 20 year-old male with high-functioning autism and catatonia characterized by alternating stupor and extreme psychomotor agitation with self-injury.
Pt 3: A 15 year-old male with congenital agenesis of the cerebellum and vermis in frank catatonic stupor mistakenly attributed to his disability.

Conclusion: Catatonia is readily diagnosed in a variety of neurodevelopmental conditions including autism, and is eminently treatable with lorazepam and/or ECT in this population. Treatment barriers should be recognized and remedied.

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