

Impact of a newly developed Core24 Mental Health Liaison Service on a patient's care and outcome presenting with atypical catatonic symptoms in an acute hospital setting.

Dr Asma Javed
Kate Walker, Samina Allie, Noxi Chiweshe,
Neil Samuels, Cheryl Leyshon.
Bushey Fields Hospital, Dudley DY1 2LZ



Aims and Hypothesis

Atypical catatonic symptoms following abrupt withdrawal of Clozapine: A case report

Background

- A middle-aged man, well known to mental health services with diagnosis of schizoaffective disorder, previously stable on Clozapine for approximately 20 years along with Lithium.
- Clozapine was stopped abruptly following a suspected seizure and commenced on Aripiprazole.
- However, he became catatonic, admitted within a month and treated with Lorazepam 4 mg.
- He was discharged under care of the home treatment team on Aripiprazole 20 mg and Lithium 600 mg after 5 months.
- His mental health deteriorated, auditory hallucinations worsened, self-harmed and admitted through A&E within a few months.
- His physical health deteriorated quickly, became doubly incontinent, rigid, poor oral intake with GCS of 8. All psychotropic medications were stopped.

He was transferred to General Hospital for medical management several times. Neurology review, CT, MRI scan, Lumber puncture ruled out meningoencephalitis.

- Investigated for Serotonin syndrome due to hyperreflexia and hypernatremia, treated with IV fluids, recommenced on Lorazepam, Aripiprazole and Mirtazapine.
- He developed sepsis and was catheterised to manage urinary retention. He stopped eating, drinking, or taking oral medications.
- Aripiprazole was discontinued and commenced on Injection Clopixol. He developed fever, rigidity and elevated CK levels.
- The neuroleptic malignant syndrome was ruled out and recommenced on Aripiprazole and Lorazepam.
- The neurologist advised EEG, Auto-immune encephalitis antibodies, Thyroid autoantibodies and ammonia levels that were all normal.
- Young-onset Parkinsonism and Drug-induced Parkinsonism were also queried.
- He developed aspiration pneumonia. He was recommenced on Injection Clopixol and Lorazepam 1mg BD. Lorazepam was not increased further due to risks of respiratory depression.

Methods

His care was handed over to newly established Core 24 Liaison team. The patient presented as mute, without eye contact, rigid in limbs, resisting movements, not eating or drinking. Notes were reviewed and the liaison team proposed and arranged ECT as it appeared that his presentation was in consistent with untreated catatonic symptoms.

Results

He received 12 sessions of ECT in theatre in General Hospital setting. He started engaging in conversation, eating independently, mobilising with support and agreed to engage with a Liaison psychologist, transferred back to mental health inpatient where he was recommenced on Clozapine after another three ECT sessions.

Conclusion and Next Steps

The patient's catatonic symptoms responded well to ECT by collaborative work between Liaison and General Hospital teams. This close collaboration was made possible only by the establishment of the Core 24 mental health liaison service.