

CATATONIA AS A MANIFESTATION OF ANXIETY IN INDIVIDUALS WITH AUTISM SPECTRUM DISORDER

Hui Tianyi, Sung Min

Department of Developmental Psychiatry, Institute of Mental Health

BACKGROUND

Catatonia can occur in individuals with Autism Spectrum Disorder (ASD), often presenting with overlapping features that complicate diagnosis. Common symptoms include stereotypies, mannerisms, ritualistic behaviors, and negativism[1]. Accurate diagnosis can be challenging, necessitating specialized assessment tools, such as the Bush–Francis Catatonia Rating Scale and the Attenuated Behavior Questionnaire[2].

A systematic review reported a prevalence of catatonia in 10.4% of individuals diagnosed with ASD[3]. There are limited studies in Asia, with only one in Japan[3].

Case studies demonstrate stressful life events preceding the onset of catatonia[4]. Anxiety is frequently reported as a comorbidity[5]. The resulting functional impairment is often substantial[6].

Treatment options for catatonia in individuals with ASD include benzodiazepines, antipsychotics, and electroconvulsive therapy (ECT)[7]. However, the efficacy has not been established because of the lack of reliable application of outcome measures[8].

RESULTS

All three patients had a pre-existing diagnosis of ASD and co-occurring Intellectual Disability (ID).

Patient A is a 40-year-old man residing in an adult disability home. He was previously stable and not on regular psychotropic medication. His routine was disrupted- including dental procedures and the introduction of a new resident to the home. Over three months, he developed excessive pacing, such that his feet developed blisters. He was agitated, exhibited mutism, and resisted care interventions. He was diagnosed with catatonia with comorbid anxiety. Treatment with lorazepam 0.5 mg three times daily and sertraline 50 mg daily led to noticeable improvement within one week, with symptom resolution in two months.

Patient B is a 17-year-old male diagnosed with treatment-resistant schizophrenia, managed on clozapine 175 mg twice daily. He was in the psychiatric high dependency unit due to aggression related to psychotic symptoms. He was later transferred to the child ward and was anxious with the change in environment. Following this over two days he stopped eating and taking medications. He stopped talking and was aggressive. He was treated with lorazepam 0.5 mg three times daily and a single dose of intramuscular olanzapine 5 mg, and catatonic symptoms resolved the next day.

Patient C is a 14-year-old boy who presented with a one-year history of hesitancy while eating, requiring prompting to take subsequent bites. He exhibited perseverative behaviors, lifting his fork up and down during meals. He became less responsive to external stimuli, developed mutism, and showed resistance to instructions. Comorbid anxiety was also noted. His symptoms fluctuated over time, consistent with periodic catatonia. He was treated with fluvoxamine 25mg alongside psychological and occupational therapy interventions. Symptoms resolved after three years. The diagnosis of catatonia was made retrospectively.

OBJECTIVES

We present a case series highlighting the diverse clinical presentations of catatonia in individuals with ASD across different age groups within an Asian population.

METHODS

Patients were managed at the Institute of Mental Health, a tertiary psychiatric centre in Singapore. We documented demographics, clinical presentation, and treatment approach. Informed consent was obtained from patients or legal guardians.

Patient	A	B	C
Gender	Male	Male	Male
Age	40	17	14
Comorbidities	Anxiety	Schizophrenia	Anxiety
Bush Francis +	Excitement, mutism, negativism, perseveration, combativeness	Excitement, mutism, negativism, impulsivity, combativeness	Withdrawal, perseveration, stupor, mutism, rigidity, negativism.
Treatment	Lorazepam 0.5mg TDS, Sertraline 50mg	Lorazepam 0.5mg TDS, Clozapine 175mg BD, IM Olanzapine 5mg once	Fluvoxamine 25mg
Duration of catatonic symptoms	2 months	2 days	3 years

Table 1: demographics, clinical presentation and treatment of patients

CONCLUSION

Clinicians need to actively monitor for catatonia. Early detection of catatonia in patients with ASD, though challenging, is crucial for initiating appropriate treatment; otherwise, symptoms may persist and result in prolonged functional impairment.

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