The Catatonia Foundation

What is malignant catatonia and how can it be treated?

Dr. Caroff:
The thing thing about malignant or lethal catatonia is that sometimes, very rarely, patients with common or simple forms of catatonia like stuporous catatonia or excited catatonia — sometimes called delirious mania — can progress to a more serious, life-threatening acute syndrome with systemic signs like high fevers or cardiovascular changes. That had been called Lethal Catatonia for over a hundred years, and we now call it malignant catatonia.

I first came across this when I had a patient in the late 1970s with maligning catatonia in the form of neuroleptic malignant syndrome. While I recognized that it was caused by the antipsychotic drug the patient was taking, the other medical doctors and neurologists who were involved with the case decided eventually after an extensive workup that it was lethal catatonia due to his schizophrenia or his psychosis. And that wasn't the case. But they wanted to continue the antipsychotic drug, which would probably have catastrophic or tragic consequences, as was the case in many patients in those years. But again, we stopped the antipsychotic and the patient recovered.

I also thought at the same time that it was important for us to study and learn more about this lethal catatonia phenomenon, which is now called malignant catatonia. And so subsequently we did study it and we had a few cases of malignant catatonia ourselves, and we got a lot of referral calls about patients who had malignant catatonia. It's reported very frequently now in literature.

What we came away with studying this and thinking about it is pretty much we thought the same three steps in treating more common forms of catatonia applied to malignant forms of catatonia as well. Namely, it was important to recognize this as a form of catatonia when people presented with catatonic signs, but also elevated temperatures and other abnormal medical findings. And again, step two was that there was a differential diagnosis that many things could cause malignant catatonia. You had to evaluate them, and back in the day — especially when the older antipsychotics were more potent — probably the most frequent cause of malignant catatonia those days was neuroleptic malignant syndrome. In other words, the antipsychotic drugs caused this form of catatonia. Other drugs can cause malignant catatonia too, like serotonergic drugs that cause serotonin syndrome or some drugs of abuse like amphetamines.

Nowadays, since the antipsychotics are better tolerated and less potent, I think a lot of cases of malignant catatonia are diagnosed in people with medical conditions like encephalitis and so forth. The drug-induced forms of malignant catatonia, like neuroleptic malignant syndrome, must

be treated by withdrawing the responsible drug like antipsychotics, and many of those patients will get better just getting off the triggering drug. But refractory patients, or patients with other causes of malignant catatonia, can be treated the same way we treat common forms of catatonia, namely benzodiazepines. But in malignant catatonia, they don't really work as well.

When catatonia has gotten to that stage where it's life-threatening, ECT becomes even more the definitive treatment of choice. And it's thought that it really ought to be done emergently, like within five or seven days, to really save the patient's life.

So I wanted to mention malignant catatonia because, well, it's life-threatening and can be effectively treated with ECT. And as I said, medical doctors and psychiatrists, but especially medical doctors, have to be aware of this form of catatonia because it most often presents in medical settings like emergency rooms or intensive care units, or on medical wards.

So that's another experience that I've had of catatonia and its need to be recognized and how it could be effectively treated and patients can be saved.