Recurrent Catatonia in a Case of Bipolar Disorder and Polycythemia

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Background

Catatonia is a psychomotor syndrome in which symptoms may include physical freezing, lack of speech, abnormal behavior, and disturbance of volition.[1,2] Catatonia has a prevalence of 10% in acutely ill psychiatric patients, of which the majority have comorbid affective disorders.[3] We present a case of a middle-aged man with bipolar I disorder (BD1) with comorbid polycythemia secondary to obstructive sleep apnea who had two prolonged admissions for BD1 with catatonia and no psychotropic treatment for the 30 years preceding his admission.

Pertinent Past History

- career change,
- relationship loss &
- financial strain before initial presentation

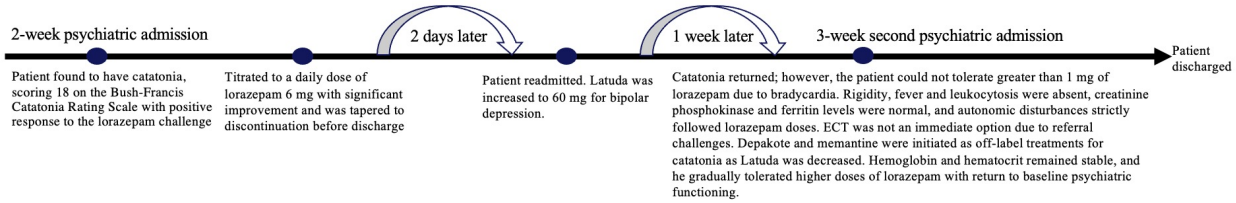
Case Presentation & Initial Management

A 57-year-old Caucasian man with confirmed history of BD1 and polycythemia was seen by the psychiatry consult service for suicidal ideation and depression during a medical admission following a transient loss of awareness. Clinical findings included:

- Unremarkable evaluation for TIA and syncope
- Labs were notable for hemoglobin 18.9 g/dL, hematocrit 57%, low erythropoietin at 2.5 mIU/mL, and negative JAK2V617F mutation
- Positive ANA titer of 1:160

The patient underwent therapeutic phlebotomy and was transferred to inpatient psychiatry on Lurasidone 40 mg daily.

Figure 1. Inpatient psychiatric clinical course



Considerations

- Should benzodiazepine treatment be continued for longer than several weeks?
- What is the role of hematologic and nonspecific autoimmune abnormalities in etiology of catatonia?

Conclusions

Recurrent or persistent catatonia in the setting of BD1 presents unique challenges to treatment. The clinical background of polycythemia and positive ANA titer in this case add complexity and highlight gaps in our understanding of the medical and psychiatric causes of catatonia. There currently exists no literature regarding the comorbidity of catatonia and hematologic disorders, and evidence of an immunological foundation of catatonia is sparse.[4]

References

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