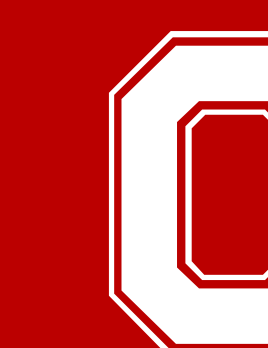


# The Catatonia Exit Interview: What can we Learn from the Voice of the Formerly Catatonic Patient?

## A Comparison of Subjective Experiences in patients with motor abnormalities

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### Background

- While much has been published on the objective signs and symptoms of catatonia, the subjective experience of patients during catatonia is not as well described in the literature.
- This begs the question: do related conditions that would be considered in the differential diagnosis have an analogous subjective experience? Can these accounts better differentiate these conditions or tell us more about the pathophysiology of catatonia?

### Methods

**Table 1: Conditions reviewed with abnormalities of motor integration and subjective patient experiences**

Catatonia (primary and secondary)
Neuroleptic malignant syndrome
Seizures (non-convulsive and convulsive)
Stroke
Locked-in Syndrome
Stiff-person Syndrome
Akinetic mutism

- Patients in all conditions reported perceptual disturbances
- Patients with stroke had difficulties primarily with movement and issues with somatic perception.
- Those with non-convulsive status epilepticus described somatic hallucinations that resolved with seizures. Partial epileptic seizures produced similar accounts to those seen in catatonia, describing a "dreamy" state with bizarre sensations as the most frequent symptoms.
- Locked-in syndrome patients described altered time perception, life review, and out-of-body experiences as their most reported subjective experience.

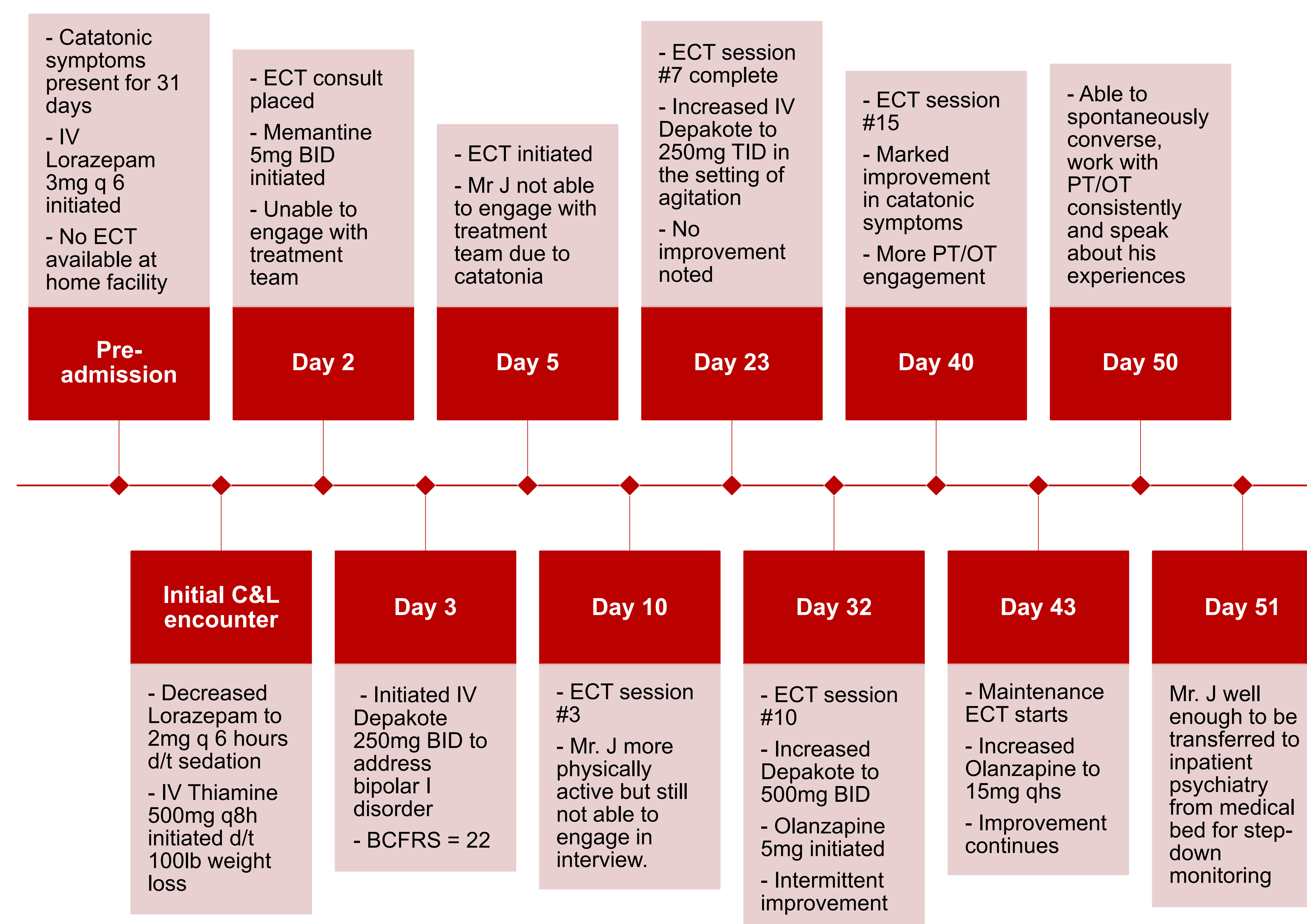
### Case Summary

**HPI:** Mr. J is a 34-year-old male with history of bipolar disorder and numerous psychiatric hospitalization for depression who presented with altered mental status, acute kidney injury, fever and ketoacidosis along with rigidity, stupor, mutism, staring and negativism.

History revealed that:

- He was stable on Depakote and Abilify. Prior to admission, he was on Abilify, but was non-adherent.
- He had lost 100lbs over the course of 4 months prior to admission
- After stabilizing from his manic episode, Mr J's family found him in bed, staring at the ceiling and withdrawn, and persistently mute for 31 days before first meeting with our consult service.
- Signs of malignant catatonia resolved with high dose benzodiazepines and ECT

### Treatment Course



### Post treatment interview highlights

- Mr J reported being **unaware** of the events surrounding his hospitalization or his diagnosis of catatonia
- He reported no sense of time with intermittent **"slow motion"** scenes that he remembers of staff or family
- He re-experienced scenes from his childhood and believed at times that he was in a movie-like experience, believing he was in the movie **"The Matrix"**
- When he was able to recall events throughout his treatment, he stated he **experienced it in the third-person**
- He recalled his family at bedside and specific staff members. He also reported **feeling at times that he had "broken every bone"** despite no physical injury.

### Conclusion

**Table 2: Comparison of subjective experiences between Catatonia and other related movement abnormalities**

Similarities	Differences
Patients in both catatonia and the rest of the differential expressed feelings of out-of-body experiences	Catatonia showed more fantastical thoughts (being in a movie, reliving childhood)
People with catatonia, stroke, and seizure all shared physical pain as a common subjective experience	No signs of paranoia about staff or family found in catatonia, which is in direct contrast to reports in other conditions
The bizarre subjective experiences resolved with the resolution of the condition and do not linger afterward	Life review was found in both catatonia and locked-in syndrome, but not in other conditions.

- The prolonged duration of Mr. J's catatonic state gave us a unique insight into his subjective experience.
- Understanding the subjective experience of catatonia is important to help differentiate with other conditions on the differential
- These differences can give us hints to pathophysiology of these conditions, such as the different delusions experienced in seizures.

### Selected References

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