

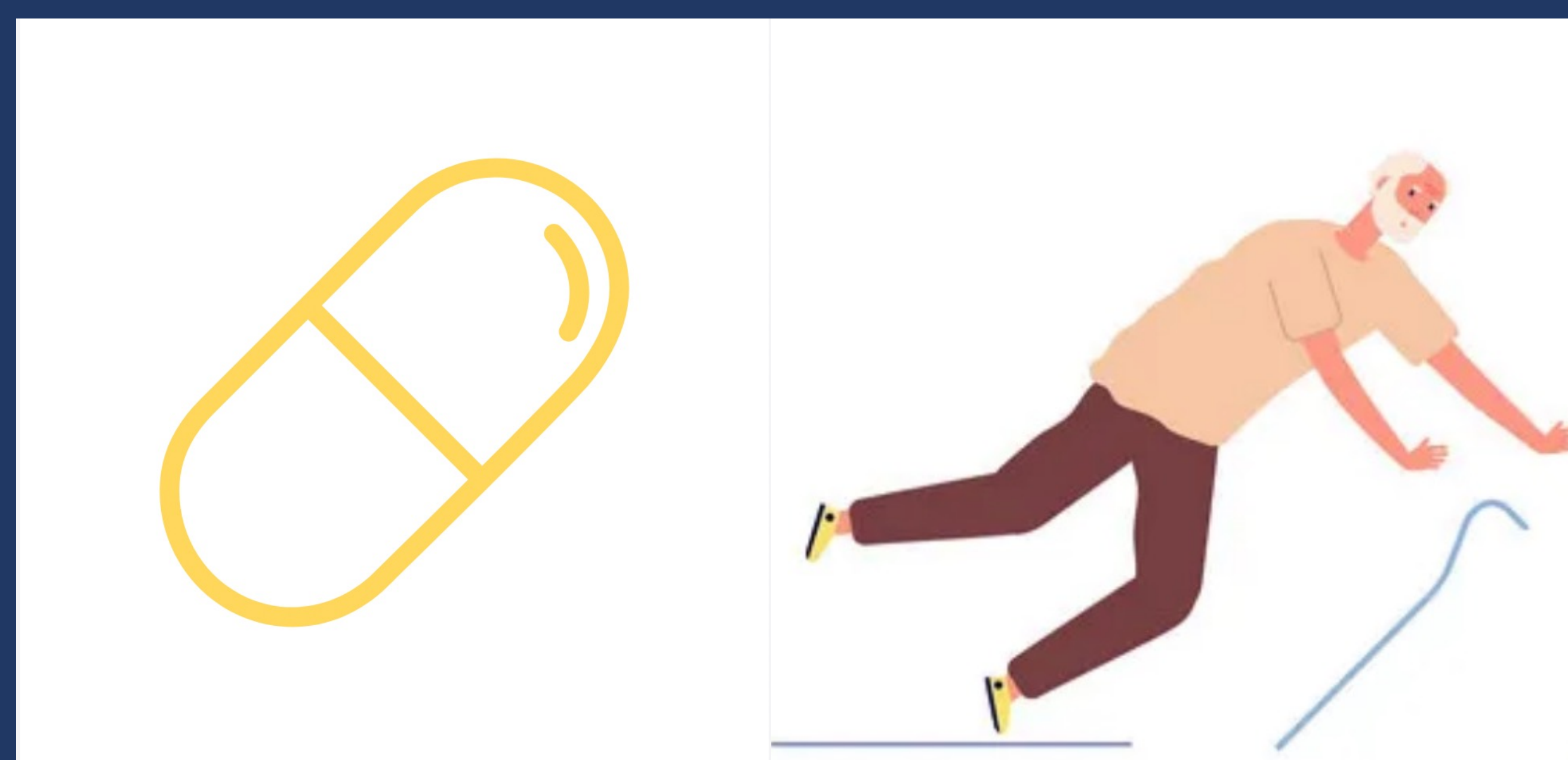
# “Benzo Beware”:

## A Case-Based Discussion of Refractory Catatonia in Frontotemporal Dementia (FTD)

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### BACKGROUND:

- Those with FTD are particularly vulnerable to catatonia given convergence of increased age, neurocognitive impairment, and frontal lobe pathology
- BZD and ECT are regarded as generally safe and effective in this population
- NMDA receptor dysfunction has also been implicated in catatonia

### CASE:

#### Patient:

- 67 M Veteran with FTD
- Diagnosed with catatonia with a BFCRS of 19

#### Hospital Course:

- Initial response to Lorazepam challenge, but further titration led to somnolence without change in catatonic symptoms
- ECT x 10 with no improvements
- Depakote, Zolpidem, empiric Lexapro without noticeable improvement
- Memantine + Amantadine led to mild improvements, specifically in verbal output

In geriatric patients, glutamate antagonists (Memantine/Amantadine) should be considered early in the treatment algorithm of catatonia

Refractory catatonia may represent a natural progression of FTD in a subset of patients



Elderly patients are at higher risk for catatonia than their younger counterparts

- This is probably because of the increased prevalence of neurocognitive pathology and general medical conditions.
- **Patients with FTD are at still greater risk given shared pathophysiology**
- Overlapping symptoms makes it possible that these cases are under-recognized

#### Treatment with BZD and ECT

- Published literature suggests that this is safe and highly effective, although this may reflect a publishing bias
- **Our case demonstrates the heterogeneity of response to usual treatments**

#### Memantine and Amantadine

- Memantine and Amantadine are glutamate antagonists at NMDA receptors
- Amantadine also has pro-dopaminergic effects
- **Given their overall tolerability, role in the treatment of catatonia, and modulation of dementia, these medications may have special utility in this patient population**

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