Catatonia: a psychomotor syndrome with affective and behavioral symptoms. It is commonly connected with schizophrenia, depression, bipolar, or substance-related. • Prevalence between 9 to 17% in inpatient psychiatric admissions • Up to 20% of cases occur as a result of other medical illness, substance use, or inflammatory disease of the central nervous system in the general setting Cannabis use has increased in prevalence among today’s youth. • Early onset cannabis use associated with increased risk of substance use disorders • Adverse mental health outcomes A multidisciplinary team approach was essential in the evaluation, stabilization, and treatment of substance-related catatonia and psychosis in this case.

Case Details
An 18-year-old male with a past psychiatric history of ADHD, serotonin syndrome, and panic attacks presented with dysphagia and altered mental status. • Blood work: lactic acidosis, hypercalcemia, and leukocytosis with neutrophilia • All other labs (e.g., metabolic panel and toxicology) were negative or within reference range • Electrocardiogram and long-term electroencephalogram were completed and showed prolonged QT complex and no evidence of seizure-like activity, respectively

Results
Definitive diagnoses: • Synthetic cannabinoid dependence • Cannabis use disorder • Nicotine use disorder

Resolved with medical treatment and substance wash-out period: • Catatonia • Psychosis

Incidental finding of anti-neutrophil antibody positivity • Outpatient rheumatology follow up arranged

Noncompliance with recommended substance rehabilitation has contributed to multiple relapses and admissions following initial discharge.

Discussion and Conclusion
The use of synthetic cannabis led to catatonia and psychosis. • Not detected on routine toxicology tests • Resulted in prolonged hospitalization course Collaborative care between multiple teams was utilized. • Inpatient and outpatient setting • Treat symptoms • Prevent future recurrences

References