

# The Importance and Value of Collaborative Care in the Evaluation and Treatment of a Complex Case of Substance related Catatonia – A Case Presentation

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## Introduction

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



Figure 1 Systems of care approach model

## Case Details Continued

- Magnetic resonance imaging of brain was without acute processes
- Bush Francis Catatonia Rating Scale was positive
- Positive response to the Lorazepam challenge
- Treatment: supportive care, ongoing lorazepam administration, and antipsychotic medications later

## 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

## Practice Recommendations

- Promote a judgement free environment that encourages parents to receive training on how to help support their adolescents with substance use disorders.
- Consider social, environmental, and physiological factors contributing to substance use.
- Identify barriers, triggers, and risks to counteract relapse, such as, people, places, and things.

## Limitations

- Urine drug screen testing to detect the presence of synthetic cannabinoids and hallucinogens in the urine is still in need of development.
- Direct hospital admission to substance rehabilitation facility is not always possible.
- Parents had difficulty with firm boundary setting.
- Adolescent substance rehabilitation services can be limited.
- There are stigmas associated with substance use disorders that prevent patients and families seeking the help that is needed to promote a healthy recovery.

## References

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