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Treatment of Catatonia with Olanzapine

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Abstract

We report a case of a-36-year-old schizophrenic patient with catatonic stupor. Eleven days' treatment with haloperidol injection did not improve her psychopathology. However, three days after the addition of olanzapine, she responded dramatically. Olanzapine may be effective in the treatment of catatonia (German J Psychiatry 2002; 5 (4): 115-116).

Keywords: olanzapine, catatonia, schizophrenia, atypical antipsychotics

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Case Report

A 36-year-old woman was admitted to hospital three times over a period of 15 years. Her first psychotic episode occurred at age 21. She described psychotic experiences, e.g. that television announcers were talking about her, that a famous star was talking about her and that she was being bugged. The patient fulfilled ICD-10 diagnostic criteria for paranoid schizophrenia (F20.0). During her first two admissions she had responded poorly to drugs and therefore had received a series of treatments with electroconvulsive therapy (ECT). Four weeks before her third admission, her delusions and auditory hallucination and insomnia had increased. Five days before admission, she had suddenly stopped eating, taking medicines, and talking. She had remained motionless. At admission she was rigid; no verbal communication was possible and she kept her eyes closed. The patient presented with catatonia characterized by stupor, mutism, posturing with waxy flexibility, verbal stereotypes, and anorexia. Results of a neurological examination, routine laboratory tests, EEG, cranial CT, and MRI were all within normal limits. The ECG showed unspecific abnormalities. On echocardiographic observation, a thrombosis of the left atrial cavity was found, so that we refrained from trying ECT. The catatonic stupor was treated with haloperidol and thrombosis was treated with heparin. Eleven days' treatment with intravenous injection of haloperidol (15 mg/day) did not improve her catatonic stupor. Then, olanzapine 10 mg/day was added through a nasogastric tube. Three days after olanzapine was started, she recovered dramatically from her catatonic stupor. She became alert and began to move without waxy flexibility or rigidity. At that time we replaced heparin with warfarin to treat her thrombosis. Seven days after olanzapine was started, she began to talk spontaneously and requested a meal. She reported hearing voices, she could not specify what they said. We increased oral olanzapine to 20 mg/day. Under medication with oral haloperidol 15 mg/day and olanzapine 20 mg/day, her chronic auditory hallucinations gradually subsided but did not disappear completely (Figure 1). Her thrombosis and ECG abnormalities resolved.

Discussion

Olanzapine, an atypical antipsychotic, was successfully used in the treatment of a catatonic stupor in a patient with the diagnosis of schizophrenia. The drug also improved psychotic symptoms such as auditory hallucinations or delusions. Before olanzapine was initiated she did not show any response to haloperidol, a typical antipsychotic. Although there have been a lot of case reports on the treatment of catatonic stupor, few have reported effects of atypical antipsychotics (Hesslinger et al., 2001; Poyurousky et al.,

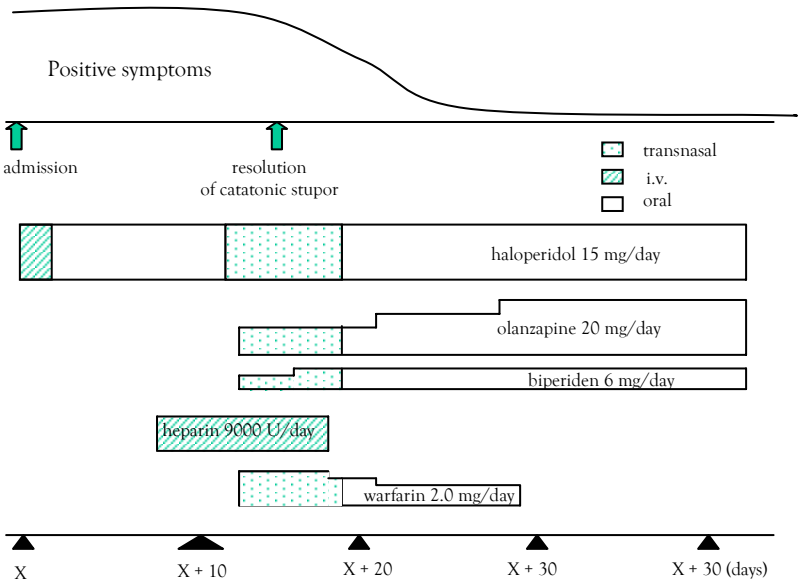

Figure 1: Clinical course. Three days after olanzapine was added, the patient recovered dramatically from her catatonic stupor. Under medication with olanzapine and haloperidol, her positive symptoms subsided gradually

1997; Cassidy et al., 2001). This may be due to the fact that catatonia has become a rare manifestation of schizophrenia as compared with the era before the atypical antipsychotics were introduced. In Japan, only four atypical antipsychotics are available (olanzapine, risperidone, quetiapine, and perospirone) and a nasogastric tube is required for the treatment of catatonic stupor, because there are no parenteral presentations available. Some clinicians might try ECT first in catatonia because neuroleptic medications act slowly and they carry the risk of inducing a neuroleptic malignant syndrome (Stoudemire and Luther, 1984).

The possibility that other factors contributed to the resolution of catatonic stupor cannot be excluded in our patient. However, our case and others indicate that atypical antipsychotics (including olanzapine) may be effective in the treatment of catatonia.

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