P03-42 - **CATATONIA: A CASE REPORT**

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Objectives: To underline the importance of a correct diagnosis and management of catatonia and complications increasing its morbidity and mortality. Catatonia is a syndrome of altered motor behaviour, mainly classified as a form of schizophrenia. Recent literature suggests catatonia is an independent syndrome, frequent among patients diagnosed with mania/depression or accompanying many general medical conditions and neurological disorders.

Methods: We describe the case of a 58-year-old woman with NIDDM in antidiabetic oral therapy and history of schizophrenia, diagnosed when aged 20 and treated with Haloperidol (10 mg/day), Levomepromazine (100 mg/day) and Lorazepam (2.5 mg/day) who was admitted to our clinic for a condition characterized by mutacism, staring into space, muscular rigidity and bilateral arm cogwheeling, initially suggesting a neuroleptic malignant syndrome.

Results: At hospitalization there was no fever, leukocytosis or CPK elevation. She quickly developed altered consciousness, autonomic dysfunction (hypertension, dysphagia, uncontrolled hyperglycaemia) and waxy flexibility finally recognized as a catatonic syndrome, according to DSM-IV-TR criteria. Multiple infections (urinary trait infection, teeth infections leading to sepsis) worsened her clinical condition. The first therapeutic strategy was suspending neuroleptics. Psychomotor symptoms, rated with the Catatonia Rating Scale (CRS), gradually resolved by intravenous administration of Lorazepam high doses (up to 12 mg/day). General medical conditions improved with specific antibiotic therapy, endovenous hydratation and parenteral nutrition. A physiatric rehabilitation program was started, with significative motricity improvement.

Conclusions: This report underlines the importance of the differential diagnosis between catatonia and similar conditions (such as NMS) and the fundamental role of multidisciplinary approach to complications.

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