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CATATONIA AND ITS CLINICAL COURSE: DESCRIPTIVE ANALYSIS OF 12 CONSECUTIVE CASES IN A GENERAL HOSPITAL PSYCHIATRIC INPATIENT UNIT

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Introduction: Scientific research regarding Catatonia is limited to individual clinical cases. Few well-design studies investigating its clinical course or therapeutic options have been carried out. We aimed to describe a sample of consecutive Catatonic patients admitted to the Basurto's Hospital Adult Psychiatric Inpatient Unit to obtain more data about its clinical presentation.

Material and methods: Subjects diagnosed of Catatonia anytime during admission were included (n=12). Subject's admission dates ranged between December 2008 to September 2010. Catatonia was diagnosed following DSM-IV-TR criteria. Data was retrospectively obtained reviewing subject's clinical notes.

Results: The sample was predominantly composed of women (66.7%). Media of age was 55.3 years. All subjects reported previous mental illness. More prevalent diagnosis were Schizophrenia (33.2%), Bipolar Disorder (33.2%), Non Specified Psychotic Disorder (16.6%), Schizoaffective Disorder (8.3%) and Recurrent Depressive Disorder (8.3%). Nine subjects (75%) reported previous admission to a psychiatric unit. No subjects had previously suffered from Catatonia and only 2 had previously received electroconvulsive therapy (ECT). More frequent catatonia subtype was retarded (66.7%) with no subjects presenting with malignant catatonia. CGI at admission showed a media of 6.64.

Regarding treatment, 83.3% did not recover with benzodiazepines and needed ECT anytime during admission. Media admission length was 36.17 days.

Conclusions: Catatonia was more frequently observed in female, middle-aged women with no previous history of catatonia or ECT treatment but a history of previous psychotic or affective illness and hospital admissions. Symptom severity was very high and thus required aggressive treatment and longer hospital stays in order to achieve recovery.