P-167 - CATATONIA IN BIPOLAR DISORDER

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Introduction: The concept of catatonia has undergone a major evolution from the first descriptions by Kahlbaum catatonic syndrome.
Although Kraepelin and Bleuler as mostly related to the dementia praecox and schizophrenia, respectively, it was later shown that its incidence is higher in affective disorders and especially mania.
In 2003 Taylor and Fink reviews the diagnostic criteria and warn of its underdiagnosis
Methods: From the presentation of a case, we conducted a systematic review in various databases (PubMed, Medline...)
Results: A case report.
We present the case of a 46 year old woman diagnosed with bipolar disorder type I. First depressive episode at age 16. In the past 3 years has presented two hypomanic, a mixed episode and a depressive episode.
The days before admission, presented disorganized behavior, confusion, bewilderment, motor retardation, respond poorly to stimuli, partially mute.
Coincides with the abandonment of regular medication. Psychomotor agitation presented at admission. Lorazepam treatment was started 15 mg, Olanzapine 5 mg, venlafaxine 150 mg and 200 mg lamotrigine. After two weeks of income stabilization was achieved psychopathology.
Conclusions: The presentations of this syndrome are varied, being able to alternate states of inhibition and agitation. Catatonia inhibited or benign catatonia, is the most common presentation. Malignant catatonia is characterized by acute onset, high-impact organic.
The etiology can be multiple: psychiatric illness, medical conditions, pharmacological and toxic.
Treatment should be hospitable. Initially with benzodiazepines (lorazepam, diazepam). If no response or the organic state is committed we recommend the use of electroconvulsive therapy.

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