

**P01-305 - DIFFERENCES IN THE TREATMENT RESPONSE TO ANTITHYROID DRUGS VERSUS ELECTROCONVULSIVE THERAPY IN A CASE OF RECURRENT CATATONIA WITH GRAVES' DISEASE**

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**Objectives:** Treatment of medical catatonia sometimes requires management of presenting psychiatric syndrome as well as treatment of causative medical illnesses. Treatment response to these approaches may, however, differ even in the same patient suffering a relapse of a similar clinical picture, and this presents a therapeutic challenge for physicians. We therefore report a case of medical catatonia due to Graves' disease which responded to antithyroid therapy in the first episode but required electroconvulsive therapy (ECT) when relapsed, then discuss the possible mechanism which caused different treatment response.

**Methods:** We describe the clinical course with the laboratory findings of recurrent catatonic episodes of a patient with Graves' disease.

**Results:** A 25-year-old woman manifested stupor, catalepsy and echolalia accompanying goiter, proptosis and tachycardia. Laboratory findings on thyroid function were consistent with Graves' disease. Treated with thiamazole (TMZ), her psychiatric and physical symptoms gradually subsided. She had remained euthyroid and symptom free for 10 years on TMZ 5 mg every other day. However, at age 35, she exhibited stupor with mannerism and stereotypy. Laboratory findings revealed mild exacerbation of thyroid function. Though antithyroid therapy regained euthyroid, her psychiatric symptoms persisted. Further treatment with neuroleptics did not ameliorate her symptoms. She was thus administered bitemporal ECT and recovered after 7<sup>th</sup> trial.

**Conclusions:** Aggravation of thyroid function associated with catatonic symptoms when relapsed was milder compared to the first episode. This suggested that dysregulation of thyroid homeostasis in the central nervous system might have persisted despite the peripheral euthyroid and could affect the treatment response.