Catatonia in Neuropsychiatric Lupus: A Case Report and Review of Literature

Ashwin Karnik, MD, Sara Vasudeva, MD, Holly Shiao, MD

UW Medicine
UW SCHOOL OF MEDICINE

CASE

The patient in this case had no prior psychiatric history and had an eight-month history of SLE.

BEFORE HOSPITALIZATION

8 Months Before Admission: initial diagnosis of SLE with non-neuropsychiatric manifestations. Course of steroids was effective

1 Week Before Admission: acute vision loss, diagnosed with CRAO. Began another course of steroids outpatient

Day of Admission: developed auditory hallucinations, admitted to outside hospital for presumed steroid-induced psychosis, and steroids tapered

DURING HOSPITALIZATION

Hospital Day 1: transfer to treating hospital, psychiatry consulted, and risperidone started for auditory hallucinations

HD 2: catatonic, BFCRS = 20. Lorazepam challenge with subsequent BFCRS = 6. MRI brain obtained, revealing several ischemic strokes. Diagnosis changed to NPSLE. Stopped risperidone. Scheduled lorazepam, cyclophosphamide, high dose corticosteroids

HD 3-13: responsiveness to lorazepam decreasing despite uptitrated to 24mg/day. Memantine trialed with no benefit. BFCRS 10-13

HD 14-18: lorazepam switched to diazepam 80mg/day for higher lipophilicity and theoretically better crossing of BBB, uptitrated to 120mg/day. BFCRS = 7-10

HD 19-33: worsening disorientation concerning for delirium, diazepam downtitrated to 60mg/day with improvement in mentation. BFCRS = 7-8

HD 34-48: BFCRS 4, discharged with diazepam 60mg/day with plan to taper over approximately 1 year

BACKGROUND

While more than half of patients with SLE experience neuropsychiatric symptoms of SLE (NPSLE)[1], catatonia is a rare and dangerous neuropsychiatric manifestation.[2]

We review the literature, including the present case, on how the psychiatric assessment aids in the diagnosis of NPSLE as well as on the treatment for catatonia presenting in NPSLE.

DISCUSSION

HOW PSYCHIATRIC ASSESSMENT AIDS IN DIAGNOSIS OF NPSLE

Reviewed 38 case reports of catatonia presenting in NPSLE to identify factors that confounded the diagnosis of NPSLE as well as components of psychiatric evaluation that appeared to aid in accurate diagnosis.[1,2]

Most Common Confounding Factors for Diagnosis	
No other signs or symptoms of SLE present	50%
Steroid-induced psychosis on differential	29%
At least one of the above factors present	58%*

*Likely underestimated due to some case reports omitting parts of the medical workup

Most Helpful Psychiatric Findings for Diagnosis	
No prior psychiatric history	53%
Hx SLE + current presentation with catatonia	66%
Stopping steroids worsened psychiatric symptoms	11%
New catatonia after antipsychotics	24%
At least one of the above findings present	84%**

**Likely underestimated due to some case reports omitting parts of the psychiatric workup

TREATMENT OF CATATONIA PRESENTING IN NPSLE

Rates of Each Treatment for Catatonia	
Immunosuppression	97%
Benzodiazepines	82%
ECT	37%

CONCLUSION

- At least one of two factors confounding diagnosis of NPSLE was present in more than half of cases, highlighting the substantial difficulty in making the diagnosis.
- At least one of four psychiatric findings that aided in diagnosis of NPSLE was present in a large majority of cases, suggesting psychiatric assessment can be very helpful in promptly diagnosing NPSLE.
- Nearly all patients' catatonia was treated with both immunosuppression and catatonia-specific treatment, underscoring the importance of addressing the catatonia and the underlying disorder simultaneously.

REFERENCES

1. Bhangle, Samir D., et al. "Corticosteroid-Induced Neuropsychiatric Disorders: Review and Contrast with Neuropsychiatric Lupus." Rheumatology International, vol. 33, no. 8, 2013, pp. 1923–1932., doi:10.1007/s00296-013-2750-z.

2. Boeke, Annabel, et al. "Catatonia Associated With Systemic Lupus Erythematosus (SLE): A Report of Two Cases and a Review of the Literature." Psychosomatics, vol. 59, no. 6, 2018, pp. 523–530., doi:10.1016/j.psym.2018.06.007.