ECT Resolving Catatonia in a Huntington's Disease Patient: A Case Report and Review of Literature

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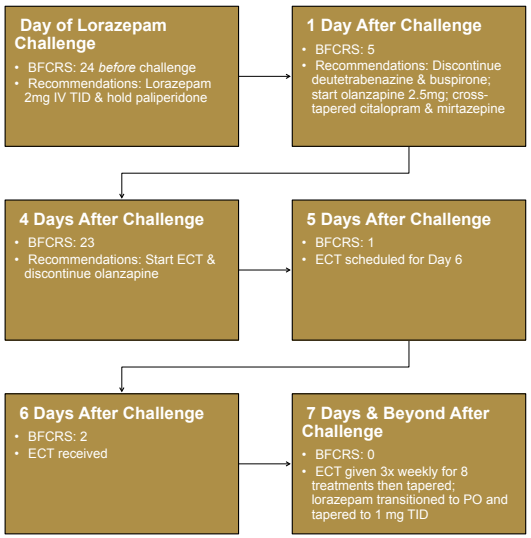
Background

Psychiatric symptoms, particularly depression, are common in Huntington's Disease (HD) patients. Catatonia is relatively rare in this population, and there is no current standardized treatment for catatonic HD patients.[1] ECT is not generally used for treatment of psychiatric disorders in HD patients; however, there is evidence that it should be considered for some catatonic HD patients.[2] Here, we present the case of a HD patient with catatonia rapidly responsive to ECT and conduct a literature review, adding further evidence of its efficacy in this population.

Case

- Mr. S, a 60yoM with a history of HD, depression, and anxiety, presents with suicidal ideation and a plan to overdose due to HD progression and significant anxiety/ paranoia about COVID-19.
- Notably, his father died in his early 60s; brother died in his 50s from HD.
- Prior to presentation, discharged from another psychiatric facility following 1 week stay without clinical benefit.
- Admitted with restart of the following psychoactive medications; buspirone 5mg TID, deutetrabenazine 6 mg BID, tiagabine 16 mg QHS, citalopram 40mg daily, paliperidone 3 mg QHS, and propranolol 20mg BID.
- 4 days following presentation, found to have catatonia symptoms. Medication adjustments and treatment course in **Figure 1**.
- **Mr. S recovered from both catatonia and suicidal ideation within 4 treatments of ECT**; he completed 9 inpatient treatments with subsequent tapering to monthly ECT.

Figure 1. Hospitalization Course



BFCRS = Bush-Francis Catatonia Rating Scale

Case, Continued

- Psychoactive medications at discharge: lorazepam 1 mg TID, propranolol 20mg BID, tiagabine 16mg QHS, and mirtazapine 30mg QHS.
- Patient received a total of 15 ECTs; given improvement in symptoms, all medications aside from lorazepam, propranolol, and trazodone have been discontinued.
- Over 5 months after last ECT, he continues to do well psychiatrically though he has deteriorated physically and resides in a SNF.

Discussion

- Adequate treatment of depression and psychiatric symptoms in HD patients is paramount given **suicide rate 5x that of general population**.[3]
- Prior literature indicates variable number of ECTs needed to treat catatonia (from 5 to 42 cumulatively),[2] with many patient experiencing a relapse in catatonia necessitating multiple rounds of ECT.[1,4]
- Our case demonstrates **that short courses of ECT in HD patients can be helpful both for remission of catatonia**, as well as symptoms of depression.
- Given ECT's ability to help with depression, psychosis, and catatonia, **it should be strongly considered in HD patients who are severely debilitated and treatment-resistant**.
- Our patient has had **sustained improvement** in depression, anxiety, catatonia, and suicidality over 5 months following 15th and final treatment; we were able to minimize polypharmacy.

References

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