p-123

Saturday

Catatonia, a differential diagnosis of fast FTLD progression

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State of the Art: The FTLD progression is very variable. Catatonia and FTLD share several symptoms (stereotypies, mutism, apathy...), leading to difficulties distinguishing between the two.
Methodology: We report the case of a 68-years-old woman, diagnosed with familial (C9ORF72) FTLD eight years ago, rapidly evolving for 5 months : stereotypies, apathy, reduced verbal fluency, prosopagnosia, falls, swallowing disorders. She was treated with SSRI for 4 years and never received antipsychotics. She had no prior psychiatric history, except a reactive depression several years ago.
Results: On admission, the patient showed stupor, mutism, verbigeration and posturing, but her condition could fluctuate. Sometimes for a few minutes, her abilities improved, she was alert and spoke better. This fluctuation was reminiscent of catatonia. Although the Zolpidem Test was negative, we started her on a lorazepam course, but she became even more apathetic. We then stopped lorazepam and started her on amantadine. After two weeks at 100 mg/day, her Bush-Francis Catatonia Rating Scale score went from 20/69 on admission to fluctuating between 2/69 and 10/69. Her MMS score went from 4/30 to 19/30, and the 5-words-test went from 1/10 to 9/10.
Conclusion: Apathy and loss of contact can seem normal in the logical course of FTLD, but catatonia should be thought of every time there is a sudden change in FTLD behavior, even when there is no psychiatric illness. Lack of rapid improvement after zolpidem or lorazepam does not exclude catatonia, and other treatments must be tried. Hospitalization is recommended to observe improvements or fluctuations.

Conflicts of interest

N/A