

## First Episode of Schizophrenia Catatonic Type Responds To Clozapine

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### Introduction

This report describes the case of a young male with first episode of Schizophrenia, catatonic type who responded well to clozapine.

### Case Report

C is a 32 years male who first presented one year prior for psychiatric hospitalization with catatonic symptoms. C was described by his family as very gentle and artistic. He was an average student and after graduating high school, attended several college classes, and unsuccessfully held several odd jobs. Prior to admission to the local hospital, C had been bedridden at home for over 8 months, selectively mute, declining food, fluids, or change of clothes. C was diagnosed with schizophrenia, catatonic type based on the above presentation and history of insidious onset of a progressively deteriorating level of functioning over a period of more than four years characterized by social withdrawal, motoric immobility, and somatic and grandiose delusions. There is a family history of schizophrenia in a maternal grandmother's sister. He was started on olanzapine and mirtazapine and transferred to our state facility where he failed to demonstrate improvement. Trials of risperidone, lorazepam high dose (16 mg daily), amantadine, memantine and divalproex did not lead to significant improvement so clozapine titration was initiated. Despite an attenuated titration, due to his baseline hypotension and tachycardia due to immobility and poor hydration, clozapine titration was discontinued twice. On the third titration of clozapine, his hypotension and tachycardia were treated with midodrine, fludrocortisone and sodium chloride, and propranolol. While treated with clozapine, high dose lorazepam (16 mg daily), and divalproex, C became progressively more active, verbal, and better nourished. After five months, he was fully participating on the ward and began to attend off-ward treatment. Three months later, divalproex was uneventful discontinued. Reemergence of catatonic symptoms was noted when lorazepam was lowered below 2 mg twice daily followed by prompt resolution when the dosage of Lorazepam was increased back to 2 mg twice daily. C was successfully discharged to his parents after another 4 weeks of observation. His thought content was significant for persistence of initial somatic and grandiose delusions. Low motivation and quietude persisted, however his activity level was much improved.

### Discussion

What role did Clozapine play in elimination of catatonia? Initial delusions persisted after resolution of catatonia and during periods of distress would become more prominent but without being accompanied by the motoric symptoms of catatonia. What role did a relatively low dose of Lorazepam play in management of catatonia? Reemergence of catatonic symptoms was noted when the dose of Lorazepam was reduced below 2 mg twice daily. The symptoms went away when the dose of Lorazepam was increased back to 2 mg twice daily.

This case also demonstrates the effectiveness of clozapine and lorazepam in the treatment of first episode refractory schizophrenia, catatonic type, and the use of supportive agents to manage emergent side effects.

### References

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