Predictors of Mortality Following Diagnosis of Catatonia in a Medical Setting

Mariel Piechowicz, MD
Alex Israel, MD
Patrick Frailey, MD
Isabella Kratzer, MD
Jessica Fleischer, MD
Priya Gopalan, MD

ACLP Consultation-Liaison Psychiatry 2023
CLP 2023

Disclosure: Mariel Piechowicz, MD

With respect to the following presentation, in the 24 months prior to this declaration there has been no financial relationship of any kind between the party listed above and any ACCME-defined ineligible company which could be considered a conflict of interest.
INTRODUCTION

CATATONIA IN THE MEDICAL SETTING

• Approximately 50% of the literature consists of case reports
• Specific etiologies and illness associations
• Focus on diagnosis and treatment
• Short term complications and prognosis
• Limited literature on long-term prognosis
INTRODUCTION

PROGNOSIS WITH RESPECT TO CATATONIA

• The number or pattern of catatonic features does not affect outcome, and there is excellent short-term prognosis. Long-term prognosis depends on the underlying condition. ¹

• Catatonia in schizophrenia is associated with a higher risk of medical complications and mortality. ²

• Catatonia has not been found to be associated with in-hospital mortality or one-year mortality in one prospective study of critically ill patients. ³
INTRODUCTION

AIMS & HYPOTHESIS

• Characterize long-term outcomes in medically-admitted patients with a diagnosis of catatonia

• Identify variables that impact prognosis

• We predict advanced age, medical etiology of catatonia, higher Bush Francis Catatonia Rating Scale (BFCRS) score, higher dose of benzodiazepine used, and use of ECT will be associated with worse outcomes including all-cause mortality.
METHODS

1. Obtained approval from our institution’s Quality Review Committee

2. Identified patients at our tertiary care facility who were diagnosed with catatonia by our psychiatry consult service and completed chart review.

3. Individuals who died within two years were compared to those who had survived at least two years with respect to the following variables:

   - Demographic data
   - BFCRS scores
   - Maximum benzodiazepine dose
   - ECT treatment
   - Etiology of Catatonia
   - Length of stay (LOS)
   - Mortality within 2 years of initial consult
RESULTS

DEMOGRAPHICS

• 75 total patients
• 46 (60.5%) female
• Age range from 21-91, mean 58.2, SD 17.39
• 66 (88%) patients had at least one lifetime psychiatric diagnosis
• 11 patients (14.6%) received ECT
• 66 patients (88%) received treatment with lorazepam
• 23 patients (30.6%) died within 2 years of initial consult
RESULTS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Alive at 2 years</th>
<th>Deceased at 2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>p &lt; 0.01*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BFCRS Score</td>
<td>p = 0.343</td>
<td></td>
</tr>
<tr>
<td>Lorazepam dose per 24 hrs (mg)</td>
<td>p = 0.653</td>
<td></td>
</tr>
<tr>
<td>Length of Stay (days)</td>
<td>p = 0.737</td>
<td></td>
</tr>
</tbody>
</table>
RESULTS

Etiology of Catatonia

- Alive at 2 years
- Deceased at 2 years

Number of Patients

- Medical
- Psychiatric
- Multifactorial

$p < 0.002^*$
DISCUSSION

SUMMARY OF FINDINGS

• Not significantly different:
  • Maximum BFCRS score
  • Maximum benzodiazepine dose
  • Treatment with ECT

• Significantly different:
  • Etiology of catatonia
  • Average age
DISCUSSION

STRENGTHS AND LIMITATIONS

• Adds to limited literature
• Tertiary care center, single site
• Delirium
• Cross-sectional, retrospective chart review
• Relatively small sample sizes
DISCUSSION

FUTURE DIRECTIONS

• Larger sample size, longer timeframe
• Additional outcome metrics
• Additional patient data
• Predictive tools?
DISCUSSION

CONCLUSION

This preliminary data emphasizes the value in thinking about whether our patients with catatonia may be at an increased risk of mortality and what factors contribute to these outcomes.

