

80-Day Starvation in a Patient with Autism and Bipolar Disorder Requiring ICU Stay: Court-Ordered Treatment and Response to Aripiprazole Maintena Injection in a Consultation-Liaison Setting

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Introduction

- **Court-ordered treatment of psychosis** in the context of medical admission in patients with co-morbid psychiatric diagnoses requires **unique treatment considerations**.
- While psychopharmacotherapy is an important component in treating psychosis-associated starvation, a **biopsychosocial approach involving an interdisciplinary team** of psychiatrists, hospitalists, dietitians, psychologists, and family members is essential to effectively care for and treat patients.
- Further, long-acting injectable (LAI) antipsychotics are an underutilized treatment option with potential to improve patient outcomes.

Case

- A 23-year-old male with a past psychiatric history of **autism spectrum disorder, bipolar disorder, and schizophrenia** presented to the ED from an inpatient psychiatry unit for **starvation ketoacidosis** and **poor PO intake** for 2 weeks.
- He was diagnosed with schizophrenia at 16, with several inpatient psychiatry admissions, and **previously responded to Abilify**, with noted cessation of hallucinations, improved interactions, and less blunted affect.
- He has a **history of medication non-adherence** and recently showed increased paranoid behaviors, including excessive showering (9 times/day) and scrubbing his ears until bleeding due to auditory hallucinations.

Hospital Course and Response to Treatment

Hospital Course:

- He was **admitted to the inpatient medicine** service. CL psychiatry was consulted for medication recommendations. **Patient refused PO Abilify**. Alternate medications included: various combinations of IM antipsychotics (olanzapine, midazolam, haloperidol) with medical interventions of IV fluids and attempts at placing an NG tube, which the patient consistently pulled out.
- He was **transferred to the MICU** for close monitoring.
- A petition was filed for court-mandated treatment of an LAI antipsychotic. **Aripiprazole (Abilify) LAI (400mg) was administered on hospital day (HD) 44**, with expected peak on HD 54-60.¹

Significance:

- Recent literature suggests **Abilify LAIs show improved outcomes in patients with autism and psychosis**,² and are an **underutilized treatment modality** that can yield favorable patient outcomes.³
- This case shows that a **combination** of pharmacotherapy, behavioral interventions, family engagement, and **interdisciplinary collaboration** are critical aspects of CL psychiatric care.

HD 44-60

Patient more engaged

Refusal of PO, but increased interactions and desire to play chess

HD72

Second Abilify LAI administered

HD 64

After 2.5 months, patient ate

More frequent visits from family, engagement in hobbies, & established incentive system

HD 78

Patient discharged

back to inpatient mental health facility in good health

Figure 1. Response to treatment of LAI.

Conclusion

- LAIs, when **supplemented by several non-pharmacologic modalities**, are an important component in improving patient outcomes in patients who refuse PO intake
- This case addresses nuances of treating psychosis with **court-ordered LAI treatment in a CL setting** in a patient with autism and psychosis.

References and Acknowledgements

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