

CATATONIA VS DOWN SYNDROME REGRESSION DISORDER: A CASE REPORT ON ACUTE MANAGEMENT FOR AN ADOLESCENT WITH DOWN SYNDROME

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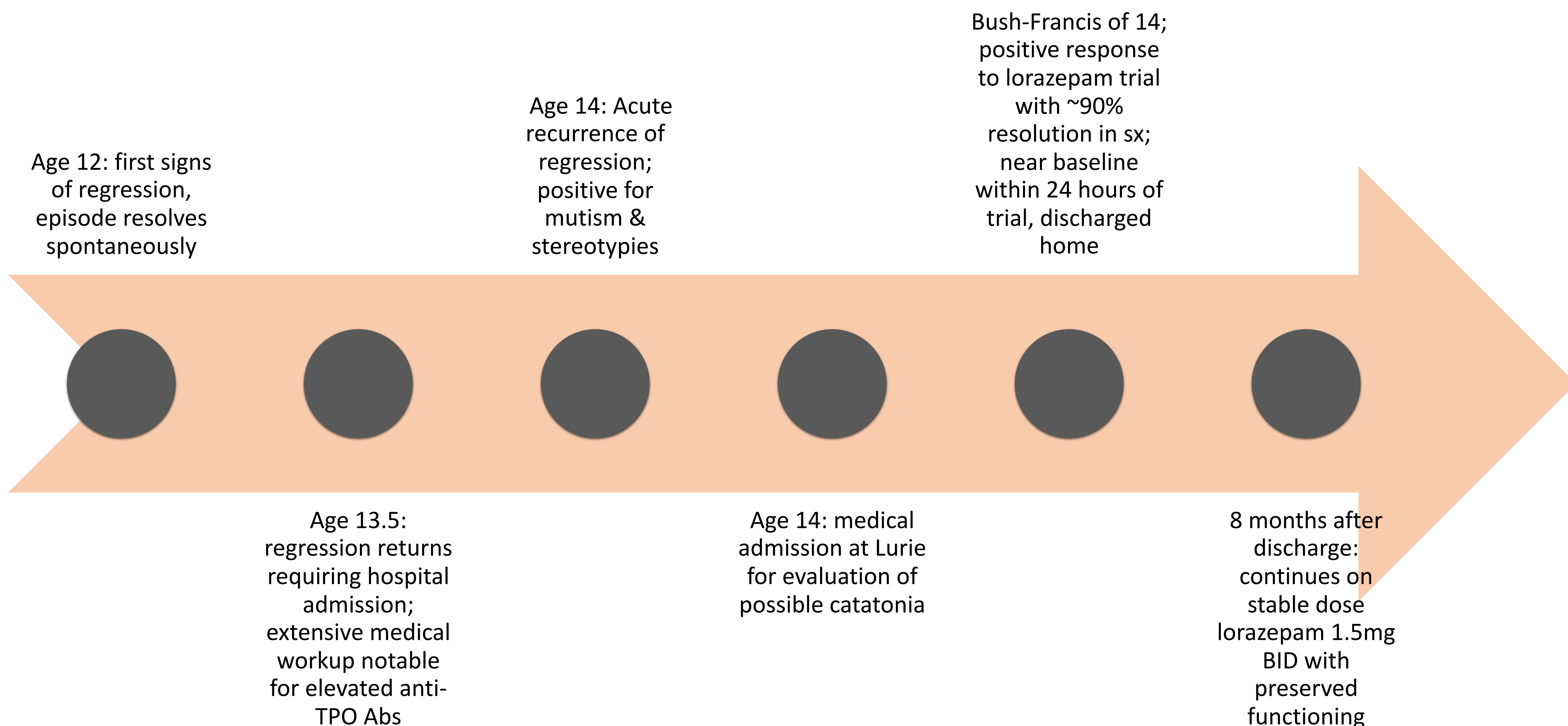
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Introduction

Down Syndrome (DS) is the most common cause of genetic intellectual disability worldwide (Santoro, 2022). First described as "catatonic psychosis," some individuals with DS experience regression with a loss of cognitive and/or social functioning (Rosso, 2020). Now termed Down Syndrome Regression Disorder (DSRD), this phenomenon is the subject of ongoing debate about its origins, manifestations, and treatment implications for patients with DS.

Case Presentation

A 14-year-old patient with Down Syndrome and no other medical comorbidities presents to a tertiary care hospital with subacute decline from her baseline over the past two years: increased social isolation, decreased communication, personality change, new onset tics and obsessive-compulsive behaviors, less independence, and decreased food intake.



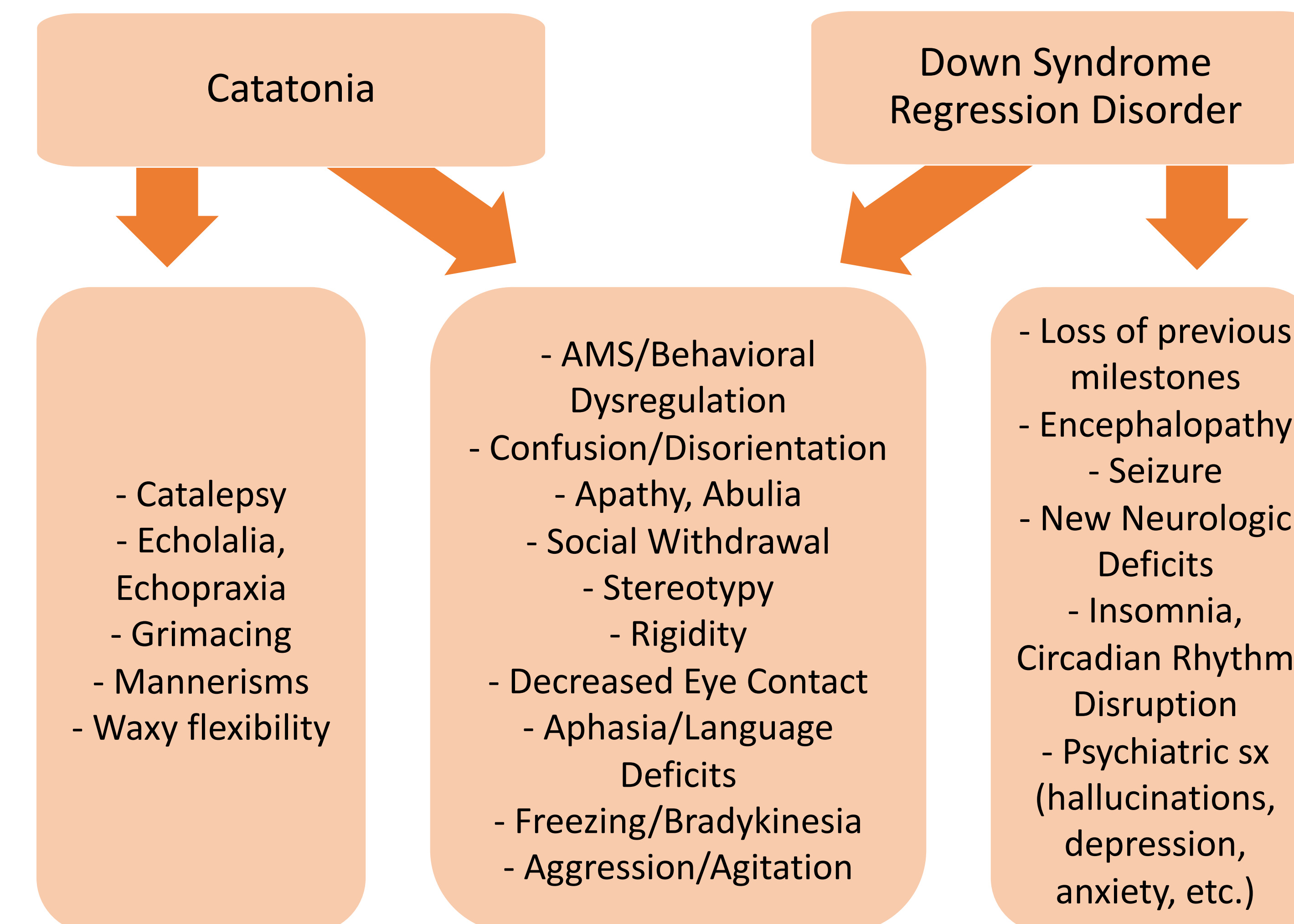
Case Presentation (continued)

Bush-Francis Catatonia Rating Scale	
Immobility/Stupor	0/3
Mutism	3/3
Staring	2/3
Posturing/Catalepsy	0/3
Grimacing	2/3
Echopraxia/echolalia	2/3
Stereotypy	3/3
Mannerisms	0/3
Verbigeration	0/3
Rigidity	2/3
All Other Categories	0/3
Total	14

Bush-Francis Catatonia Rating Scale	
Immobility/Stupor	0/3
Mutism	0/3
Staring	1/3
Posturing/Catalepsy	0/3
Grimacing	1/3
Echopraxia/echolalia	1/3
Stereotypy	1/3
Mannerisms	0/3
Verbigeration	0/3
Rigidity	1/3
All Other Categories	0/3
Total	5

Itemized BFCRS scales from pre (left) and post (right) 1mg IV lorazepam trial

Discussion



Conclusion/Implications

Our case highlights that there is still much work to be done in the field of regression and catatonia for patients with Down Syndrome and other neurodevelopmental disorders. With more time and research, we hope to determine better criteria for the pathogenesis, diagnosis, and treatment of patients with these symptoms.

Disclosures

No relevant financial relationships exist for either author.

References

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