

Stuck in the Past: A Case of Catatonic Schizophrenia and Late Regression in Autism

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Background

Up to 85% of patients with late regression of Autism Spectrum Disorder (ASD) present with comorbid catatonia¹.

Individuals with schizophrenia and ASD often have atypical presentations with a greater degree of negative symptoms and functional disability².

Assessment of catatonia in ASD is complicated by overlapping symptomatology.

Case

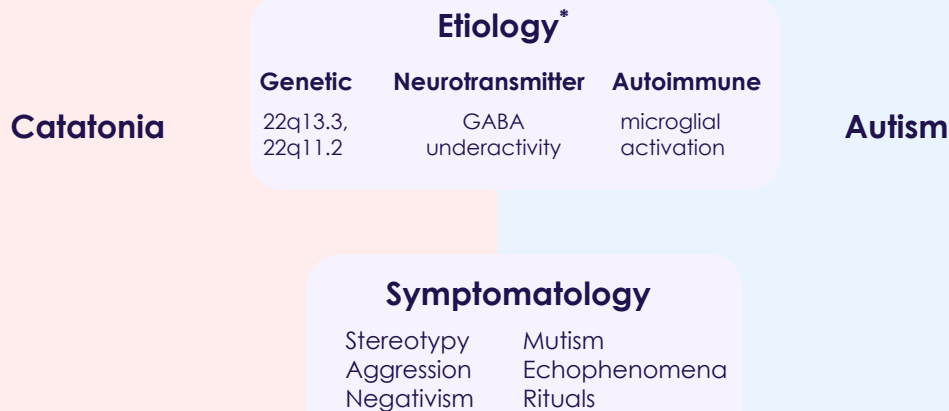
17M with schizophrenia and ASD presents with mutism, stereotypy, staring, social withdrawal, refusal of PO intake.

Blood work (-)
MRI brain (-)
lumbar puncture (-)

lorazepam challenge, Beach Catatonia Algorithm minimally effective.

Failed to recover premorbid function.

Catatonia and Autism overlap in etiology and symptomatology



Treatment Guidance for Comorbid Catatonia and ASD*

- Catatonic patients with ASD may respond less robustly to benzodiazepines (behavioral worsening in 9%). Benzodiazepines and ECT remain the gold standard of care.
- Consider genetic testing in the evaluation of patients with neurodevelopmental disabilities, particularly rapid whole genome sequencing for critically ill patients.
- Techniques including "prompt-fading", where behavioral interventions are gradually reduced in frequency and intensity, have improved verbal responsiveness in catatonic children with ASD.

Discussion

Not all autistic individuals with late regression experience catatonia, suggesting that the two conditions are discrete. Individuals who experience late regression have a poor prognosis, with only 10% returning to their premorbid level of function¹. Individuals with autism are at risk of diagnostic overshadowing bias, and it is imperative to rule out medical causes of catatonia in these individuals.

Conclusion

Late regression in autism should raise concern for catatonia given their high comorbidity. Rapid detection and treatment of catatonia in these individuals is important, as prolonged hospitalization is a risk factor for behavioral regression in individuals with autism.

References and Disclosure

- In relation to this presentation, I declare no conflicts of interest.
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 2. Bouras N, Marfin G, Lesele M, Vantaaolainen M, Hall G, Thomas C, Hinder C, Boardman J. Schizophrenia-spectrum psychoses in people with and without intellectual disability. *J Intellect Disabil Res*. 2004 Sep;48(Pt 4):548-55. PMID: 15312055.

* Moore, S., Amato, D.N., Chu, M.M., et al. Catatonia in autism and other neurodevelopmental disabilities: a state-of-the-art review. *npj Mental Health Res* 1, 12 (2022).