

Free CEU events to launch new Adolescent Diagnostic and Treatment Program

Lindner Center of HOPE is launching its new Adolescent Comprehensive Diagnostic Assessment and Intensive Treatment Program, which opened May 12, 2014, and is inviting professionals to join us for a free networking, dinner and a continuing education lecture:

Work in Progress: Adolescence and Mental Health

1.5 CEU Credit Hours

Presented by:

Elizabeth Wassenaar, MD, Lindner Center of HOPE Adolescent Comprehensive Diagnostic Assessment and Intensive Treatment Program

Nicole Gibler, MD, Sibcy House at Lindner Center of HOPE, A comprehensive diagnostic assessment and short-term intensive treatment program for adults

As adolescence is such a tender time, accurate diagnosis, effective treatment planning, and the development of a solid blueprint for treatment success and realistic future focus is even more crucial. This lecture will enhance your understanding of the adolescent brain and mental illness in adolescence, while providing insight into the potential life-saving impact of thorough and accurate diagnosis.

By the end of this presentation, attendant will be able to:

- Identify the developmental tasks of adolescence
- Identify brain changes in adolescence
- Understand mental illness in adolescence and the challenges of diagnosis
- Describe components of a complete diagnostic workup and their value

1.5 CEU Credit Hours Offered

Event date and location:

Tuesday, July 15, 2014

6:00 to 8:30 p.m.

Portofino

249 E. Main Street

Lexington, KY

Register by July 7, 2014



Register by contacting: Pricila Gran at pricila.gran@lindnercenter.org or (513) 536-0318.

More on the Web - lindnercenterofhope.org

> Library of Resources

This library offers resources that will enhance the understanding of mental illness, specific diagnoses, and treatment options.

> Treatment Teams

Lindner Center of HOPE has a diverse team offering patients and families expertise in diagnosis and treatment.

> Support Groups

Review the list of support groups available at the Center.

> For the Patient with Complex, Co-Morbid Needs

A short-term residential treatment center where clinicians are dedicated to bringing the latest treatment methods to optimize successful patient outcomes. Call (513) 536-0537 to learn more about Sibcy House.

www.lindnercenterofhope.org

(513) 536-HOPE (4673)

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Interested in touring
Lindner Center of HOPE?

Contact Katie Hamm at (513) 536-0324.

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PSYCHIATRY AND PSYCHOLOGY NEWS FOR MENTAL HEALTH PROFESSIONALS

JUNE 2014



Events

July 1

Noon

Grand Rounds: Antidepressant actions of Acetyl-L-Carnitine, an over-the-counter 'supplement' with well-documented psychotropic effects, Presented by **Erik Messamore, M.D., PhD**, Lindner Center of HOPE Staff Psychiatrist, Lindner Center of HOPE

July 9

6:30 to 7:30 p.m.

Evening with the Experts: Stress and the family system presented by **Michael O'Hearn, MSW, LISW-S, Clinical Director**, Lindner Center of HOPE Center for Stress Related Disorders, Mason Community Center

July 15

6:00 to 8:30 p.m.

Work in Progress: Adolescence and Mental Health, 1.5 CEU Credit Hours, free networking, dinner and a continuing education lecture, at Portofino, Lexington, Register by July 7, 2014

July 18-20

Lindner Center of HOPE exhibits at 21st Annual OCD Conference in Los Angeles, CA

Patient Satisfaction

Patient Satisfaction results for May 2014 averaged a rating of **4.22 out of 5**, with 5 signifying the best possible care.



Clinical Manifestations and Treatment of Catatonia

By **Nelson F. Rodriguez, M.D., FAPA, Medical Director, ECT Service**, Lindner Center of HOPE and Adjunct Assistant Clinical Professor Department of Psychiatry and Behavioral Neuroscience, University of Cincinnati

Catatonia is a motor dysregulation syndrome with features including fluctuating stupor, negativism, posturing, stereotypy, automatic obedience and mannerism. The motor dysregulation can present either as immobility or profound motor excitement.

90,000 cases of catatonia occur each year in U.S. Hospitals. (Taylor, Fink, 2003) Eight percent to 38 percent occur among inpatient psychiatric clinics and 2 percent to 3 percent in psychiatric consultations.¹

Catatonia was associated with another psychiatric disorder in 55 (96.5%) of 57 patients.²

- 59% to 63.2% have mood disorders
- 20%-30% of Bipolar Disorder patient will experience catatonia at some point, as manic
- 29.8% have psychotic disorders
- 10% to 15% of catatonic patient met criteria for schizophrenia
- Medical conditions accompanied catatonia in 20% to 30% of the cases.³

There are two Forms of Catatonia due to psychiatric conditions:

- A retarded-stuporous type
- An excited-delirious type

Then there is Malignant Catatonia which is a triad of severe rigidity, autonomic nervous system instability,

and altered mental status.

Medical complications of catatonia include:⁴

- Venous thromboembolism
- Pulmonary embolism and death
- Deep venous thrombosis
- Nutritional deficiency, Vitamin K deficiency, hypoalbuminemia
- Pressure ulcers, decubitus ulcers
- Pneumonia
- Contractures

According to DSM-5, diagnostic criteria states that the clinical picture is dominated by three (or more) of the following symptoms:

1. Stupor
2. Catalepsy
3. Waxy flexibility
4. Mutism
5. Negativism
6. Posturing
7. Mannerism
8. Stereotypy
9. Agitation
10. Grimacing
11. Echolalia
12. Echopraxia

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The DSM-5 also indicated that catatonia can be associated with another mental disorder:

- Major depressive disorder
- Bipolar Disorder
- Schizophrenia
- Schizoaffective disorder
- Schizophreniform disorder
- Neurodevelopmental disorder
- Brief psychotic disorder

And catatonic disorder can exist due to another medical condition:

- Neurological conditions
 - Neoplasms
 - Head trauma
 - Cerebrovascular disease
 - Encephalitis
- Metabolic conditions
 - Hypercalcemia
 - Hepatic encephalopathy
 - Homocystinuria
 - Diabetic ketoacidosis

Diagnosis of catatonia can occur via:⁵

- “The Duck Principle”
 - If it looks, walks, and quacks like a duck, it is a duck.
- Sedative (lorazepam or amobarbital) Challenge Test:
 - An intravenous injection of 1-2 mg lorazepam (0.5mg/ml) or up to 500 mg amobarbital (50 mg/ml) over two minutes should relieve mutism, posturing and rigidity.
 - The relaxation of posture, increased speech, fewer mannerisms, and response to commands confirm the presence of catatonia.

Differential Diagnosis:

- Elective Mutism
 - Failure to speak and respond to questions, occurring as a singular feature. It is a conscious withholding of speech in an otherwise vigilant person
- Parkinson's Disease
 - Bradykinesia, rigidity, resting tremor, pill-rolling finger movements, short-stepping, shuffling gait.
- Delirium
- Neuroleptic Malignant Syndrome
 - Acute onset of fever, autonomic instability, rigidity and changes in mood and alertness, after the introduction of antipsychotics, described in 1980. CPK level was elevated, low serum iron level and leucocytosis
- Toxic Serotonin Syndrome
 - Patients exposed to rapid increase in SSRI or when SSRI is combined with MAOI. NMS/MC with gastrointestinal symptoms- salivation, nausea, diarrhea and abdominal pain

There is evidence that catatonia is related to abnormal gamma aminobutyric acid (GABA)ergic, dopaminergic and glutamatergic systems. The GABA-A has been particularly emphasized.^{6,7} Too little GABA-A and too much GABA-B activity contributes to the expression of catatonia. GABA-B agonists (e.g. baclofen, muscimol, valproic acid) induce catatonia.

It is also proposed that caudate nucleus, putamen, parietal and temporal lobes, and orbitofrontal and medial prefrontal cortex are involved in catatonia.⁸

Satoh and colleagues (1993) observed frontal lobe and posterior temporal and parietal lobe hypoperfusion on SPECT in their catatonic patients.

From a psychology perspective, intense fear is pictured as an evolutionary basis for both tonic immobilization and for catatonia. For example, defenses of prey animals include: flight, fight and dissimulation- stupor, mutism and immobility or tonic immobilization.⁹

Somatic Treatment of Catatonia includes:¹⁰

- Benzodiazepine
 - Lorazepam – safe and effective first-line treatment of catatonia.
 - Lorazepam is initially prescribed at 3-4 mg a day. If well tolerated, and catatonia does not resolve in two days, the dosage may be doubled, and increased progressively to 2mg every 3 to 8 hours (8-16 mg a day) over a period of 3-5 days. (Fink and Taylor , 2003)
 - Overall response rate to lorazepam approximately 50% to 80%. (Ravendranathan, 2012)
 - Complete resolution was obtained in 21/30 patients and 16/21 patients. (Payee, 1999; Bush, 1996)
- Electroconvulsive Therapy (ECT)
 - ECT should be considered when rapid resolution is necessary (e.g. malignant catatonia) or when initial lorazepam trial fails.
 - ECT is recommended if there is no response to benzodiazepines within 48-72 hours. (Weder et al, 2008)
 - Clearest indication for early intervention with ECT is when treating malignant or excited-delirious forms of catatonia.
 - In a retrospective study, 56/63 patients have complete resolution of their catatonia with ECT. (Raveendranathan et al, 2012)
 - In a retrospective study , 26/28 patients have complete resolution of their catatonia after ECT. (Rohland, et al, 1993)
- Benzodiazepine and ECT Approach (Fink and Taylor)
 - Resolution rate of catatonic symptoms by benzodiazepine and ECT in 57 patients was 100%.¹¹

¹ Clark, Hospital Med, 1999;60:740-742

² Unal Ahmet, et al, JECT, 2013;29:206-209

³ Tuerlings et al, Gen Hosp Psych, 2010;32:631-635

⁴ Durand et al, Current Psychiatry, 2013;8:44-50 and Van Warde et al, JECT, 2010;26:248-252

⁵ Fink, M, Taylor MA, Catatonia: A clinician's Guide to Diagnosis and Treatment, Cambridge Univ Press, 2003

⁶ Francis , A: Catatonia:diagnosis, classification and treatment. Curr Psychiatry Rep, 2010;12:180-185

⁷ Rosebush, Mazurek: A consideration of the mechanism by which lorazepam might treat catatonia. J Clin Psych, 1991;52:187-188

⁸ Weder, ND, et al. Catatonia:A review. Ann Clin Psych 2008;20:97-107

⁹ Moskowitz, A: “Scared Stiff”: catatonia as evolutionary-based fear response. Psychology Rev 2004;111:984-1002

¹⁰ Hawkins, JM, Archer KJ, Strakowski SM, Keck PE, Somatic treatment of catatonia. Int J Psychiatry Med, 1995;25:345-69

¹¹ Unal, A, et al. Effective Treatment of catatonia by combination of benzodiazepine and electroconvulsive therapy, J ECT, 2013;29:206-209



In the News

The Research Institute at Lindner Center of HOPE is one of 17 sites in U.S. to conduct Smoking Cessation Study

The Research Institute at Lindner Center of HOPE began recruitment this month for a Smoking Cessation Study. The Research Institute is conducting a clinical trial of a non-invasive, investigational medical device, Deep Transcranial Magnetic Stimulation, that may help people quit smoking.

Eligible participants must:

- Be between the ages of 22 and 70 years old
- Have smoked at least 10 cigarettes a day for over a year
- Want to quit smoking

All qualified participants will receive study related exams, lab work and treatments at no cost. Enrolled participants will receive compensation for time and travel.

For more information, interested parties should call Anna at (513) 536-0721 or visit lcoh.info

View “Grateful for HOPE” video on YouTube

Lindner Center of HOPE’s “Grateful for HOPE 2014” is now available on YouTube and can be found at www.youtube.com/user/LindnerCtrHope.

This video captures the spirit of the Lindner Center of HOPE mission.

Dr. Dlugosz accepts Interim Eating Disorder Leadership Position

Heather A. Dlugosz, MD, has accepted the role of Interim Medical Director of the Harold C. Schott Foundation Eating Disorders Program at Lindner Center of HOPE, as the Center works to recruit a physician to the permanent role.

Dr. Dlugosz has worked as part of the Eating Disorders program since she joined Lindner Center of HOPE in 2012, working with patients in the Cincinnati Children’s unit at Lindner Center of HOPE and in the outpatient practice.

Prior to joining Lindner Center of HOPE, Dr. Dlugosz was an inpatient/outpatient attending child and adolescent psychiatrist and Medical Director of the Adolescent Intensive Outpatient Program at St. Mary’s Regional Medical Center in Lewiston, Maine. Dr. Dlugosz additionally gained experience working as a contract psychiatrist for Children’s Diagnostic Center in Hamilton, Ohio and the Psychiatric Emergency Department at University of Cincinnati in Cincinnati, Ohio.