

Case Study: Bipolar Disorder with Psychosis

Lithium - Haloperidol Neurotoxicity and Catatonia

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INTRODUCTION

Bipolar Disorder (BD): prevalence: 3.9% (NIH)

Euthymia = remission of symptoms

Episodes

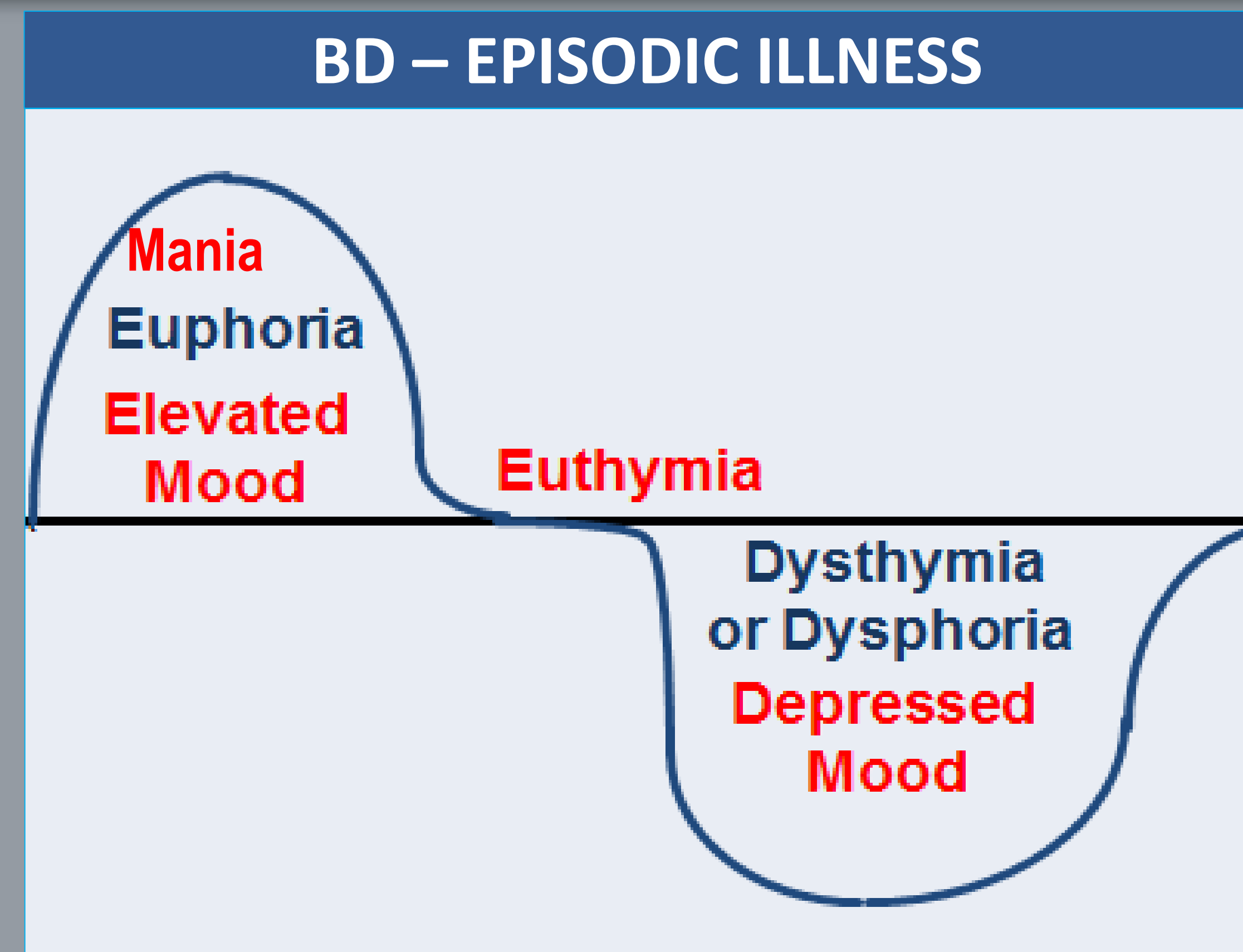
- Mania
- Depression
- Mixed

Any episode can be mild, moderate, severe, +/- Ψ

Catatonia: in any severe episode

Treatments:

- **Mood stabilizers:** Lithium-Li, Valproate-VPA
- **Antipsychotics:** olanzapine-OLZ, haloperidol-HAL
- **Antidepressants**
- **Benzodiazepines:** clonazepam-CLZ
- ECT
- **Combination of above treatments**



DISCUSSION

Delirium 2nd to Li and HAL induced neurotoxicity

- Mechanism of toxicity unknown
- Rare & can be under-Dx
- Question Dx if no response to Tx
- DC offending agent to improve or resolve neurotoxicity & delirium

Catatonia

- Rare & can be under-Dx
- Catalepsy, mutism, negativism are more recognized than agitated catatonia, stereotypical movements & thoughts
- Antipsychotics may worsen catatonia
- Benzodiazepines & ECT are Tx of choice

TREATMENT COURSE: 33 y/o male treated for BD mania with psychosis

Treatment Day:	Hospitalization 1 1-7	Outpatient Treatment 8-38	Hospitalization 2 39 – 45	Hospitalization 2 46 - 63	Partial Day Hospital 64 - 74
Physical exam	No abnormality	Cog-wheeling, tremor	Coarse tremors, gait ataxia, tachycardia	Stereotypy of movement, pacing, tachycardia, insomnia	Agitation & tremors resolved
MSE	Grandiosity, euphoria, insomnia, hyper-religiosity, auditory hallucinations	Disorientation, not recognizing family, auditory hallucinations	Fluctuating sensorium, disorientation, suicidality, auditory hallucinations	Stereotypy of thought, echolalia, BD mania	Mild euphoria, hyper-religiosity
Laboratory	Li 0.43 mEq/L with THC+	Li 0.46 mEq/L	Li 0.98 mEq/L with THC+	N/A	VPA 90 ng/ml
SLUMS			0 / 30 ⇒ 18 / 30 ⇒ 27 / 30		
Diagnosis	BD mania severe with Ψ	BD mania severe with Ψ vs. delirium onset	Delirium 2 nd Li and HAL induced toxicity	BD mania severe with catatonia	BD mania - mild
Treatment	Li, OLZ, CLZ	OLZ discontinued, Haloperidol start & D/C'd, Li & CLZ continued	Li discontinued, OLZ, CLZ continued	Titrate OLZ and CLZ, initiate ECT	VPA titration, OLZ decrease
Outcome	Resolution of psychosis, BD Mania moderate	Psychotic, cognitive decline, fluctuation of sensorium	Delirium resolved	Catatonia & psychosis resolved, BD mania improved	Discharged home