

Telehealth Approaches to Catatonia in Autism Spectrum Disorder and Intellectual Disability: A Case Series

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- **Background:**
- Catatonia is a psychomotor syndrome traditionally diagnosed and treated in inpatient settings
- Expansion of telehealth raises questions about diagnosis and management via virtual platforms
- Recognition is more challenging in individuals with IDD/ASD due to subtle or atypical presentations
- This study examines 14 cases of catatonia in patients with IDD diagnosed and/or treated via telepsychiatry

Methods:
 Retrospective chart review was conducted of patients seen through Telepsychiatry Project of Ohio from 2009 to the present.

- Inclusion criteria: diagnosis of catatonia with treatment via telehealth
- Data collected: Demographics, comorbidities, rating scale use, medications, and clinical outcomes.

Study Overview:

Domain	Findings
Age Range	14–70 years
Sex	12 males; 2 females
Comorbid Psychiatric Conditions	ASD (n=10); Schizophrenia (n=4); Bipolar Disorder (n=3)
Genetic Syndromes	Trisomy 21 (n=2); Phelan-McDermid Syndrome (n=2); Dandy-Walker Syndrome (n=1)
Catatonia Rating Scale Use	Bush-Francis Catatonia Rating Scale documented in 9 cases
BFCRS Scores	Range: 0–21
Documentation Patterns	Variable over time
Telepsychiatry Considerations	Practical challenges including limited physical examination

Diagnosis of Catatonia DSM-5-TR

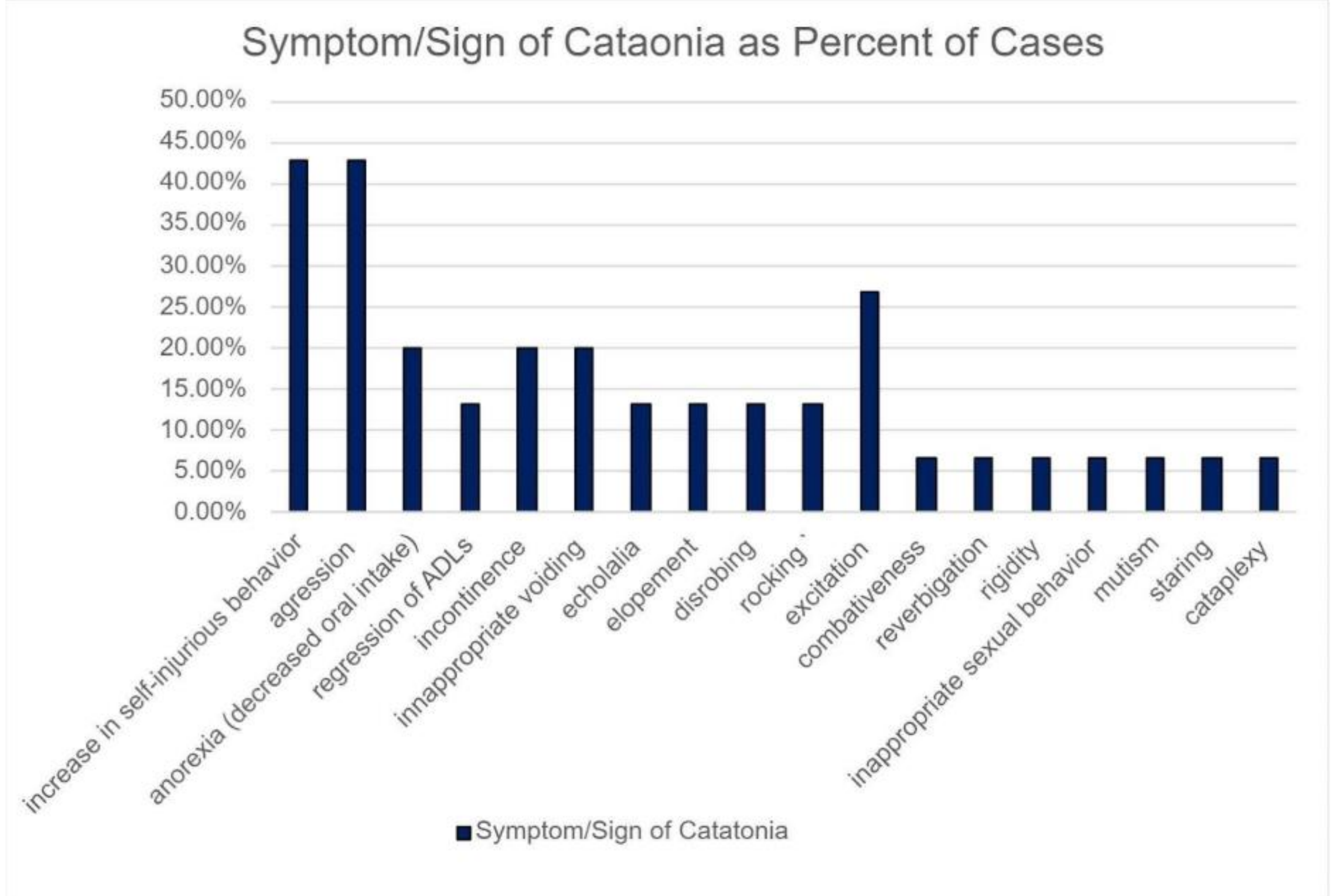
- At least 3 of 12 clinical features
- Catalepsy
 - Stupor
 - Waxy flexibility
 - Mutism
 - Negativism
 - Posturing
 - Mannerisms
 - Stereotypy
 - Agitation
 - Grimacing
 - Echolalia
 - Echopraxia

Additional Signs and Symptoms Observed in Intellectual Disability and Autism

- Regression of ADLs
- Worsening of Stereotypies
- Refusal to Eat or Drink
- Disrobing
- Urinary Incontinence
- Bowel Incontinence
- Urinating/Defecating in Inappropriate Places
- Worsening Self-Injurious Behaviors
- Purposeless Agitation

TELEHEALTH OUTCOMES IN 14 CASES OF CATATONIA

- 14 Cases Treated via Telehealth
- 6 Increased Self-Injurious Behavior
- 10 Behavioral Declines (Aggression, Regression, Impulsivity, Outbursts)
- 3 mg to 27 mg Lorazepam dosing: 3–27 mg/day
- 1 Virtual Lorazepam Challenge
- 71.4% Showed Significant Clinical Improvement



Conclusions: This study demonstrates the feasibility of diagnosis and treatment of catatonia via telehealth, while also highlighting several challenges and areas of future study

Challenges and Next Steps:

- Overlap of symptoms of autism and catatonia create a diagnostic challenge
 - Stereotypies, mutism, withdrawal
- Caregiver report is invaluable
- Addressing barriers to access to ECT
- Adapting Catatonia Rating Scales for use in telehealth settings
 - Bush-Francis, KANNER scale, use of Clinical Global Impression scale, all may need adaptation but can be used to track symptoms even in telehealth settings

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References: Please view our full list of references through the provided QR code

