



March 2016

Benzodiazepines might succeed as monotherapy for cannabinoid-induced catatonia

We found the case report “Unresponsive and mute after he smoked ‘Spice’” (Cases That Test Your Skills, CURRENT PSYCHIATRY, March 2016 p. 65-70) intriguing because we recently published an article that discusses 3 similar cases of DSM-5 unspecified catatonia.¹ The diagnosis of unspecified catatonia applies to catatonia that does not fully meet criteria for either catatonic disorder associated with another mental disorder or catatonic disorder associated with another medical disorder.

In Case 3 of our article, we described a patient who presented with unspecified catatonia after smoking a synthetic cannabinoid. The patient had been diagnosed with schizophrenia 4 years prior, but had not been adherent to treatment with an antipsychotic regimen since his diagnosis. His companion reported he had been smoking “K2” before he presented to the hospital. He was admitted to acute psychiatry, treated with oral lorazepam, 1 mg, 3 times a day, and improved within 3 days. He did not require electroconvulsive therapy (ECT). We have followed this patient through electronic medical records for 2.5 years after this hospitalization. He has not presented with re-emergent signs or symptoms of catatonia.

We also have conducted a literature review of synthetic cannabinoids and catatonia. As synthetic cannabinoids are a relatively recent phenomena, we recognize that reviews on catatonia might not include such substances.² Our literature review shows there are no other published cases of patients who returned to baseline functioning after treatment

with benzodiazepine (ie, lorazepam) monotherapy.

It appears that, in similar cases of *Cannabis*-induced or synthetic cannabinoid-induced catatonia, return to baseline level of functioning before hospitalization required ECT in addition to benzodiazepines. Therefore, we feel it is important to note that in some cases, such as with our patient, *Cannabis*-induced catatonia might resolve with benzodiazepine monotherapy.

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