

Thinking Twice About Benzodiazepines: Treatment of Progressive Dementia in a Hospitalized Patient

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CASE PRESENTATION

HPI:

- 68-year-old woman presented for three months of progressive decline in mental status
- visual and auditory hallucinations
- paranoid delusions
- intermittent inability to recognize family
- abnormal behaviors including speaking quietly to herself
- decreased oral intake

ROS: + weight loss, + decreased appetite, - fevers/chills, - pain

PMH:

- Coronary artery disease with recent stent placement
- Hypothyroidism
- Major depressive disorder, recently started on mirtazapine

Vitals: T 98.3F, HR 77, BP 131/74, SpO₂ 97% RA

Physical Exam:

General: thin, lying comfortably in bed

HEENT: no scleral icterus or pallor, EOMI

Respiratory: clear to auscultation

Cardiac: regular rate and rhythm, no murmurs, rubs, or gallops

Abdomen: soft, non-tender, +bowel sounds

Extremities: no edema

Skin: No lesions, abrasions, rashes

Neuro: Oriented to person only, follows commands. CN II-XII intact.

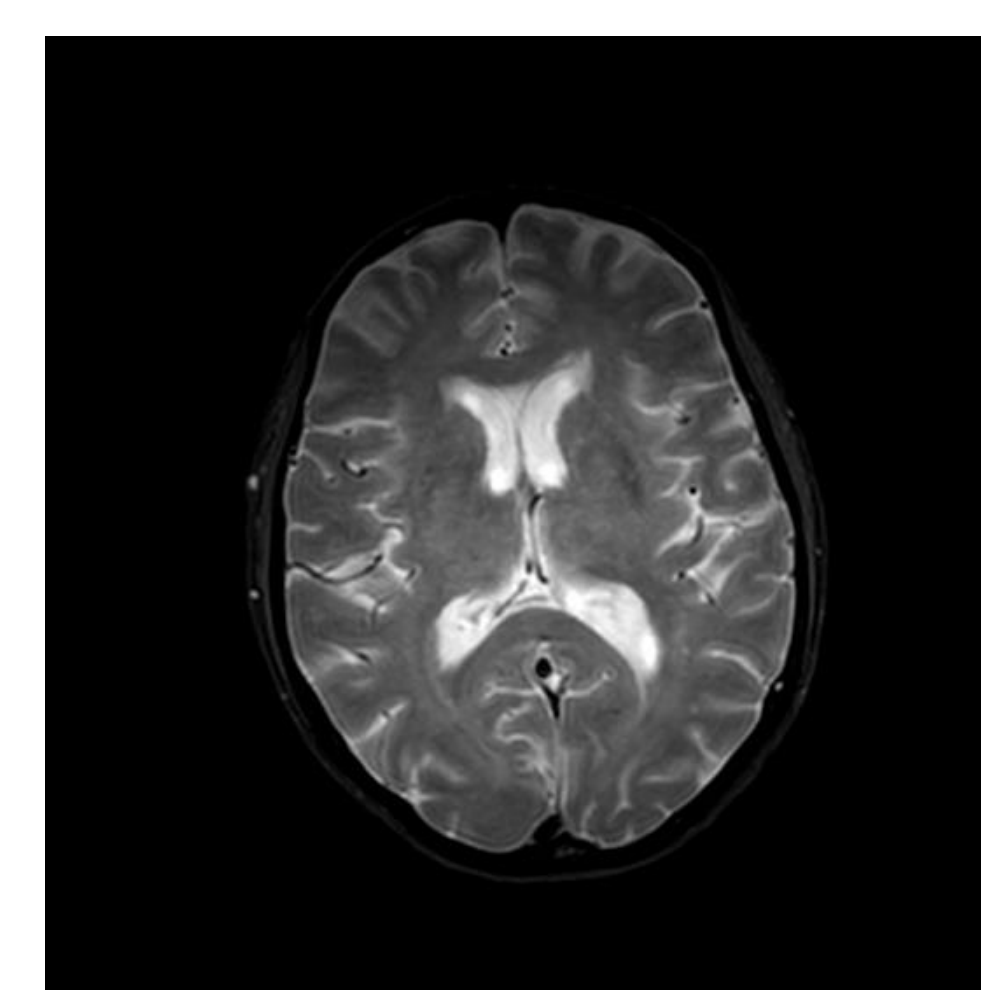
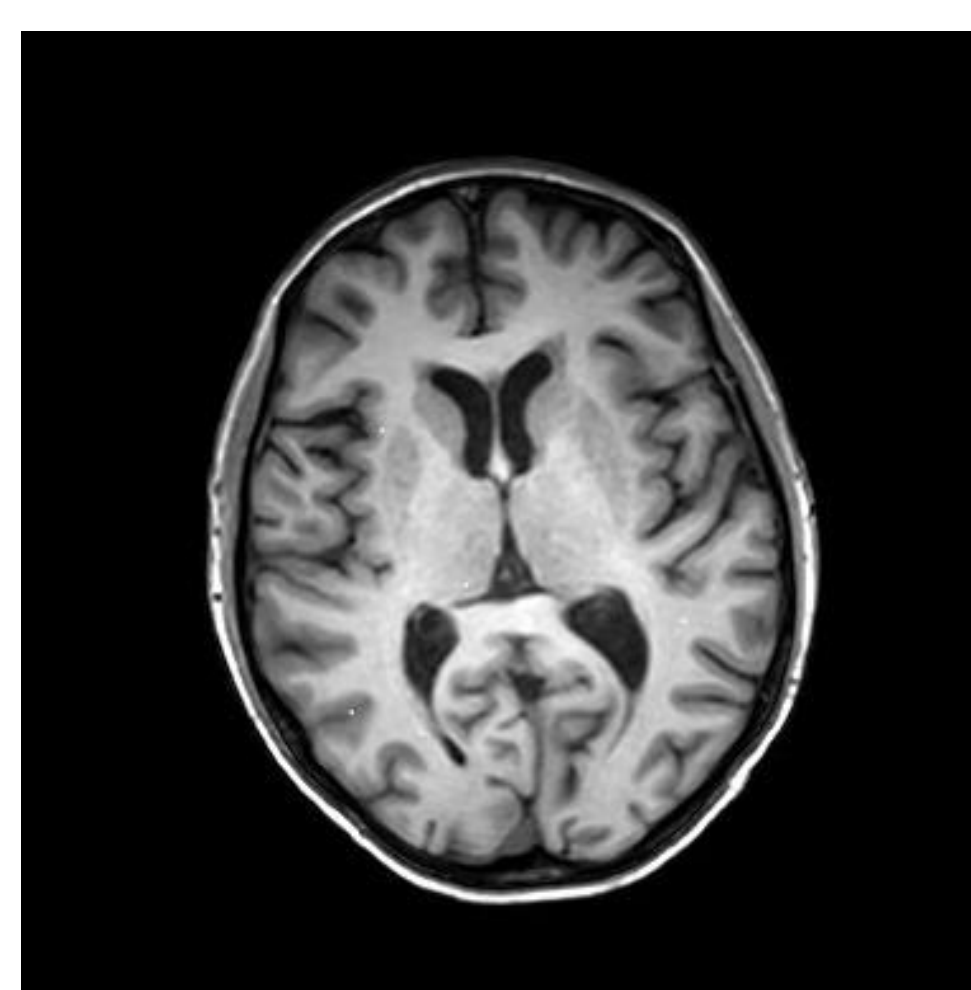
Strength 5/5 in all major muscle groups. Sensation intact to light touch throughout. Normal finger-to-nose and heel-to-shin. Rapid alternating hand movements intact **however slow overall.** No asterixis.

CLINICAL COURSE

B12 normal
Homocysteine elevated
LDH 265 U/L (nl 0-190)
Vit D, TSH, ammonia normal
Serum RPR and HIV negative
UA normal
LP normal

Labs:

14.9			
6.07	134		
41.9			
142	104	38	64
4.5	23	1.12	



MRI Brain: No acute infarction, chronic microvascular ischemic changes (white matter T2 flair hyperintensity)

- EEG showed diffuse background slowing
- Given empiric methylprednisolone for autoimmune encephalitis, no response
- LP negative for infection
- **During LP, given 0.5mg lorazepam with marked improvement**
- Differential of lorazepam responsive delirium:
 - terminal agitation
 - alcohol withdrawal
 - **catatonia**

Catatonia is a psychomotor disorder involving changes in movement and speech.

It can overlap with depression, dementia, and delirium.

Early recognition is important.

The main treatment is lorazepam which is generally harmful in the elderly.

Cognitive decline
Inattention
Decreased activity
Decreased speech
Inactivity
Reduced awareness

→ **Hypoactive Delirium**

Echopraxia-repetition of actions
Mitmachen-automatic obedience
Mutism
Staring

→ **Catatonia**

Persistent paranoid delusions
Partial response to benzodiazepines with persistent catatonia
Started on donepezil

→ **Lewy Body Dementia**



Waxy flexibility³



Echopraxia⁴

REFERENCES

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