Title: Delirious Mania with Excited Catatonia, Complicated by Acute Gabapentin and Valium Withdrawal

Authors: Ashabari Pellechi, MD; Wakilu Shittu, MD, MBA; Roshi DeSilva, DO; Melanie Beck, DO; Keith Semler, DO

Abstract: Delirious mania (DM) is a rare, but life-threatening medical emergency that remains under diagnosed, in part due to its rarity, but also because little is known of its pathophysiology or the breadth of neuropsychiatric symptoms with which this acute syndrome can present. As the name implies, DM presents with mania in the setting of acute delirium. Although DM is not included as its own diagnosis in the DSM-V, its presentation meets DSM-V criteria for mania and delirium without an underlying medical disorder. Delirium presents with disturbance of consciousness (i.e. reduced clarity of awareness of one’s environment), reduced ability to focus, sustain, or shift attention; this state of confusion can be precipitated by a wide variety of inciting factors, such as metabolic and electrolyte disturbance, medication, or infection. Mania presents with persistent elevation, expansiveness, or irritable mood, with associated symptoms of grandiosity, decreased need for sleep, pressured speech, flight of ideas, distractibility, increased goal-directed activity, and high risk-taking behavior, lasting at least one week. The presentation of new-onset altered mental status in the setting of an acute manic episode should give high suspicion of DM. Of note, catatonic features have also been reported in multiple cases. Excited catatonia (EC), a subtype of catatonia, is seen to present with extreme and purposeless hyperactivity, with agitation not due to external stimuli, which can result in unintentional injury to self or others, as well as stereotyped repetitive behavior and speech. EC, if severe, can also present with autonomic instability, to include tachycardia, hyperthermia, hypertension. More recently, a number of case reports have documented similar patient presentations and have
indicated that, if gone untreated, DM, especially when complicated by EC, can have devastating downstream cardiovascular and neurologic effects. DM itself is sub-acute in nature, approximately three to six weeks on average, with resolution of delirium symptoms prior to those of an acute manic episode. Therefore, early intervention is integral because of the high morbidity and mortality associated with this syndrome’s progression. For, DM and EC are highly responsive to treatment with Ativan, especially if given intravenously, and also to ECT. In contrast, anticholinergic and typical antipsychotic medications should be avoided. Given that there is still little known about DM and EC in the acute inpatient setting, it is imperative to further understand the phenomenology of this syndrome, to expeditiously identify such cases in the emergent setting and to provide immediate and aggressive medical management, in order to mitigate further clinical impact on afflicted patients. Thus, it is the goal of this patient case report to provide a detailed depiction of DM with EC, as well as the diagnostic and therapeutic challenges associated with this patient’s complex case.