EFFECTIVE TREATMENT OF CATATONIA IN DRUG INDUCED PARKINSONISM BY ZOLPIDEM

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Background and significance: Catatonia is a psychomotor syndrome, including mutism, immobility, rigidity, negativism and catalepsy. We described a rare case of a patient with parkinsonism who developed catatonia during the course of the disease, and improved after oral administration of zolpidem.

Case: A 73-year-old woman was admitted to our department due to hands and jaw tremor. She had experienced a reflux esophagitis at age 71 and since then has taken levosulpride 30mg daily. Neurologic examination revealed cogwheel rigidity on both upper and lower extremities, resting tremor on both hands and jaw. She was diagnosed as drug induced parkinsonism. Notably, she presented mutism, akinesia, refusal of food. Laboratory studies were unremarkable. Based on the phenomenology, we diagnosed the disorder as catatonia. We tried levodopa, dopamine agonist and benzodiazepine but they were ineffective. We tried a zolpidem, and thirty minute later we noticed a improvement in her catatonic symptoms and lasted four hours. After 12hours, 10mg of zolpidem was reintroduced and the catatonic symptoms were improved but lasted 4 hours.

Conclusion: Catatonia is no longer considered a subtype of schizophrenia but is more frequently associated with other mood disorder and neurologic conditions, such as parkinsonism, although the pathomechanism of catatonia in parkinsonism remains poorly understood. GABA activity which has been postulated to explain the motor abnormalities of catatonia. Recently some literatures described cases of relief of catatonia with zolpidem, a selective gamma aminobutyric acid A (GABA) agonist. We suggest zolpidem may be an effective and prompt pharmacological treatment for catatonia.