

## Multiple drugs

### Treatment failure: 5 case reports

A case series described 5 patients (3 men and 2 women) aged 21–38 years; they experienced treatment failure with lorazepam, risperidone, metoprolol, aripiprazole, amisulpride, chlorpromazine, valproate, trihexyphenidyl, olanzapine or unspecified antidepressants for catatonia, paranoid schizophrenia, schizoaffective disorder or tachycardia [*not all routes and dosages stated*].

Case 1: A 21-year-old man presented to hospital in India with symptoms of catatonia for 2 months, with symptomatic worsening over the preceding 4 days. He tested positive for COVID-19 infection. He was admitted to the psychiatric care unit (PCU), where he started receiving oral lorazepam. Due to inadequate response, oral lorazepam was discontinued and replaced with IV lorazepam 6 mg/day in three divided doses. However, since no response with lorazepam was noted, he started receiving electroconvulsive therapy (ECT), resulting in a delayed response. He was eventually diagnosed with organic catatonia with young-onset Parkinson's disease.

Case 2: A 26-year-old man presented to hospital in India with a 10-year history of paranoid schizophrenia, following failure of therapy with risperidone. At the time of admission in January 2021, he was diagnosed with catatonia, which improved with lorazepam. He also tested positive for COVID-19 infection.

Case 3: A 38-year-old woman presented to hospital in India with symptoms of catatonia. She also reported exposure to a COVID-19-positive family member. Based on her symptoms, she was diagnosed with acute transient psychotic disorder with catatonia, for which she started receiving olanzapine and lorazepam. She was also found to have tachycardia, for which she started receiving metoprolol 25 mg/day. The catatonia subsequently resolved; however, the tachycardia persisted, indicating failure of therapy with metoprolol.

Case 4: A 24-year-old man presented to hospital in India in March 2021 with symptoms of schizoaffective disorder with catatonia. He was treated with IV lorazepam, followed by oral lorazepam and oral aripiprazole tablets titrated to 20mg. Following inadequate response to lorazepam, he started undergoing bifrontal ECT. After the first ECT, he tested positive for COVID-19. Given the persisting psychotic and mood symptoms, aripiprazole tablets were cross-titrated with risperidone tablets up to 8mg. Further, oral valproate 750mg per day was added for mood stabilisation. However, in spite of these interventions, his symptoms persisted. Hence, further ECTs were performed, with improvement. At the time of discharge, he was prescribed daily risperidone 8mg, valproate 750mg, trihexyphenidyl 2mg and lorazepam 2mg. However, on follow-up 2 weeks later, he was readmitted due to worsening catatonia. Hence, he was treated with lorazepam and ECTs, with improvement. His other medications were continued, and he was discharged for outpatient-based treatment. It was concluded that he experienced failure of therapy with aripiprazole, risperidone, valproate, trihexyphenidyl and lorazepam.

Case 5: A 35-year-old woman presented to hospital in India in September 2020 with symptoms of catatonia, following failure of risperidone, amisulpride, aripiprazole, chlorpromazine, olanzapine and unspecified antidepressants for schizoaffective disorder-depressive type. She tested positive for COVID-19 infection. She was treated with lorazepam, sertraline, quetiapine and ECTs, and exhibited a favourable course.