

Treatment of Catatonia in the Context of ASD and ID

- Catatonia may occur in up to 18% of adolescents and adults with ASD; symptoms may begin in childhood.
- Common features of catatonia in ASD (“autistic catatonia”) include: increased slowness, difficulty initiating movements, increased passivity, mutism, decreased oral intake, worsening of repetitive movement, and reversal of day and night.
- Assess for common causes of catatonia.
- Consult a specialist (e.g., child psychiatrist or neurologist) if catatonia is suspected.
- Catatonia may require inpatient medical and/or psychiatric hospitalization, especially if symptoms such as autonomic instability or dehydration are present.
- Under the care of a specialist, treat any identified underlying cause.
- Although evidence is limited, there is support for the use of high-dose lorazepam for treatment of catatonia in the context of ASD or ID. Electroconvulsive therapy (ECT) may be considered for cases refractory to treatment with a benzodiazepine, but no strong evidence in this population.