

Lorazepam Challenges for Catatonia in Acute Hospitals across GG&C

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A.

Background

IV lorazepam challenge is recommended as a diagnostic test for catatonia.

The Adult Mental Health Liaison Service (AMHLS) had anecdotally noted a concern from our acute medical colleagues about using high dose lorazepam out with an intensive care setting based on their inexperience with doing so.

We aimed to gather local data regarding this interventions use and safety.



B.

Methodology

We were able to obtain a database of all lorazepam IV prescriptions within GG&C between April 2023 and August 2024.

Hospital Electronic Prescribing
HEPMA
and Medicines Administration

We were able to access to mental health dashboard to identify the CHIs for all patients under the care of AMHLS between October 2023 and August 2024.



Data was cross referenced to identify CHIs which existed in both data sets. Data was then manually reviewed on the psychiatric electronic notes (EMIS) to screen for catatonia.

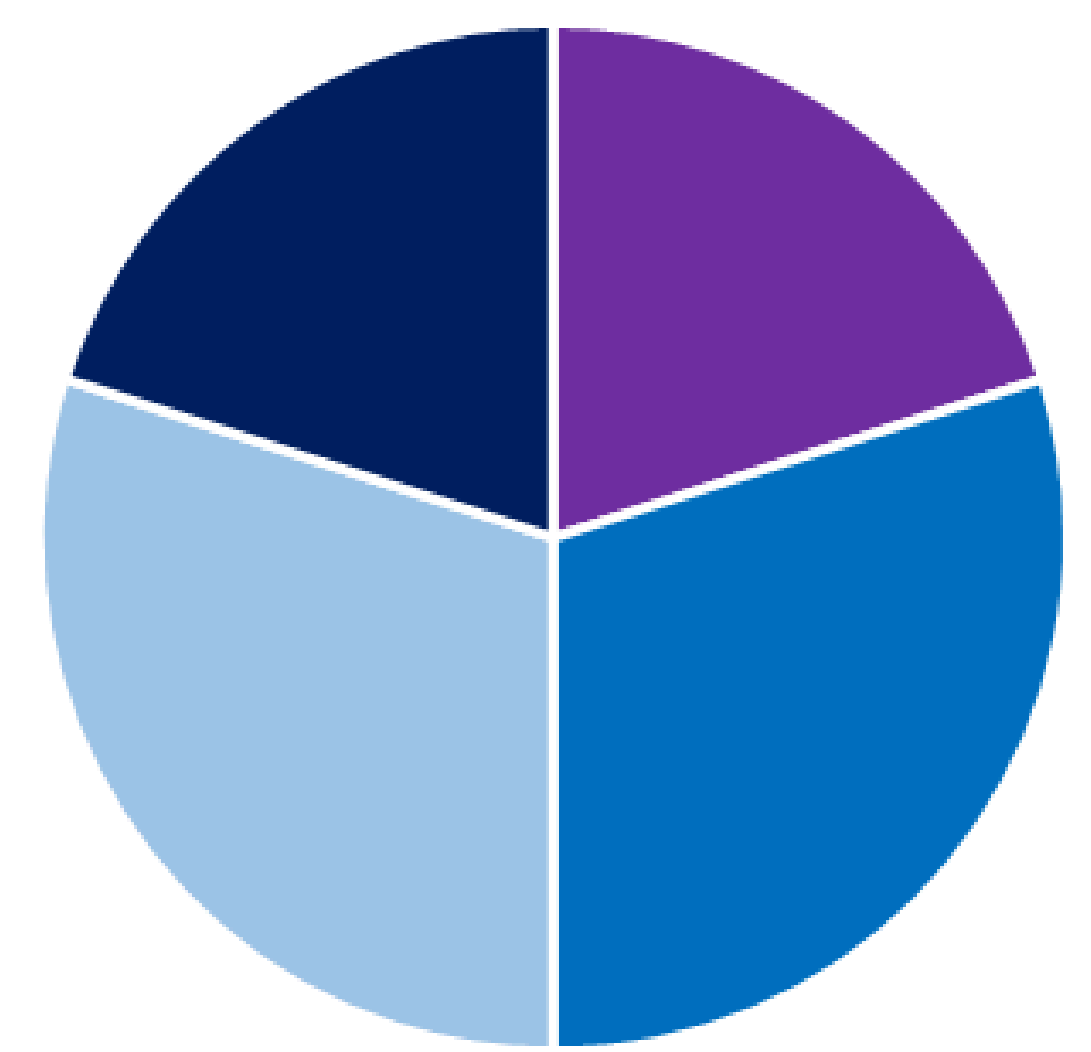
C.

Results

Between October 2023 and August 2024 (11 months), 4549 referrals were made to AMHLS. Of this cohort, **10 patients received a lorazepam challenge** for suspected catatonia. The mean age was 43 (range 18-59), with 5 females and 5 males.

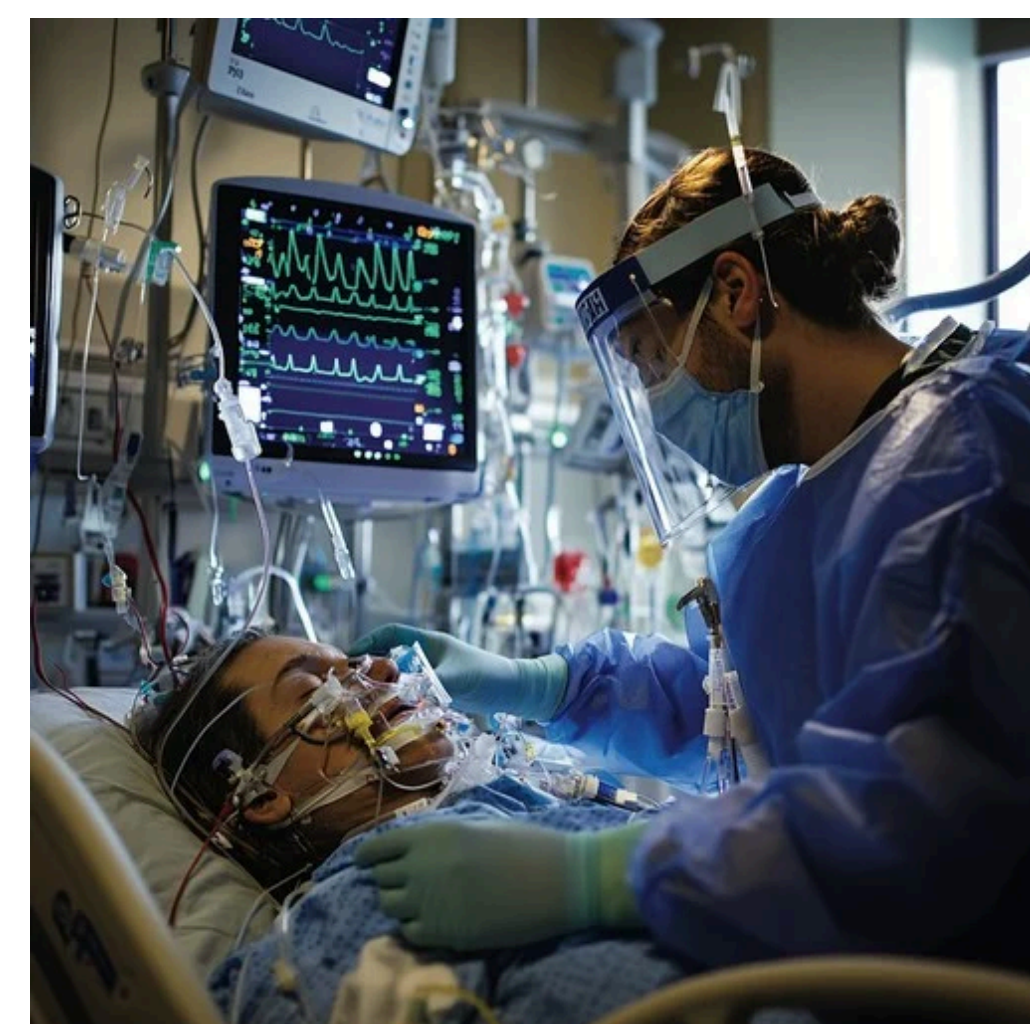
The underlying cause of catatonia in the cases was postulated to be:

- **a medical disorder (2); 2 x brain injuries**
- **polysubstance abuse (3); mixed substance 2 x diazepam related**
- **psychotic illness (3); schizophrenia, first presentation psychosis, schizoaffective**
- **unclear etiology (2)**



Patient's doses of lorazepam challenge ranged from **1mg IV to 5mg IV**, with a 70% response rate to this.

The lorazepam challenges were delivered in a range of medical settings: ITU (1), general medical wards (5) and acute receiving wards (4).



ITU: 1



ACUTE MEDICAL WARD: 4



GENERAL MEDICAL WARD: 5

There were **no adverse incidents** reported from IV lorazepam challenges.



D.

Conclusion

Our data indicates that lorazepam challenges can be safely given across a range of medical settings. We hope to work with our acute medical colleagues to devise a protocol for the safe administration of this moving forward.

