

POINTS TO REMEMBER FOR CLINICAL PRACTICE

Psychiatric manifestations

Regression and Catatonia

- **Regression in Trisomy 21** is a clinical entity characterized by a loss of previously acquired adaptive, cognitive, and social functioning, occurring in adolescence or early adulthood.
- An autoimmune neuroinflammatory process and psychological stress are triggering factors in the onset of "Regression Disorder in Down Syndrome".
- The presence of regression has significant adverse effects on the lives of patients and their families.
- At present, regression is best described as a constellation of symptoms with no distinct etiology.
- Several therapies have shown some clinical benefits in patients with regression; however, no medication or combination of medications has been consistently effective.
- The follow-up of these patients shows a progressive clinical improvement in most cases.

- **Catatonia** is a psychomotor syndrome with severe, multimodal symptoms, which can be triggered by psychiatric disorders, neurodevelopmental disorders, medical causes, medications, recreational drugs, or trauma. It is an urgent, potentially life-threatening medical situation requiring prompt diagnosis and treatment.
- Catatonic syndrome results from an imbalance of neurotransmitters involved in brain pathways that play a role in controlling voluntary motor movements.
- Catatonia may be associated with or occur as an expression of regression in various neurological developmental disorders, such as Trisomy 21.
- Catatonia leads to a regression in behavior and skills, but not all regressions are indicative of catatonia.
- The Bush-Francis Catatonia Rating Scale (BFCRS) is the gold standard for diagnosing and monitoring catatonia.
- Lorazepam is the first-line treatment for catatonia, with an efficacy rate of 70 to 80%.
- The other commonly used treatment for catatonia is electroconvulsive therapy (ECT).