80 percent of normal, distorted taste, hallucinated metallic taste, and BMS. Upon application of an ice cube to the tongue, both the metallic taste and the BMS resolved for a few seconds, without impairing her true taste ability. With repeat application, the alleviation effect persists.

RESULTS: Abnormalities in Neurologic Examination: Sensory Examination: Decreased pinprick and temperature bilateral lower extremities. Reflexes: 3+ throughout. Bilateral positive Hoffman's reflexes. Chemosensory testing: Olfaction: Brief Smell Identification Test: 9 (normosmia). Retronasal Smell Index: 10 (normosmia). Gustation: Propylthiouracil Disc Taste Test: 5 (normogeusia).

DISCUSSION: Transient Receptor Potential 5, is expressed in tongue taste buds, facilitating sweet perception, and is temperature dependent (Fujiyama, 2010). Ice may act to reduce such sweet taste receptor discharge, causing an imbalance in taste fiber discharge thus inhibiting the perceived metallic taste. In those who suffer from intractable phantogeusia, a trial of ice cubes or mechanisms to reduce temperature of the tongue is warranted.

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Catatonia in a 17-year-old Male Patient with Bipolar Disorder, a Case Study

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ABSTRACT: Study Objective(s): Catatonia is not only present in adults; children & adolescents can suffer from catatonia but are often misdiagnosed. A study by Ghaziuddin, Dhossche and Marcotte (2012) found that 18 of the 101 child and adolescent patients had symptoms of catatonia, but only 2 actually had been given a diagnosis by their providers.

METHOD: 17-year-old male who was recently discharged from the inpatient psychiatric unit with the diagnosis of Major Depressive Disorder. His discharge medication was bupropion XL 150 mg daily. Within 10 days of his discharge, he was back to the emergency room with worsening anxiety and manic symptoms. At the emergency room, patient's sister reported that he was acting differently within the last 3–4 days, and making statements that he can save the world that everyone was talking about him. He was also speaking faster than usual, having decreased need for sleep. He reported hearing voices, seeing things. Patient was admitted again, and was given diagnosis of Bipolar Mood Disorder, type I, manic phase, with psychosis. He was started on divalproex 500 mg bid for mood stabilization. His Bupropion was discontinued. Gradually his Divalproex was increased to 750 mg bid. During his hospital stay he developed lack of spontaneous speech, sluggish responses to questions with automatic answers such as "I don't know". He also developed very sluggish motor movements. There was negativism. He needed one on one support for his daily activities of living, needed step by step instructions for all ADLs.
All the test results were negative including EEG, MRI and CT scan of the brain. Bush Francis catatonia rating scale was done and he scored 15. Lorazepam Challenge Test was performed, and the scale was repeated after the patient was given an IM dose of 2 mg of Lorazepam, and he scored 2. At this point catatonia diagnosis was confirmed. He was started on scheduled doses of Lorazepam, gradually his Lorazepam dose was increased up to 9 mg per day. His catatonia responded to Lorazepam treatment.

RESULTS: 17 year old male who initially hospitalized for symptoms of MDD and discharged with antidepressant, came back to the ER within 10 day with symptoms of mania with psychosis. During in-patient's 2nd in-patient stay he developed catatonia, which was promptly diagnosed and appropriately treated with Lorazepam.

CONCLUSIONS: Catatonia can happen in children & adolescents with mood disorders, or with other psychiatric or medical conditions. Timely diagnosis and treatment is very crucial to avoid poor outcome, especially because treatment options for catatonia are well understood; Benzodiazepines, electroconvulsive therapy and reduction or discontinuation of antipsychotics are successful in the treatment of catatonia (Ghaziuddin, Dhossche and Marcotte, 2012).

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Assessment of Current Clinical Practices in Recognizing and Treating Bipolar Disorder

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