



DR CARMENITA GROVES

Rural Individual Fellowship Award

Walter Sisulu University

Treatment and study of catatonia in an acute mental health unit

Her analysis of arguably the largest cohort of patients diagnosed with catatonia in South Africa, observing their presentation, management and outcomes, is already boosting referrals within her own hospital, says psychiatry registrar, Carmenita Groves.

She says catatonia can be divided into two types, malignant and non-malignant, the former being characterised by autonomic instability (elevated temperature and tachycardia), rigidity and altered mental status.

"Since malignant catatonia can be fatal and requires early detection and prompt treatment, it's vitally important to educate all medical professionals not working in psychiatry," she asserts.

One of her department's most recent achievements was an increased number of referrals for patients with catatonic features, following a sustained effort to increase awareness of the condition among her colleagues. This involved presenting a case study at an interdepartmental meeting, held regularly at Livingstone Hospital, while at the same time increasing the psycho-education of patients and their families about catatonia and its relapse symptoms.

Unexpected findings

Carmenita is excited about the direction her research has taken within the Acute Mental Health Unit at Dora Nginza Hospital in Port Elizabeth where she is working.

"I'd gathered a lot of information and explored a number of variables until I was able to formulate my research proposal. I presented my preliminary results at the World Psychiatric Congress in Cape Town in November 2016, and it was well received by my senior colleagues. This increased my motivation to expand my research and to add more variables. The data from my preliminary results showed the majority of patients (82.5%) were younger than 35, with 18% younger than 18 years of age, and 68.8% of them black males.

Dora Nginza Hospital's mental health department was a unique, stand-alone observational unit until May 2015, which meant that the hospital catered for a diverse population of patients with mental illness. Since then, it has been an acute mental health unit.

In her research, she is analysing the data from a sample of 80 patients diagnosed with catatonia over the past five years in the hospital's acute mental health unit.

Preliminary results

The results suggest that the most common diagnoses associated with catatonia, are, in descending order, catatonic disorder due to another medical condition (26.3%), bipolar 1 disorder (23.8%), schizophrenia (20%) and substance-induced psychotic disorder (10%). The most prevalent general medical condition associated with catatonia is HIV (16.3%). The study also shows that 55% of participants used substances, 32% of these participants used a single substance and 21% used more than one substance – 36.3% of patients used cannabis followed by methamphetamine or Tik (25%), alcohol (23.8%) and methaqualone or Mandrax (2.5%).

Drawing awards and excellence

Carmenita, from Bethelsdorp in the Port Elizabeth area, is the first person in her large family to study medicine. She was a top academic performer at school and played provincial schools volleyball.

"I did get bursaries for things like electrical engineering, but I have always loved everything about medicine and helping people. When I was accepted to study for an MBChB at University of Stellenbosch, my parents paid for the first three years and I later secured a bursary from the Eastern Cape Health Department. That made things a lot easier," she says.

"As a child in our community, I remember one student in our school had leukaemia and needed money, so I began a community fund-raising programme. I didn't even know her. I've always been that way, a provider and nurturer," she adds.

Married to an electrical engineer, Carmenita decided that at age 37 she was ready for motherhood. Today, her son, Riley, is the light of her life.

Juggling roles is a challenge

"Motherhood has been wonderful and everything I thought it would be, but it's very difficult separating my role as mother from my role as doctor, while studying for a specialisation. Ryan and I strive to make it work and have a lot of social support from our large family. My dad has 15 siblings and my mom 12, so you can imagine the family circle," she laughs.

"During my free time I focus on my own wellbeing, I enjoy reading English literature and spending time with my family." Meanwhile, her focus on the wellbeing of others, through her research, looks set to bear abundant fruit.

Early symptoms and the research

Dr Groves says many non-psychiatric doctors may not recognise the subtle early symptoms of catatonia. These include echopraxia (mimicking of examiner's movements), echolalia (mimicking of the examiner's speech) and verbigeration (repetition of phrases or sentences). Not recognising these subtle symptoms, can delay diagnosis and treatment, which results in prolonged and costly hospital stays. With her research, she will be outlining the most common symptoms of catatonia and identifying the factors that serve as predictors of severity. She'll also identify the cohort's demographics and underlying causes of catatonia. Her data source will include a retrospective analysis of folders of patients who met DSM V criteria or the Bush-Francis Catatonia Rating Scale between January 2013 and December 2018.



The data from my preliminary results showed that the majority of patients (82.5%) were younger than 35, with 18% younger than 18 years of age, and 68.8% of them black males.

DR CARMENITA GROVES