The Catatonia Foundation

What role do you think other medical diagnoses may play in catatonia?

Dr. Caroff:
I think that merits emphasis. I think Max Fink and my friend Brendan Carroll and Greg Fricchione and others have in more recent years discovered or pointed out that catatonia is not limited to psychiatric settings — that it occurs very often in medical settings in people who don't have a psychiatric condition, but have a medical condition.There are so many different disorders that can cause catatonia. So I think that's very important to emphasize.

In the recent treatment or evaluation guidelines or protocol by Jonathan Rogers in Europe, he did a very good job of talking about what's called the differential diagnosis. You know, in medicine, the whole idea of medicine and psychiatry is you elicit signs and symptoms a patient may be having, and then you try to figure out what are the statistical probabilities of what is causing all of this. And we call that the differential diagnosis. That's very important in catatonia because once again, historically people make the mistake of saying catatonia, “Oh that means the patient's mentally ill. They probably have schizophrenia. And that's the end of that story.” But it isn't.

There are so many medical problems that can cause catatonia. So Jonathan Rogers was helpful, in my reading of his papers, and pointed out there are two dimensions of differential diagnosis for catatonia. First of all, there are conditions that can look like catatonia that really aren't. People with Parkinson's disease or people with funny movements and behaviors and schizophrenia or people with delirium or people with strokes and aphasia or a coma. There are a number of conditions that can look like catatonia but have to be distinguished from catatonia. So that was the first dimension. But then the second aspect of differential diagnosis for doctors and providers to think about is what's the underlying cause. If you say, “Okay, the patient doesn't have these other things, they're not delirious, they don't have coma or vegetative state or aphasia, they have catatonia.” The second step is what's causing the catatonia? That's another dimension of differential diagnosis. And once again, what's great nowadays is that people recognize that there's a very large list of disorders that can cause that.

We talked about how certain drugs can cause catatonia, but inflammations of the brain, encephalitis, things like lupus, brain lesions, there are degenerative disorders like Lewy body dementia in older people. There's just a whole list of conditions that can cause catatonia. We'll get to this later, perhaps, but doctors and psychiatrists have to realize once they diagnose catatonia, they have to do a lot of work to try to figure out what's causing it and to treat the catatonia, but also treat the underlying condition.

The child psychiatry area, that's also a whole new area of interest in development where people are realizing that catatonia occurs in children. This had been described 100 years ago, classically, but only was recently rediscovered and is being advocated by people like Lee Wachtel and Dirk Dhossche in talking about catatonic symptoms in adolescents and children and how that can be treated as it is in adults with ECT and so forth. That's a whole new area, but once again, it's something that wasn't recognized before, but it's a medical cause of catatonia. That's a wonderful new development.