

How can we help psychiatrists feel more confident making accurate diagnoses of excited catatonia?

Dr. Beach:

One of the biggest challenges for psychiatrists is making an accurate diagnosis—particularly when they're encountering somebody who may have an excited form. I think rating tools are a great place to start. The one I use is the Bush-Francis Clinical Rating Scale, and that does a really nice job of providing definitions for each of the symptoms. So familiarizing yourself with a rating scale like that and practicing it, right? Part of this is practicing getting familiar with using the rating scale. But that has a lot of points that are associated with the more excited features, so being able to recognize them—there are also now lots of videos online and entire websites that will walk you through the exam.

So watching some of those and getting a sense of, “What do excited features look like? What is verbigeration? And how might I recognize that? What is excitement? And what are the things that that looks like?” Because that's hard. It's still hard for me, as I said, to make the diagnosis of excited catatonia as compared to stuporous catatonia. But you're never going to do that if you're not thinking about it, and you're never going to do it well if you're not practicing it and familiarizing yourself with what some of those symptoms might look like.