

## Why is it important for all providers to be familiar with symptoms of and treatment for catatonia?

### **Dr. Beach:**

Although we think about catatonia as a psychiatric illness, it's often not psychiatrists who are the first people seeing patients with catatonia. In our emergency room, for example, it's almost always emergency medicine physicians who first see patients with catatonia. And they need to at least be thinking about catatonia in order to know to get psychiatry involved.

The same is true in the outpatient setting for primary care physicians, and the same is true on the medical and surgical floors. If people don't at least think about catatonia as a possibility, they're unlikely to get psychiatry involved, or they're going to get psychiatry involved late because the patient is behaving oddly or something strange is happening.

But I really do think it's important for all providers to at least understand when to think about catatonia as a possibility on the differential. I certainly don't expect most providers to be able to diagnose catatonia in its subtle forms. That would be nice, but I think we're a ways from there—but at least understanding when to consider catatonia, when to think about catatonia, and when to ask a psychiatrist to do a more thorough assessment for catatonia.