

What is your experience treating patients with catatonia in or out of the hospital?

Dr. Gazdag:

If catatonia is recognized in time, then it's relatively easy. The first step is an adequate dose of benzodiazepines, and if it's not working, then increase the dose to the maximum. And in case there's no improvement, next comes ECT.

Unfortunately, in Hungary, we don't have parenteral lorazepam. So if parenteral application is needed, we use Clonazepam, up to six milligrams a day. We have lorazepam tablets, so if oral application is possible, we can use lorazepam in doses up to 16 milligrams.

If the patient is not responding to benzodiazepine treatment, the next step is ECT. One of the main indications of ECT in our center is catatonia. ECT usually works well, resulting in a rapid and sufficient improvement of the patient's condition.