

What rating scales do you use?

Dr. Carroll:

The two rating scales that I use are the Bush-Francis Catatonia Rating Scale and the KANNER Catatonia Rating Scale, and it has three parts. I and my team in 2008 developed the KANNER Scale and it has particular use for autism spectrum disorder.

There is a Northoff Catatonia Rating Scale. It is difficult to use and takes a lot more time. So I've not used it, even though I've studied all of the catatonia rating scales. There are more, but the two that I use—and I use at the same time with the same assessment so that I do not have to repeat anything. I can do everything all at once within a short period of time and I get a total score for the Bush-Francis Catatonia Rating Scale, and I get part one, part two, and part three of the KANNER Catatonia Rating Scale. This becomes very important when we try to look at the goal for the treatment of catatonia.

The KANNER Scale was developed in 2008. It is published. It's freely available. It's not copyrighted.

Part one is a screening instrument, and it is designed to be used to look for catatonia in a variety of patients, say, on a unit or in a clinic so that you could screen out those with catatonia. It helps to identify those patients where we're seeing for the first time to figure out whether they have two or more catatonia symptoms, and all it takes is two or more, and then you can go on for a rating scale.

That's part two, and part two separates out many of the other scales and includes some other catatonia signs that are not in other rating scales. It separates the refusal to eat from the refusal to drink. It separates out incontinence. It separates out stupor from immobility. And in some ways, it's rating the functional impairment from catatonia.

In part three of KANNER, the catatonic signs—things that only catatonics do, or things that are seen in catatonia that are very difficult to do behaviorally or psychologically—are rated.

These three sets for the KANNER help us to separate out states of catatonia from traits of catatonia. And so I think it has important applicability in the neurodiverse population. I think it's very important in measuring treatment response, and I think that it bears further study. Some groups do use it when they are assessing catatonia.