The Catatonia Foundation

UNDERSTANDING CATATONIA

INFORMATION FOR
MEDICAL PROFESSIONALS

WHAT IS CATATONIA?

Catatonia is a severe neuropsychiatric syndrome involving disturbances of movement, speech, behavior, and volition, often with contradictory or paradoxical features. It may also involve affective and autonomic disturbances. Catatonia can occur in the context of psychiatric, neurologic, or general medical conditions and is associated with significant morbidity and mortality if not recognized and treated.

WHY TIMELY IDENTIFICATION MATTERS

- ***High treatability:*** When catatonia is identified, treatments like lorazepam and electroconvulsive therapy (ECT) are often highly effective.
- ***Avoid worsening:*** Antipsychotics may cause or worsen catatonia (Atypical antipsychotics are sometimes used with caution).
- ***Reduce complications:*** Patients are at risk of malnutrition, dehydration, aggression, self-injury, and autonomic instability.
- ***Prevent mortality:*** Malignant catatonia is a medical emergency.

"Any physician who recognizes catatonia has an effective treatment in his hands. And so I would say catatonia is a treatable syndrome."

—Max Fink, M.D., world-renowned catatonia expert with a career spanning more than 65 years. Dr. Fink has published extensively on the topics of catatonia and ECT, and has received numerous awards for his research.

WHEN TO CONSIDER CATATONIA

Catatonia may be present when patients show:

- ***Acute changes*** in motor activity (immobility, stupor, or unexplained agitation)
- ***Marked reductions in speech or responsiveness*** (mutism, withdrawal, unresponsiveness)
- ***Behavior that appears volitional but is resistant or contradictory*** (negativism, posturing, echophenomena)
- **Fluctuating presentations** that worsen with stress, illness, or medication changes

It is especially relevant when evaluating:

- ***Delirium*** in medical or surgical patients
- ***Psychosis*** in schizophrenia or mood disorders
- ***Autism with regression or aggression*** may signal catatonia
- ***Neurologic conditions*** such as autoimmune encephalitis or epilepsy

Brief screening:

- ***The Catatonia Quick Screen (CQS)*** is a brief, highly sensitive tool that assesses four features—excitement, mutism, staring, and posturing—to support early detection of catatonia in clinical settings. A positive response on any item indicates possible catatonia and suggests the need for a full assessment.

HOW COMMON IS CATATONIA?

- ***Psychiatric inpatients:*** ~10–20% when systematically assessed
- ***Medical floor patients:*** ~6–9% in liaison psychiatry samples
- ***Autism spectrum disorder:*** ~10% meet full criteria; up to 20% may show features (pooled estimate)
- ***Delirium evaluations:*** ~13–31% also meet catatonia criteria

IS CATATONIA UNDERRECOGNIZED?

Although catatonia affects a significant proportion of psychiatric and medical inpatients (and is also present in outpatient psychiatric and medical settings), it is often missed in routine clinical practice.

- ***Diagnostic blind spots:*** Signs of catatonia are often mistaken for other conditions such as psychosis, delirium, or dementia.
- ***Prevalence vs. recognition gap:*** Systematic assessments identify catatonia in 10–20% of psychiatric inpatients, yet clinical diagnosis rates remain far lower. Structured evaluations often detect many more cases than are recognized in routine practice.

When catatonia is unrecognized, effective therapies are delayed—leading to prolonged suffering, medical complications, and in severe cases, preventable mortality.

CLINICAL FEATURES AND PRESENTATIONS

Common clinical features include:

- ***Motor:*** stupor, catalepsy, waxy flexibility, negativism, posturing, mannerisms, stereotypy, agitation (purposeless or excessive)
- ***Speech/behavior:*** mutism, echolalia, echopraxia, withdrawal, reduced oral intake
- ***Affective/autonomic:*** blunted affect, ambivalence, autonomic instability

Patterns of presentation:

- ***Stuporous:*** immobility, mutism, withdrawal
- ***Excited:*** impulsivity, aggression, echolalia/echopraxia
- ***Mixed:*** a combination of excited and stuporous features
- ***Periodic:*** recurring episodes of catatonia
- ***Malignant:*** fever, autonomic instability → life-threatening emergency

Catatonia in autism and in youth:

- In autism and other neurodevelopmental disorders, catatonia may present as regression, self-injury, or aggression, sometimes mistaken for the underlying condition.
- It can also occur in children and adolescents without autism, though it remains frequently underrecognized in this age group.

Assessment tools:

- ***Bush–Francis Catatonia Rating Scale (BFCRS):*** 14-item screen (positive if ≥2 features); 23-item scale for severity and treatment response
- ***DSM-5-TR:*** requires ≥3 features
- ***Lorazepam challenge:*** test dose to assess response

ASSESSING A PATIENT FOR CATATONIA

A structured approach can improve recognition:

- ***History:*** Psychiatric, neurologic, medical, and medication/substance history are often reviewed.
- ***Collateral:*** Caregiver and family reports may provide important insights into recent changes from baseline.
- ***Examination:*** Motor and neurologic observations can help identify features described on the BFCRS or in the DSM-5-TR.
- ***Screening:*** The BFCRS assesses 23 signs of catatonia. The first 14 are used for screening; the presence of two or more signs is generally considered a positive screen. All 23 signs can be rated to measure severity and track changes over time.
- ***Imaging/Labs:*** Clinicians may consider tests to evaluate for underlying causes (e.g., autoimmune encephalitis, metabolic/endocrine conditions, CNS lesions).
- ***Lorazepam challenge:*** In clinical practice, this simple, well-tolerated, and inexpensive test is commonly used to support the diagnosis of catatonia. A positive response strongly suggests catatonia, though a negative response does not rule it out.

TREATMENT FOR CATATONIA

- ***First-line options:*** Lorazepam (sometimes requiring higher doses) and electroconvulsive therapy (ECT) are frequently reported to be highly effective when used appropriately.
- ***Medication considerations:*** Antipsychotics have been noted to sometimes worsen catatonia and are recommended to be used cautiously.
- ***Underlying causes:*** Medical and neurologic contributors should be investigated and treated.
- ***Specialist involvement:*** Consultation with psychiatry, neurology, or other clinicians experienced in catatonia is often recommended for severe, malignant, and/or treatment-resistant presentations.
- ***Barriers to care:*** Misconceptions and stigma around both lorazepam and ECT may delay their use, despite evidence showing these can be safe, effective, and even life-saving treatments.

RESOURCES FOR PHYSICIANS

Guidelines and Reviews

- American Psychiatric Association. ***APA Resource Document on Catatonia***. 2025.
- Rogers J.P., Oldham M.A., Fricchione G., et al. ***Evidence-based consensus guidelines for the management of catatonia: Recommendations from the British Association for Psychopharmacology***. J Psychopharmacol. 2023.

Assessment and Clinical Tools

- Luccarelli, J., Kalinich, M., Wilson, J.E., Rogers, J.P., Liu, J., Fuchs, D.C., Francis, A., Heckers, S., Fricchione, G. and Smith, J.R. ***The Catatonia Quick Screen (CQS): A Rapid Screening Tool for Catatonia in Adult and Pediatric Populations***. Acta Psychiatr Scand. 2025.
- ***Bush–Francis Catatonia Rating Scale Assessment Resources***. University of Rochester Medical Center.
- Beach S.R. ***Treatment Strategies for Catatonia***. Psychopharmacology Institute Course. 2020.
- ***National Neuroscience Curriculum Initiative (NNCI) Catatonia Module***. 2020.
- Rogers J., David A. ***Catatonia Information Page***. University College London Institute of Mental Health.

Catatonia in Autism and Neurodevelopmental Disorders

- Smith J.R., Lim S., Bindra S., et al. ***Longitudinal Symptom Burden and Pharmacologic Management of Catatonia in Autism with and without Intellectual Disability***. Autism Research. 2025.
- Ghaziuddin M., Ghaziuddin N., et al. ***A Cross-National Reliability Study of Catatonia in Individuals with Neurodevelopmental Disorders (including ASD)***. Journal of Autism and Developmental Disorders. 2025.

Comprehensive Resource

- ***The Catatonia Foundation***. thecatatoniafoundation.org.

ABOUT THE CATATONIA FOUNDATION

The Catatonia Foundation is a 501(c)(3) nonprofit dedicated to ending needless suffering and death due to catatonia through:

- ***Awareness and Education*** for medical professionals and the public
- ***Advocacy and Support*** for patients, families, and caregivers
- ***Research Collaboration*** to improve diagnosis and treatment

The Catatonia Foundation was created by five individuals whose family members or friends were suffering with symptoms of catatonia and struggled to get a proper diagnosis and access to effective treatment. If Jeff, David, Anja, and Alyssa had not received accurate diagnoses and optimal treatment, the outcomes could have been tragic. Two would likely have died, and two would not have been able to care for even their basic needs. Yet their stories have hopeful endings—they are all thriving.

The Catatonia Foundation has a clear and urgent vision—No one's life should be lost to catatonia.

The Catatonia Foundation
thecatatoniafoundation.org
248-579-8829