

What are your thoughts on getting input from other sources of information (e.g. nursing, families) when using the Bush-Francis Catatonia Rating Scale?

Dr. Beach:

In terms of thinking through how you apply the Bush-Francis Rating Scale—it was developed to be done by physicians in a cross-sectional way. So the idea was that a physician would do an exam, and they would score the points based on that exam. And that's probably the most valid way to do it.

But many physicians are doing brief cross-sectional exams. And the patient may have demonstrated symptoms earlier to nursing or may have demonstrated symptoms to families that aren't necessarily present on that cross-sectional exam. So I think it's really important for physicians to also talk with those other sources of information—to ask the nurse or to ask the family, “Has the patient demonstrated any of these other symptoms in the past 24 to 48 hours?”

If they're present, you might not include that in the pure score—if you're really doing it by the letter of the law—but you should certainly include that in your assessment and in your overall calculation of the likelihood that this represents catatonia.