

Do you think catatonia is often dismissed as behavioral issues in other conditions?

Dr. Dhossche:

Yes. I mean, I thought about this a lot — I was just flabbergasted when I saw my first case of adolescent catatonia and the boy with Prader-Willi syndrome. And then there were other cases like that. They called it pervasive refusal or something. But if you read it with the catatonia mirror or glasses, you recognize that in a lot of things. So Prader-Willi is one of those that may have a special connection with catatonia. Another one is Phelan-McDermid syndrome. There are descriptions of these kids who look catatonic.

So a big question is, are all cases treatable or not? I mean, I don't know for sure, but I do know the boy with Prader-Willi syndrome did very well with benzo treatment. He just snapped out of it. The big issue is to recognize it now. I think Dr. Ghaziuddin thinks there's a connection with down syndrome. So I don't know what the answer is.

It would be nice to connect the biology of a certain non-genetic disorder with a catatonic proclivity, but I also think that there is a general vulnerability of people with developmental disorders — especially autism — because they are, well, vulnerable.

The world is more unpredictable for them than for us. It's more anxiety-related, and their experiences are more extreme. Even normal experiences — touch, a certain smell — can be catastrophic for them. So they're vulnerable to increased anxiety. And here is the idea that psychological factors also have an influence on catatonia.

So if you are more vulnerable, if you have difficulty understanding the world, or the world seems chaotic to you and something changes, and it seems like your life is going to end, if something is not right — and some people with autism have that. Of course, they have insisted on sameness, right? So even a minor variation of routine can have tremendous reactions.

In general, they're more vulnerable to extreme reactions, and therefore, more vulnerable to catatonia, because catatonia can occur after a very traumatic, psychological trauma — for example, sexual abuse. So we studied that, and this was because one of the mothers insisted that her child had become catatonic because of a traumatic event. I'm not sure if it was the only factor, but I was interested to review the literature on this. There's a considerable amount of literature that catatonia has a connection with PTSD and that PTSD plus catatonia can exist. And then with people with the extra vulnerability of a cognitive problem, I mean, they're extra vulnerable then.