

What are some of the misconceptions in psychiatry about catatonia and what do you think can be done to overcome them?

Dr. Caroff:

Even though historically in the 20th century, again, especially in the United States, catatonia was synonymous with schizophrenia, the psychoanalytic school was just not interested in it. So anyone who presented with anything that was unusual in terms of behaviors like catatonia were assumed to have schizophrenia. And that actually was very dangerous as we studied, and I was always very interested in it. Because if you say someone with catatonia has schizophrenia, the treatment of schizophrenia is dopamine blocking antipsychotic drugs, which, as we reported and broadcast, can actually cause catatonia or make it worse.

So this notion that catatonia always meant a severe psychiatric disorder, a mental condition, and they should be given antipsychotic drugs, was absolutely the worst thing you could do. And I'm pretty sure that many people died with neuroleptic malignant syndrome because their catatonia was treated with antipsychotics.

Although that's historic, I think it's still the case, unfortunately, that people within psychiatry and mental health — and certainly people in the medical settings — still probably associate catatonia with a severe mental condition or schizophrenia, and may not take the steps to figure out what's causing it, and may not take the steps to treat it effectively.

So I think that's, those are still major misconceptions about catatonia.