

## What would you say to a psychiatrist who's reluctant to give high enough doses of lorazepam to help patients with catatonia?

**Dr. Fricchione:**

I would say that it's remarkable how safe the drug is. Of course, respiratory depression, and you have to go slow and go low if the patient has pulmonary disease problems, or they're elderly, and so on. And there's a challenge sometimes if the patient has a problem with delirium plus catatonia. But other than that, it's really safe.

To tell you the truth, when we were using haloperidol for delirious agitation in the old days, and we would see tremendously agitated patients, and we used to use not only haldol but lorazepam with it in patients who were extremely delirious. And I'm convinced that's one reason why we saw less catatonia as a neuroleptic-induced catatonia. Even though intravenous haloperidol is safer than PR or IM for extrapyramidal symptoms.

I think lorazepam can even be safely given to delirious patients. As long as you're not committing to a longstanding treatment with lorazepam — it is kind of short treatment with lorazepam — I don't think you're causing any longstanding harm.