

How can doctors feel more confident diagnosing excited catatonia?

Dr. Northoff:

I think they need to see the symptoms — the echolalia, the mitgehen, mitmachen. I remember one of my patients, actually quite recently, she followed me throughout the whole hospital all day. Yeah, mitgehen, mitmachen, because they completely lost their own internal initiative. They completely were stimulus-locked externally. And lorazepam didn't help that much. Later, we gave her ECT, and that helped.

So I think one needs to be aware of these symptoms. And probably the opposite, I think catatonia, of course, obviously it's an extreme state, but your body or your brain oscillates between extreme states. So completely standstill or completely, let's say, all over the place, hypo versus hyperkinetic, and it lost its middleground because it lost its internal structure.

So we have actually a paper, which I think has a deep truth about mental disorders. Average is good. Extremes are bad. And catatonia is an example where you oscillate between the extremes.