



## Are there any remarkable recoveries you'd like to share?

### **Dr. Caroff:**

Your questions prompt me to rethink about remarkable changes or dramatic recoveries and people with catatonia.

I've thought about this a lot. Catatonia and its treatment with benzodiazepines or ECT is one of the most dramatic rescues of people in psychiatric practice. There are a few other instances like that, maybe lithium in mania or something, but having people wake up from catatonia is probably one of the most rewarding, gratifying, and dramatic changes in psychiatric practice.

I've had a lot of patients with severe depression — sometimes with catatonic stupor — not eating, wasting away, not responsive to any other treatment. We gave them ECT and they were in remission. And that was wonderful to see — especially some older patients with melancholia responding to ECT. That was very dramatic.

Patients, even patients with schizophrenia in catatonia — I had one patient referred from another VA who was nonresponsive, had all the classic signs: negativism, not eating, gegenhalten, the whole nine yards. And he was not responsive to treatment at his local hospital and came to our place. We gave him ECT, and he just turned out to be a gentle, wonderful man. Things like that were very very gratifying, very rewarding.

Like I said before, in the earlier days with the more potent antipsychotics, we saw a number of people who had catatonia from the drugs. I remember one older fellow with schizophrenia who had been on an antipsychotic for years and was non-functional, apathetic, staying at home, nonresponsive, and I simply changed his antipsychotic. And the next time he came in, he was talkative and verbal, and it was very wonderful to see. So drug-induced catatonia, again, simply by recognizing that it was catatonia.

Catatonia in those instances can be confused with what are called negative or deficit symptoms of schizophrenia. Sometimes schizophrenics, they're apathetic. They're not terribly responsive. It's part of the disease. But sometimes people like this older gentleman are written off as just having chronic schizophrenia when that wasn't the case at all. He had catatonia from his drugs.

In terms of neuroleptic malignant syndrome, I once had a young man who had a developmental disorder, and he was started on chlorpromazine, the original antipsychotic. He developed catatonia and a high fever, and he was admitted to a hospital, got a million dollar workup, but the doctors not recognizing catatonia caused by a drug... they continued his chlorpromazine

thinking it was treating him for psychotic symptoms. And so he never got better. He finally was referred to us at another hospital, and I recognized that this was catatonia due to the antipsychotic.

We stopped the chlorpromazine and he was better in a few days. Fever went away, his catatonic symptoms resolved, and he went home with his family. I wrote about that and reviewed neuroleptic malignant syndrome, and it remained a transformational patient experience in my career forever.

So we've had some of the most gratifying, wonderful, and dramatic recoveries where people with catatonia due to various causes — the syndrome was recognized and treated effectively.