

## What are some misconceptions in psychiatry about catatonia? What do you think can be done to overcome them?

### **Dr. Beach:**

There are a lot of misconceptions, even in psychiatry, about catatonia. When I started practicing here, we had some physicians on our inpatient service who thought that we were vastly overdiagnosing catatonia. They thought that there was a phenomenon where everybody who presented with any sort of subtle feature of catatonia was suddenly being diagnosed with catatonia. And I think we are far from the problem of overdiagnosing catatonia. If we got to that point, it would probably be a generally good sign in terms of increased recognition. I think we're continuing, if anything, to miss people with catatonia. So that's one common one—that catatonia really only is the severe form and we shouldn't be diagnosing people with subtler forms of catatonia.

I think another common misconception about catatonia has to do with treatment. I've heard people say that we don't need to treat subtle symptoms of catatonia or that benzodiazepines or an Ativan challenge should really only be used for patients with malignant catatonia or patients with severe catatonia. I think we have pretty good data now that the longer somebody stays catatonic, the harder it is to treat, and the longer somebody stays catatonic, the more likely they are to develop medical complications. So I'm an advocate for treating early, even if the symptoms are subtle. Of course, it's always a risk-benefit analysis. And if there are reasons why a particular patient might not do well with benzodiazepines or reasons why benzodiazepines might not be a great choice for a patient, then that always needs to be balanced against the subtlety of their presentation and how sure somebody is that they have catatonia. But I would say most patients, if you suspect that catatonia might be a possibility, at least deserve an Ativan challenge or an Ativan trial. So one dose of ideally intravenous lorazepam, ideally 2 mg to determine if there is a response, and then to decide a course from there.