

How can we help psychiatrists become more confident diagnosing excited or agitated catatonia?

Dr. Caroff:

People like Mickey Taylor and Richard Abrams spoke a lot and taught and wrote about how catatonia is not always stuporous catatonia of the patient — mute, sitting in the room somewhere and not responding — but it can be seen definitely in agitated manic patients. It can be seen in chronic schizophrenic patients who are walking around and acting bizarrely. And that's not, unfortunately, recognized catatonia.

When you talk to even psychiatrists, mental health people about catatonia, what they picture is the stuporous catatonic patient. It's classic, and maybe the most common form of catatonia, and the easiest to treat.

I think it all gets down to increasing awareness, increasing training and education by any instruments and tools you can. On the website, have seminars or videos to talk about, and at meetings like the APA — I bet if you had sessions on recognizing catatonia in different variations... you just have to get the word out writing reviews for journal articles and newsletters. Get the word out that catatonia is not confined to psychiatric settings and it's not limited to people who were mute.