

What are the British Association for Psychopharmacology Guidelines on Catatonia, and what do you hope they will do for patients or providers?

Jonathan Rogers:

The British Association for Psychopharmacology Guidelines on Catatonia look at how you diagnose catatonia. One key point is that there are lots of fancy investigations you can do, but the most helpful investigation in catatonia is almost always a very low tech one, which is the lorazepam challenge. This is something that can be done in any hospital. You don't need to be a psychiatrist to do it. And it's really helpful in identifying catatonia and also in guiding you as to treatment.

Other things that were important in the BAP guidelines on catatonia were treatment. Very often, clinicians get concerned about using high doses of benzodiazepines in catatonia because lorazepam is only licensed for a certain dose. But actually we're really keen to put in our guidelines that sometimes high doses are necessary to reassure clinicians that they're not going out on a limb here. This is best practice. There's a huge range of response to lorazepam. Some patients are fine with small doses, but others need absolutely enormous doses, which we wouldn't give to other patients.

And the third thing that we wanted to emphasize in these guidelines was that alongside treating the catatonia, you also need to treat whatever condition is underlying it. Sometimes it's a psychiatric condition—depression or psychosis—and sometimes it's a neurological condition. And there are numerous cases out there where people have treated the underlying condition and not the catatonia, or treated the catatonia and not the underlying condition, and we want to be clear that actually you've got to treat both.

I hope that the BAP guidelines on catatonia will be read and, more importantly, used by clinicians and used by families who want to advocate for care for their loved ones.

I received a wonderful email just last week from a doctor who said that he thought a patient had catatonia. His seniors weren't convinced, but he looked at the guidelines and read how to do a lorazepam challenge, tried it, and the patient improved. The patient was able to be discharged from hospital treated on lorazepam, as opposed to a completely different diagnostic algorithm that they'd been going down before.