

Are you involved in any research about catatonia now? What studies do we need? What would you like to see in the future?

Jonathan Rogers:

There's so much we don't understand about catatonia, and so much of our new treatments depend on a better understanding. One study I'm doing at the moment is trying to find blood-based biomarkers of catatonia. That is, we've taken blood samples from 100 patients with catatonia and about 200 patients with other psychiatric conditions, and we're trying to identify markers in their blood of catatonia.

In particular, we're interested in relationships to autoimmune conditions and markers of brain injury. But we're looking at a whole range of markers to try to understand what's going on in catatonia.

I think one area where we really need good research is in clinical trials. There have been very few clinical trials in catatonia. They're often old and they don't meet modern standards for trials. We don't have gold-standard evidence for many of the treatments we commonly give. That also means that we don't know who they're right for. I've seen extraordinary responses to Lorazepam and catatonia, but it doesn't work for everyone.

At the moment, we don't have good predictors of which treatment will work for whom, which really slows down access to high-quality care.