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

Dr. Beach:
In terms of researcher studies into catatonia, we're working on a few projects. One is a systematic review of medical complications of catatonia. Catatonia, unfortunately, can lead to significant medical comorbidity, including infections, deep vein thrombosis, and in some cases, death.

What we're trying to do is capture all of the different case reports, case series, and small studies regarding patients who had medical complications from catatonia, and make some recommendations regarding monitoring and treatment for potential medical complications of catatonia. We're also working on a second review looking at all of the different prescribed medications that have been associated with causing catatonia. We've been able to capture some data from the FDA Adverse Event Reporting System.

We're hoping to summarize all of the medications that have been implicated in causing catatonia so that prescribers/physicians can be aware of medications that might increase the risk for catatonia, or might increase the risk for worsening catatonia, or for causing malignant catatonia. We know that dopamine blockers—many of our antipsychotics—they're probably the most commonly implicated. But there are a lot of other medicines and a lot of non-psychiatric medications that have been implicated in catatonia.

The other project that's in an early phase is that we are using a data system to go back retrospectively. We're hoping to capture a pretty large sample of patients and use that to describe, what does catatonia actually look like in adults when you look at large samples? And what are some of the trends that show up?

When I think about other studies that could be done in patients with catatonia, the door is wide open because we just have such little evidence. As an example, one of the things that we all believe to be true and we all take for granted in catatonia is that benzodiazepines work for catatonia. I know this inherently because I've seen it a hundred times, and I've seen patients who were catatonic for days and days suddenly, in the span of 20 minutes, get unlocked from their catatonia when they finally receive a dose of lorazepam. But it's actually never been demonstrated. It's never been shown in a randomized controlled trial that lorazepam is more effective for catatonia than placebo or than any other agent. That would be a place where there's a wide-open possibility to do a study and really demonstrate. That's hard to do. It's hard

to do because some of these things are now gold-standard treatments, and it would be hard to justify refusing a benzodiazepine to somebody who's catatonic.

But there's a lot in the field of catatonia that is believed to be true—and I think most of us would say is true—but we really don't have the evidence to stand behind in terms of that.

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