

How did you become interested in catatonia?

Dr. Fricchione:

I remember seeing some catatonic patients at Bellevue, and in those days, we used — and again, I'll refer to Max — he used to tell me that when he was a trainee at Bellevue, he used to carry syringes full of sodium amytal. So at Bellevue, we were trained in doing an amytal interview, and we would oftentimes use amytal or ECT for catatonia.

I think I had this kind of dormant interest in catatonia. I thought it was fascinating seeing those patients at Bellevue. But when I got to MGH and we had this experience with the use of lorazepam, I was smitten. I've always now carried with me this interest.

One of the real blessings of the serendipitous kind of experience with lorazepam is that when I decided to leave in order to set up and run the consultation service at Stony Brook, I came in contact with Max there, and I shared lots of patients with him — patients who were catatonic — and used Lorazepam on them. And Max, I'll always be grateful to him because he was the preeminent psychiatrist writing about and using ECT, which is the gold-standard treatment for catatonia. And he did not let that prevent him from adopting lorazepam as a useful treatment.

He has actually been much more effective as a proponent for the approach of using lorazepam first and ECT second than I ever could be, because Max is just a force of nature. He won't stop until people — if he believes in something and can prove it, he's not gonna stop. So I'm eternally grateful to him.

I think together we were able to — and with Andy, Andy also got interested in catatonia from seeing lorazepam work on the inpatient unit at Stony Brook. And so I think when we attendings were showed interest, a lot of young people became interested at Stony Brook, and I still look back with great fondness at how important Stony Brook has been to the catatonia story.