

Do you include information from families and caregivers in the rating scale?

Dr. Northoff:

In Catatonia, if you have a patient who doesn't speak, who is completely mute, who probably postures, you can observe. You can have a fine-grained observation, but of course, you need to include the caregiver and the relatives. Absolute key, also because you need to have the development. So, for instance, for me, often it's also important — was there a significant life event? So, for me, part of a psychiatric exploration is always environmental context. Was there a significant life event? Maybe I failed my exam, but what does it mean for your daughter to fail an exam? Yeah, the whole world broke down for her. That's probably the only way she could react is with catatonic symptoms, because she couldn't take the emotional pain. So I think that's extremely, extremely important to explore.

And I think what really is an important point is that we do not just address psychiatrists, but we also address emergency room people, because that's where catatonia occurs. That's often the first stop.

And inclusion of the relatives is key. Otherwise, you cannot understand and you cannot also distinguish this from Parkinson's — you don't see the cause. Parkinson's starts slowly, catatonia can start right away. So it's very important for the subsequent therapy.