

What do you think we can do to address common misconceptions in psychiatry about catatonia?

Dr. Dhossche:

Well, I've written about that, and I have experienced the same issues, of course, but why is that? I've also taught medical students. And medical students are great. They absorb everything. When I show them what catatonia is, I show them the videos, I show before the after effects and discuss the treatments. They're very open to it.

So, I think an important part is education as early as possible in terms of medical and the paramedic nurses and social workers. Everybody should know about this. So I think early education is very important in medical and paramedic education. And I think we still have a lot to do in informing our current colleagues. But I know they are interested when you show them, and you can show them what happens if you recognize catatonia and you do the treatments as we know them. I mean, they're very impressed. So it's a question of knowledge and familiarity with this knowledge and with cases.

And then there is the issue of ECT access, which is difficult, as well as some stigma around benzos. People think that the use of benzos is contraindicated in every case, but it is the most powerful anxiolytic that works on catatonia. So it's the first line.

I treat adolescents here with doses of benzos that are higher than usual, higher than for anxiety patients. But, I do have some convincing to do to nurses and other colleagues, that this is really a condition that's kind of refractory to benzos. You need higher doses to get an effect, and catatonic patients require higher dosages because they tolerate them better. There's something about their physiology that makes them respond differently than people without catatonia.

So, education, knowledge, and as early as possible with doctors and young nurses, that would be very helpful — and removing the stigma of ECT and benzos for catatonia, especially in those cases.