

Is it important to collaborate?

Jonathan Rogers:

I'm part of the encephalitis multidisciplinary team at the National Hospital for Neurology and Neurosurgery in London. Here, we get specialists from neuropsychiatry, neurology, and infectious diseases with a radiologist together to discuss some of these really complex cases—sometimes involving catatonia, sometimes involving other presentations of movement disorders, seizures or psychosis. With these different lenses, we're able to come to a diagnosis and a treatment plan in a way that any one of us on our own would really struggle to. I think you've got to investigate the right people in the right way.

In the British catatonia guidelines, we really didn't want to say everyone needs the same set of investigations, because every patient is different, and for some, the cause of catatonia will be very hard to find, and you'll need to do an awful lot of investigations.

For some, it will feel like an autoimmune condition. For some, it might feel like a cerebrovascular condition. So the type of investigations you need to do will differ. For some patients, this is their seventh catatonic episode, and we know exactly what causes it, and we know exactly what treats it. And we shouldn't waste time doing lots of investigations, unless there's a particular reason for it. We should just get on with treating it.