

What role do you think other medical diagnoses may play in catatonia?

Dr. McCall:

If a person presents with catatonic stupor or catatonic excitement, and they have absolutely no prior psychiatric history, then I'll say in most cases, if not all, they deserve a thorough medical work up. There are a number of medical conditions which can give a presentation that looks just like a regular, psychiatrically oriented catatonic picture. Examples would be some types of brain tumors, some forms of seizure disorders, electrolyte disturbances, perhaps brain infections or meningitis.

This would be somewhat unusual for a person's first psychiatric presentation to be in a catatonic stupor or catatonic excitement, but there's always the possibility that there's something medical going on. So when it's the first time, I think the patient deserves obviously basic blood work, most likely brain imaging of some kind, CT scan or MRI, maybe a lumbar puncture, but probably not all the time looking for infections and so forth.

Now, when the story is different — and that is, we have a patient in front of us who has a known unequivocal diagnosis of bipolar disorder, and now months or years into that diagnosis, they present with catatonic stupor or excitement — the question is, do you need to do the mega medical workup then? And the answer, I think, is not necessarily, because the catatonia picture can be so easily explained by the preceding diagnosis of bipolar disorder.

So how much time and effort is spent doing a medical workup just depends upon at what point in the patient's life the catatonic picture first appears. There's no harm in doing a big workup other than just the resources that are expended doing it. But it is likely that this is not a brain tumor. We have reason to think it's bipolar disorder. We don't want to waste a lot of time pursuing potentially unnecessary medical workups.