

# What obstacles stand in the way of patients receiving an accurate diagnosis and optimal treatment?

## Dr. McCall:

The principal obstacle to getting an accurate diagnosis of catatonia, which obviously has to precede getting adequate treatment, is proper training, the recognition of the signs. It really requires a change in awareness where number one the physician or the physician's intermediate — could be a PA or even a nurse practitioner — all of these people should be educated, understand how common catatonia is, what the signs look like, and take an active stance at looking for the signs rather than waiting for someone to point it out to them. I think that's the most important thing. And so much of psychiatry, as we mentioned before, is based upon what people say. The diagnosis is based upon the patient's symptoms they report.

Catatonia is really not about symptoms. It's about science. It's about observable phenomena. And so now the practitioner needs to hone their skills and observation of catatonic signs and then actively be looking for them. If we could do more of that collectively as a discipline, then you're going to find more cases. And then the treatment really is fairly straightforward.

From there, the only other thing I would add about what else needs to be done in observing and looking for catatonia is that once you find it, while treatment may go quickly and people may be well within a week or much better within a week, we have to remember that failing to move quickly or failing to diagnose it at all can have lethal consequences. Especially people in catatonic stupor at a much higher risk of developing a deep vein thrombosis, which can be thrown to the lungs as a pulmonary embolus and can kill someone almost instantly. The other complications would be from immobility and lack of motion. People can get bed sores and deep ulceration of the tissues, which can then become septic, and that can kill someone.

I've seen a couple of cases of people with catatonic stupor that, for whatever reason, they said they couldn't swallow. And I've written a paper about this called globus pharyngeus for people who are certain that there's something in their throat. There's nothing in their throat, but they had this sense that they can't swallow, and they may have other catatonic signs. So they start pooling saliva in the back of their throat. They don't know what else to do with their own saliva. Then they end up aspirating it. And so it goes into the lungs and they get pneumonia. And then that can kill you. So my point is, keen observation skills, a sense of urgency. Because failure to be urgent can lead to one of these terrible complications. It's what the field needs to do.