

What would you want other psychiatrists or physicians who may not be familiar with catatonia to know about it?

Dr. Beach:

The most important thing that I would want psychiatrists or other physicians to know about catatonia—it's probably the fact that it exists on a spectrum. I think most of us were taught to think about catatonia in its very severe form—so the patient who is not speaking at all, the patient who is not moving at all, the patient who is holding a posture for hours at a time and not deviating from that posture. That is a form of catatonia, but it's really at one extreme end of the spectrum.

Most of the patients that I see with catatonia have a subtler form of catatonia. For example, if we think about somebody who's demonstrating mutism, that could be somebody who's not speaking at all, but it also could be somebody who is speaking less words than would be typical for them. Or it could be somebody who is speaking more softly than would be typical for them, so their voice is hypophonic. Or it could even be somebody who has an unusual speech pattern where the volume of their voice starts out normal but trails off at the end of each sentence into a whisper. All of those would be forms of mutism, and they could all be consistent with mutism in the setting of catatonia if other associated symptoms were present.