

What are your thoughts on having caregivers give their input when using the Bush-Francis Catatonia Rating Scale?

Jonathan Rogers:

There are two ways in which you can administer the Bush-Francis Catatonia Rating Scale. One is as a state examination, just based on what you see here and now. And that's really helpful and important actually, because if you give someone a Lorazepam challenge, and you see what they're like in 5, 10, 30 minutes time, you need to be able to see those very rapid changes. So that's the state examination.

The second way you can use it is as a period examination over 24 hours. If you're doing that period examination, it's absolutely critical to get information from informants. If a patient is an inpatient, that would often be nursing staff, other staff who've seen them. If they're at home, getting information from relatives is absolutely central—essential catatonic symptoms and signs can wax and wane. They can be present for only some part of the day. So if you just get a snapshot, you can miss an awful lot of that variability. For inpatients, actually, I find that the people who spent most time with them and have been most observant are often the relatives.