

Are there cases where a person with catatonia doesn't need long-term ECT?

Dr. Ghaziuddin:

In some cases, that is possible. I think that those are usually neurotypical cases. They're more likely to be neurotypical than neurodiverse. I think if I say—it's a scenario that I always worry about—if I went to a tropical country and I contracted cerebral malaria, it's possible that I could develop catatonia. And most likely that catatonia would be short lived if somebody recognized it and treated me. I would probably not need chronic ongoing treatment. So there are cases where the treatment can be short lived and don't need to be extended away months or years. It just depends on the underlying presentation of that person.

I also want to mention that we don't get 100 percent treatment response in catatonia. We have seen cases over the years where there was initial response and then we lost the response. So it's a minority. I would say in the majority of cases, we get a robust improvement. It may not be 100 percent. It can be.

So generally speaking, we get a 70 to 80 percent—70 to 100 percent improvement rate, but we have seen a small number of cases where there's improvement, and then they just decline and we are not able to pull them back.