

## What can be done to prevent patients from being placed in hospice when they actually have catatonia?

### **Dr. Beach:**

One of the things that we observed during covid during the initial wave was that a lot of patients who had very severe covid and were hospitalized got transitioned to a palliative care floor that our hospital was operating at the time because they looked like they were dying. They were immobile. They were not speaking. We had actually done lorazepam challenges with some of them, and they hadn't responded. It turns out they probably didn't have catatonia, but they probably had a related phenomenon, which is known as akinetic mutism.

C. Miller Fisher, who was a famous neurologist, once described akinetic mutism as sort of a pure motor catatonia, meaning that it doesn't have some of the behavioral features of catatonia, but it looks very similar from a motoric standpoint, and there's probably overlap. Between the syndromes, we're often trying to distinguish one from the other because akinetic mutism doesn't necessarily respond to lorazepam.

I bring that up because that's my experience with a patient who had a catatonic-like syndrome being referred to hospice or to palliative care. And the amazing thing was that after a couple of weeks, a few of these patients actually walked out of the hospital on their own volition, because they just needed some time for their brain to recover from the massive insult that had been their covid infection in order to get better.

You can imagine a similar scenario could occur with catatonia—somebody looks immobile, mute, they look really sick, so they get transitioned to hospice or to palliative care. It's hard to know how to prevent that completely, but again, I go back to the idea that if you're never considering it you're never going to make the diagnosis. And so I think, in a patient who is displaying features that could be consistent with catatonia, the most important thing is for somebody to think about it. If they think about it, and they think it's a reasonable possibility, then the patient probably deserves a challenge of lorazepam to at least see if they have an improvement before their transition to comfort measures and those sorts of things.