

# What are some misconceptions in psychiatry about catatonia? What can be done to overcome these misconceptions?

## **Dr. Gazdag:**

My personal experience is that a number of psychiatrists have strange thoughts or minimal knowledge about catatonia, at least in Hungary. A few years ago, with a small group of my colleagues, we had organized a survey aiming to assess residents' and qualified psychiatrists' knowledge, experience, and views about the treatment of catatonia in acute psychiatric care in Budapest.

We had approached all psychiatric units that provide acute psychiatric care — there are 11 in the city — and invited all psychiatrists and residents who consented to participate in the survey. Completing certain items on a questionnaire. The questionnaire collected basic demographic data — sex and age — and asked about the respondents' clinical positions. Participants were then asked to rate their knowledge of catatonia, skills in identifying catatonic symptoms, experience in the treatment of catatonia, and importance of catatonia in clinical practice on a five-point Likert scale. Respondents had to identify evidence-based treatments for catatonia from certain options, symptoms of catatonia from 10 options, and possible complications of untreated catatonia from 10 options. Participants were then requested to estimate how frequently catatonia is associated with psychotic or affective disorders or medical conditions. Finally, participants were asked how many catatonic patients they had seen in the last six months and during their whole professional career.

98 fully qualified and trained psychiatrists responded to the questionnaire. Although 85 percent of the participants rated their knowledge of catatonia as moderate or significant, there were a number of obvious mistakes in their answers. Most catatonic signs and symptoms were not identified by almost 50 percent of the respondents, and the frequency of catatonia was also underestimated. The views of the majority of the participants reflected the Kraepelinian concept, in which catatonia is primarily associated with schizophrenia.

Although benzodiazepines are widely recommended as a first-line treatment for catatonia, only 69 percent of the participants choose them as a treatment option. For ECT, it was 95 percent. ECT was much better identified as a treatment option.

To improve psychiatrists' knowledge about catatonia, more attention should be paid to the education and training of medical students and psychiatric residents regarding the symptoms and appropriate treatment of catatonia, in my opinion.