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Alyssa Phillips:
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Dr. Fink:
For a patient who has catatonia and is manic or psychotic or depressed, the first effective treatment, the first active treatment is a benzodiazepine. These are drugs which are sedatives. They have a direct effect on the brain, and it is important that the dosage be given adequately, which is higher than the usual dosage for benzodiazepines. That is, they are used mainly as a sedative to help people sleep. And so the usual dose is a half a milligram or one milligram once a day. But for catatonia, the minimum is four milligrams a day. That's how we start with most patients, and we have patients who need as many as thirty and forty milligrams a day.

About seventy percent of patients respond to benzodiazepines and stay well. About thirty percent do not. They do not get better with benzodiazepines, even at the high dosage, and we have to give them — the alternative is electroconvulsive therapy. If you induce a seizure in a patient who has catatonia and is not responsive to benzodiazepines, a matter of three to six seizures, and they get much better.

Actually, the recovery from seizures is rather quick. That is, after two or three seizures, the patient is much better. But if you stop treatment at that point, they become ill again. And so we have developed the idea of continuation ECT.

Continuation ECT is a method where a patient is treated perhaps twice or three times a week for three weeks. Then twice a week for two weeks, and then over the next four to six months, once every occasion that they need it. How do we know that they need it? They become depressed, mute, don't act very well and so we give them another treatment.

Ordinarily, the catatonia that has been treated now with benzodiazepines first and then ECT second, it takes about four or five months, and usually by the time six months have gone by, they're well.