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# Catatonia Diagnosis and Treatment

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**Introduction:** Catatonia is a syndrome marked by an apparent lack of responsiveness to external stimuli, despite the individual appearing to be awake. While it's often linked with schizophrenia, you'll also see catatonia among patients with depression, bipolar disorder, schizoaffective disorder, and brief psychotic episodes.

## Prevalence

- Occurs in about 10% of acute psychiatric inpatients.

## Symptoms/Diagnosis

- Immobility, staring, mutism, waxy flexibility, posturing, echolalia, echopraxia, stupor, stereotypy, purposeless activity.
- Bush-Francis Catatonia Rating Scale (BFCRS): The gold standard for diagnosing catatonia. It's a 23-item scale for assessing symptoms and monitoring treatment response (*see FS on BFCRS*)
- DSM-5 Criteria: Requires at least three catatonic symptoms like stupor, catalepsy, mutism, etc.

## Types of Catatonia

- Retarded Catatonia: Patient stares and appears non-responsive but is alert.
- Excited Catatonia: Involves pointless, impulsive movements; may appear agitated or combative.
- Malignant Catatonia: Dangerous and associated with autonomic instability; may evolve rapidly.

## Differential Diagnosis

- Neuroleptic Malignant Syndrome
- Encephalitis
- Malignant Hyperthermia

## Treatment

- Benzodiazepines
  - Lorazepam—first line, effective in 70% of cases
    - Start with “Ativan challenge,” with 1-2 mg IV or IM TID
    - Most patients respond to 6-20 mg daily, usually within 6-10 days
    - Monitor for respiratory depression, especially in high-risk patients like the elderly, obese, or those with cardiovascular or respiratory illnesses
    - Once the patient is stabilized, continue benzodiazepines for 3-6 months before gradually tapering the dose; some patients may need long-term benzodiazepine therapy to avoid relapse.
  - Valproic acid
    - 500-1500 mg daily
- NMDA Receptor Antagonists: case reports have been promising
  - Memantine
    - Start at a low dose (5 mg/day) and titrate up as tolerated and as symptoms require, to a maximum of 20 mg/day.
  - Amantadine
    - Doses typically range from 100-400 mg/day
- Antipsychotics—used rarely as they can exacerbate catatonia

- Electroconvulsive Therapy (ECT)—used if no response to pharmacological interventions.

### **Monitoring and Follow-Up**

- Use a scale like the Bush Francis Catatonia Rating Scale to monitor progress.