NACT meeting 2016

Catatonia – a forgotten but not extinct condition

Tom G. Bolwig

Professor emeritus, dr.med
University of Copenhagen

NACT Meeting, 2016

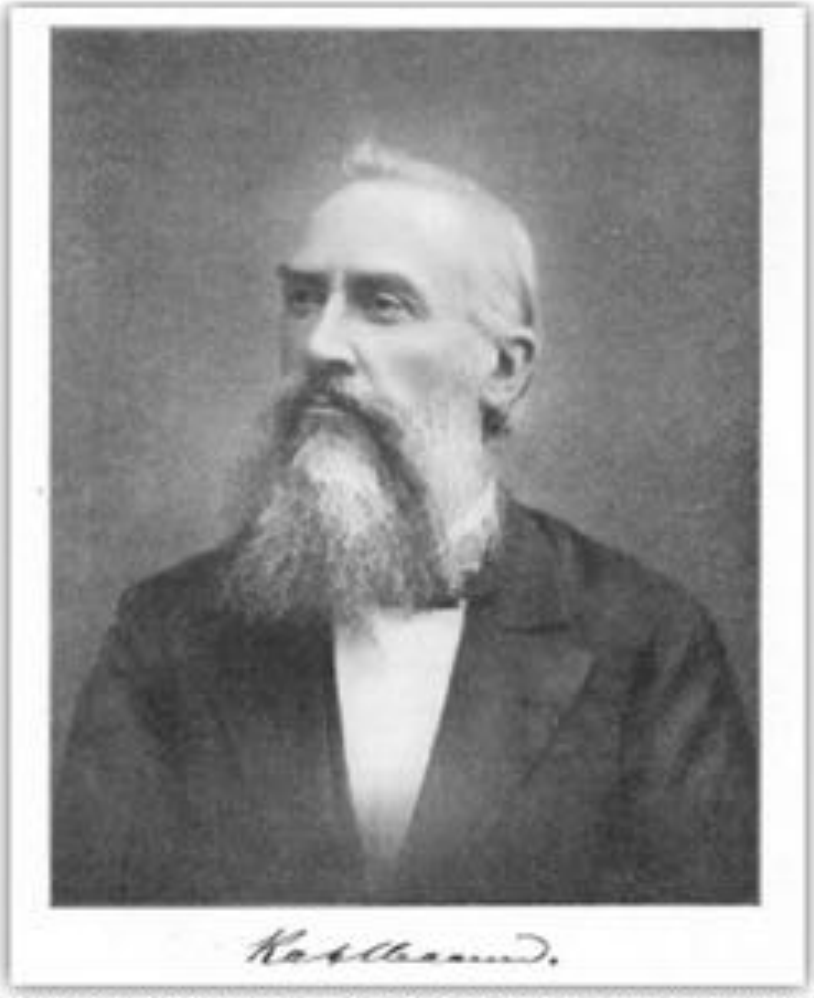
What is Catatonia?

Catatonia is a motor dysregulation syndrome among psychiatric asylum patients that was delineated by **Karl Kahlbaum** in 1874.

The syndrome was so well characterized that within a few years its prevalence among psychiatric populations was reported from 6% to 38%.

In the mid-20th century as psychiatric practice shifted from the asylum to the ambulatory clinic with an emphasis on psychotherapy and prescription of psychotropic drugs the role of the medical examination was degraded and the recognition of catatonia languished.

NACT Meeting, 2016



Karl Ludwig Kahlbaum, ca 1890, Public Domain in countries where copyright term is life of author plus 70 years.

NACT Meeting, 2016

Table 1. Features of catatonia.

Symptom	Description of pathology
Stupor	decreased response to external stimuli, hypoactive behavior
Immobility	akinetic behavior, resistance to being moved
Waxy flexibility	slight resistance to being moved
Mutism	verbally unresponsive, refusal to speak
Posturing	purposely maintaining a position for long periods of time
Excitement	frantic, stereotyped or purposeless activity
Echolalia	senseless repetition of the words of others (echolalia)
Echopraxia	mimicking the movements of others
Staring	eyes fixed and open for long periods of time
Catalepsy	the passive adoption of a posture

NACT Meeting, 2016

The many faces of Catatonia

Forms of Catatonia	***Also referred to as***
Retarded catatonia	Kahlbaum syndrome
Excited catatonia	manic excitement
Delirious mania	manic delirium
Malignant catatonia	lethal catatonia
Neuroleptic malignant syndrome	neuroleptic-induced
Toxic serotonin syndrome	serotonin syndrome
Periodic catatonia	
Mixed affective state	Rapid cycling mania

NACT Meeting, 2016

Emil Kraepelin considered catatonia a core symptom a core feature of his dementia praecox construct, but he also recognized its presence in manic-depressive illness. (Kraepelin 1902)

The psychopathologists **Karl Kleist, Carl Wernicke**, and **Karl Leonhard** recognized catatonia as a principal feature of both psychotic and mood-altered states.

Kraepelin's connection, however, was widely endorsed and today is accepted in major international classification systems.

NACT Meeting, 2016

Several studies have shown that catatonia is more frequently associated with mania, melancholia, and psychotic depression than it is with schizophrenia.

(Morrison 1975, Abrams & Taylor 1976)

It is also recognized in metabolic diseases, drug intoxications, seizure disorders, and frontal circuitry brain disease and autism.

(Fink & Taylor 2003, Busch et al. 1996, Caroff et al. 2004, Dhossche et al. 2006)

NACT Meeting, 2016

How is catatonia recognized?

Catatonia is a consideration in every patient with dysregulation of motor behaviour, especially when there are changes in consciousness and mood.

These signs are commonly relieved by intravenous injection of a barbiturate or a bezodiazepine.

Intravenous lorazepam at 1 or 2 mg temporarily relieves *mutism, postering, staring, rigidity, and repetitive movements. (*lorazepam test)

Relief of catatonia with lorazepam was reported in 80%.

(Fink & Taylor 2003)

Similar resolution in 75% - 100% was reported in a review of treatments for malignant neuroleptic syndrome (MNS).

(Hawkins, Archer, Strakowski 1995)

NACT Meeting, 2016

Treatment of Catatonia

For all patients, potential toxic precipitants should be eliminated and general medical and specific neurological causes of illness, treated.

For patients with retarded catatonia and body temp. less than 39 C **lorazepam** administered parenterally or orally beginning with 3 mg/d and increasing rapidly to effective resolution.

For patients with high fevers, in delirium or at physiological risk bilateral **ECT** is most effective. It may require daily treatments for 2-5 days.

The efficacy of lorazepam remitting catatonia was 80% to 100% in 4 studies and ECT 82% to 96% in 5 studies.

(Hawkins et al 1995)

NACT Meeting, 2016

Conclusions

- Catatonia is the psychiatric syndrome of disturbed motor functions amid disturbances in mood and thought.
- It is identified by symptom clusters, verified by the acute relief afforded by barbiturates or benzodiazepines, and validated by the remission with these agents and with ECT.
- Catatonia is inappropriately identified as a type of schizophrenia in the psychiatric classification. It is more often found in mania, depression, systemic medical diseases, and neurotoxicity.
- It deserves a home of its own in the psychiatric classification.

NACT Meeting, 2016

NACT Meeting, 2016