



## MONTHLY MENTAL HEALTH NEWSLETTER

Presented by the Gwinnett County Sheriff's Office Mental Health Tasks



### In this issue: CATATONIA

### What is Catatonia?

Catatonia is a disorder that disrupts how the brain processes its surroundings. People with Catatonia may not react to things happening near or around them, and if they do react it may be in ways that are unexpected or considered unusual by most observers. Persons suffering with Catatonia may present with an inability to communicate. They are typically known for unusual movements or not moving at all. Their catatonic behaviors are alarming to their loved ones and those that do not have experience with persons suffering with this ailment.

After 150 years of study, researchers still don't know the exact cause of Catatonia. For now the possible explanations include, but are not limited to chemical imbalances in the brain as well as genetic issues passed down from previous generations.

### What are the symptoms of Catatonia?

The 12 officially accepted symptoms of Catatonia include:

- Agitation:** Acting upset or irritable. When there is no apparent reason or stimulus.
- Catalepsy:** Like a mannequin, the patient will remain in a position in which they have been placed and remain in that position until someone moves them again.
- Echolalia:** Echoing sounds that others make without purpose.
- Echopraxia:** Mimics or mirrors someone else's movements.
- Grimacing:** Holding the same facial expression, usually with stiff or tense facial muscles. Sometimes, it can take the form of smiling in inappropriate contexts.
- Mannerism:** Acting out motions or movements that could be normal in an unusual or exaggerated way.
- Mutism:** Remaining very quiet or totally silent (*this is only considered a symptom if there is no other medical or physical reason for the mutism.*)
- Negativism:** Does not react to activity happening around them or actively resists what's happening around them for no rational reason.
- Posturing:** Holding a specific position, in contrast to catalepsy, this does not involve being placed in that position by another person.
- Stereotypy:** Repetitive movements that don't seem to have a purpose.
- Stupor:** Awake, but does not respond to what's happening around them whether painful or not.
- Waxy flexibility:** The patient will offer some push-back or resistance to any attempt to change their position. Then their muscles slowly release and their limbs bend like a warm candle.

### Levels of Catatonia activity...

**Excited/hyperkinetic**-Involves changes in behaviors, such as pacing, agitation, aggression and violent behavior without any observable cause. This level of activity may also involve acting or speaking strangely, mimicking the way people nearby talk or walk as well as presenting self-harm behaviors.

**Withdrawn/hypokinetic**- Presenting no reaction to what is happening near by or all around them. This includes silence and the absence of facial expressions. They may remain motionless while holding an unusual posture or position. Many will resist when others attempt to move them. They often don't eat or drink and may have incontinence.

**Mixed**-This form combines features of hyperkinetic and hypokinetic catatonia. Mixed Catatonia sufferers can quickly switch between hyperkinetic and hypokinetic behaviors without warning.

**Malignant Catatonia** - Can be life threatening. In these cases the **Autonomic Nervous System** malfunctions. This may cause symptoms such as dangerous high body temperatures, unstable blood pressure, low oxygen levels in the blood, increased perspiration and even tachycardia.

*Research has not found "why" Catatonia happens...With no known cause, we can only look to psychiatric and medical disorders with which it has been observed, (e.g. see table below)*

#### Psychiatric Disorders

- Bipolar disorder.
- Schizophrenia.
- Schizoaffective disorder.
- Major depressive disorder.

#### Medical Disorders

- Autism spectrum disorder.
- Autoimmune diseases (such as lupus or multiple sclerosis).
- Degenerative brain diseases (such as dementia and Parkinson's disease).
- Down syndrome.
- Drug-related conditions (this includes prescription and recreational drugs).
- Encephalitis, including anti-NMDA receptor encephalitis.
- Electrolyte imbalance conditions.
- Epilepsy.
- Intellectual disability.
- Normal-pressure hydrocephalus.
- Tourette Syndrome
- Stroke

### Diagnosis and Treatment of Catatonia

Diagnosis usually involves lab, diagnostic and imaging tests.

**Imaging tests** including (CT) scans, magnetic resonance imaging (MRI) and others.

**Blood, urine and cerebrospinal fluid (spinal tap) tests** are used to detect any chemical changes in bodily fluids. They are also used to look for signs of infections and other blood abnormalities.

**Brain activity testing** using an electroencephalogram (EEG) to analyze and record the electrical activity in the brain. This may be necessary to rule out seizures or epilepsy as the cause.

**Treatment choices** depend upon the type of condition with which the catatonia is presented. The two most successful ways to treat catatonia are with medication or electroconvulsive therapy.

**Benzodiazepines** are generally the primary medication choice for the treatment of catatonia. In particular, the benzodiazepine "**Lorazepam**" has demonstrated effectiveness, but others from that family of drugs are also used. 60%-90% of those treated with benzodiazepines show improvement.

Families of medications known as **mood stabilizers** and **antipsychotics** are also used but are generally considered as a second choice due to their lower level of effectiveness and the possible serious side effects.

**Electroconvulsive therapy (ECT)** involves running a very mild electrical current through an area of the brain to cause a short seizure. The procedure is done under general anesthesia. ECT helps almost all persons with this disorder. It's the main treatment for **malignant catatonia** and is often a life-saving treatment in those cases.

### REFERENCES

The G.C.S.O. Mental Health Tasks Force encourages you to utilize the sources listed below and the **Substance Abuse and Mental Health Services Administration (SAMHSA)** at [www.samhsa.gov](http://www.samhsa.gov) to learn more about this and other important mental health topics.

**Diagnostic Statistical Manual -V**, American Psychiatric Association, Washington, DC. June 2013

Burrow JP, Spurling BC, Marwaha R. Catatonia. [Updated 2022 May 15]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK430842/>

[https://www.hopkinsmedicine.org/news/publications/psychiatry\\_newsletter/hopkins\\_brainwise\\_spring\\_2011/trouble\\_in\\_mind](https://www.hopkinsmedicine.org/news/publications/psychiatry_newsletter/hopkins_brainwise_spring_2011/trouble_in_mind)

[gcsomhtaskforce@gwinnettcountry.com](mailto:gcsomhtaskforce@gwinnettcountry.com)

Major T. Maldonado, Unit Commander  
770 619-6798

Dr. D. E. Tatum, Clinical Director  
770 822-3111

