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CATATONIC



SCHIZOPHRENIA

Unable to move or speak, but conscious of everything happening

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Catatonic schizophrenia was historically considered a subtype of schizophrenia. However, in DSM-5, this classification was removed.

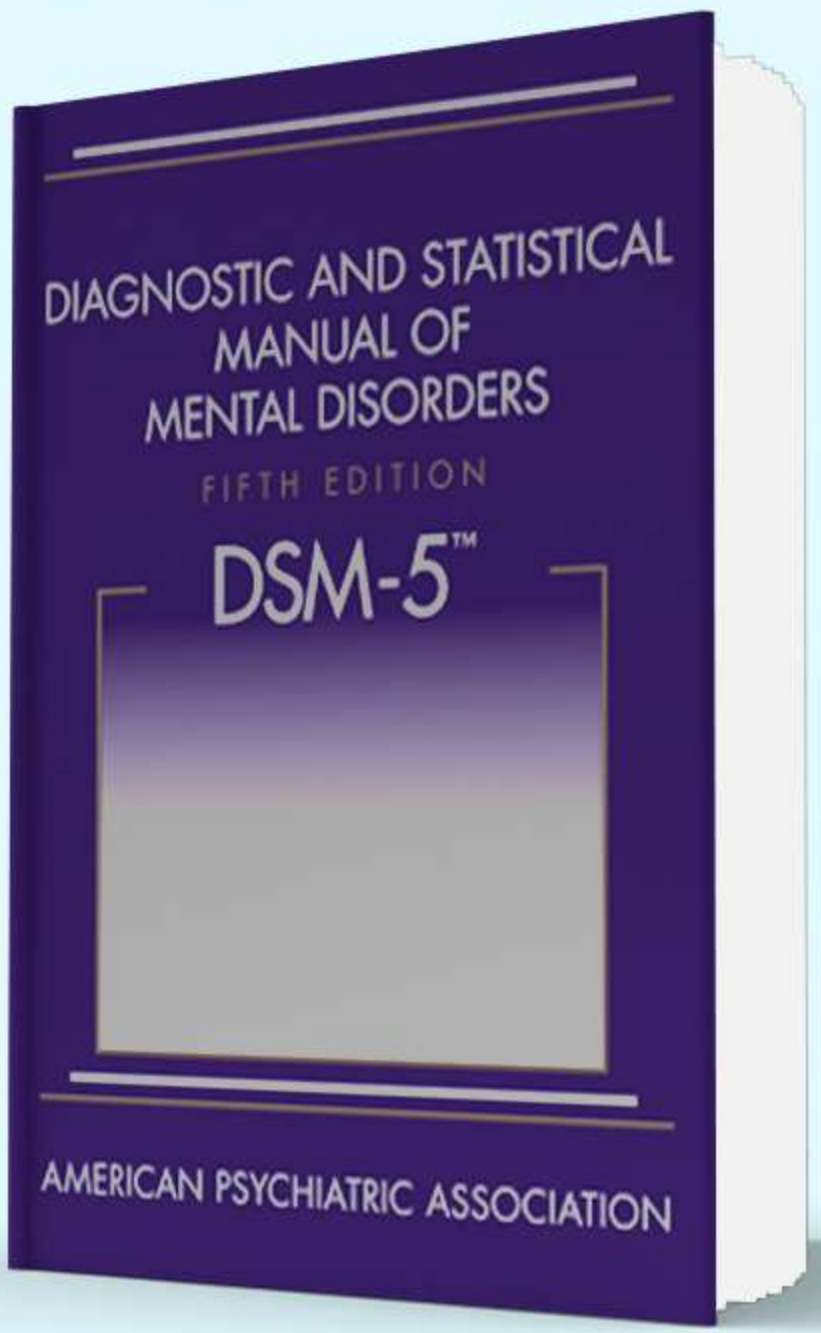
Now understood as:

- A specifier
- Applicable across multiple disorders

Applies to:

- Schizophrenia
- Mood disorders
- Medical conditions

This reflects a transdiagnostic approach to psychopathology.



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What is Catatonia?

Catatonia is defined as a marked disturbance in psychomotor behavior, involving abnormalities in:

- Movement
- Responsiveness
- Activity levels

Clinical range:

- **Stupor** - extreme reduction in movement
- **Catatonic excitement** - excessive, purposeless activity

This wide variation makes catatonia important for differential diagnosis in psychiatric and medical settings.



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Core Symptoms

Key symptoms frequently tested:

Stupor
no motor activity

Mutism
minimal verbal output

Negativism
resistance to instructions

Posturing
maintaining odd positions

Waxy flexibility
limbs remain in place

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Additional Features

Additional symptoms include:



Echolalia
repetition of speech



Echopraxia
imitation of movements



Catalepsy
passive induction of posture



Grimacing



Stereotyped movements

Exam focus:

- Echolalia = speech
- Echopraxia movement

Careful distinction between similar terms is essential for accuracy.

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Etiology & Associations

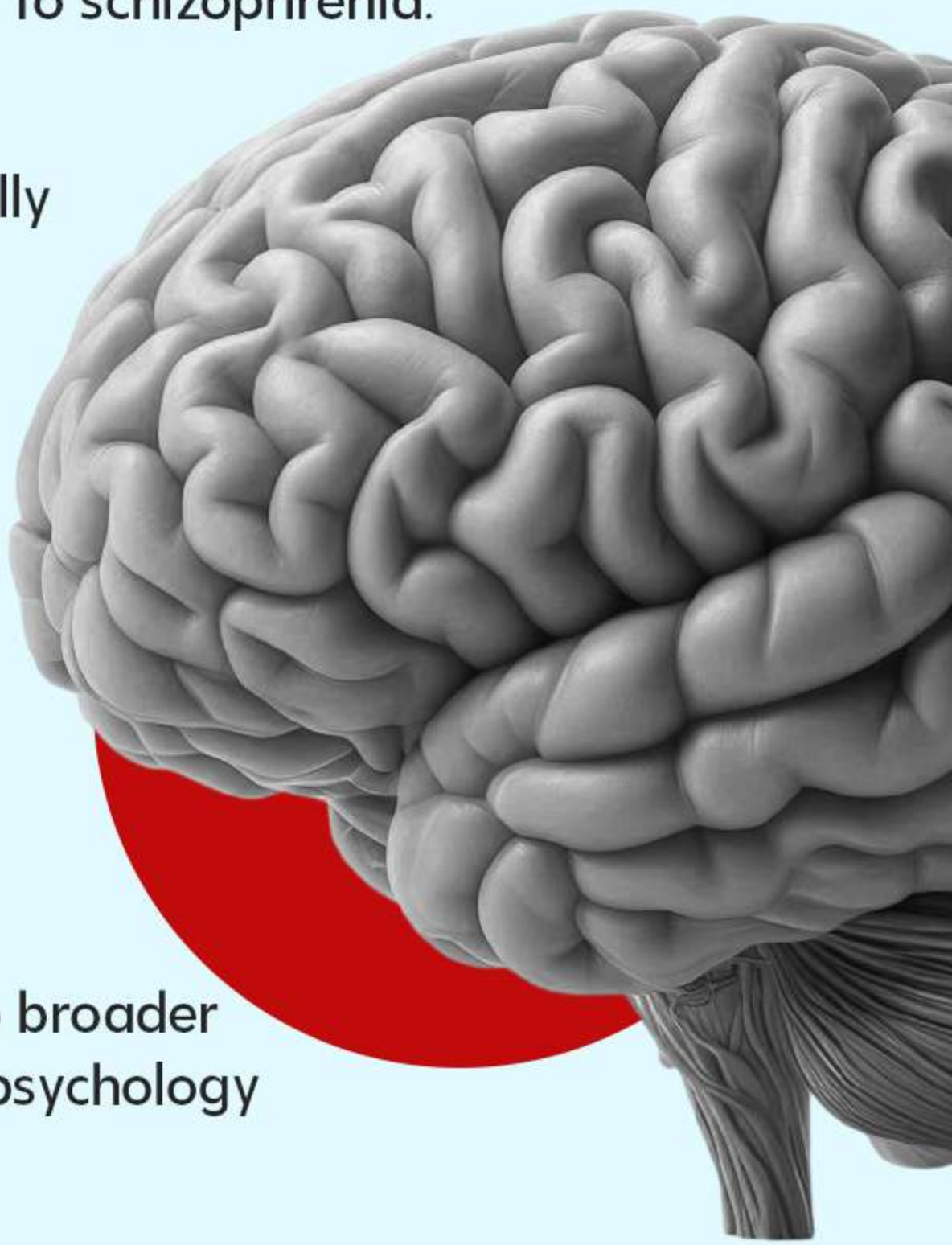
Catatonia is not restricted to schizophrenia.

Common associations:

- Mood disorders (especially severe depression)
- Bipolar disorder
- Neurological/medical conditions

Neurobiological basis:

- GABA dysfunction
- Dopamine imbalance



This connects catatonia to broader mechanisms in biological psychology and psychopathology.

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Treatment

First-line treatment:

- Benzodiazepines (especially Lorazepam)
- Used in the lorazepam challenge test

For severe cases:

- Electroconvulsive Therapy (ECT)

Important caution:

- Antipsychotics may worsen symptoms

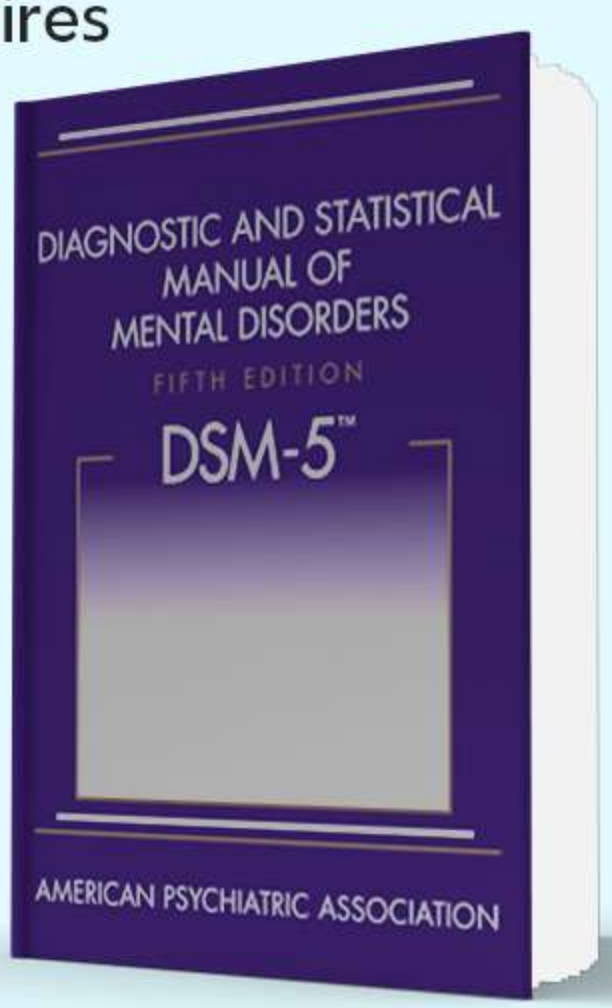


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Diagnostic Criteria

According to DSM-5, a diagnosis requires at least 3 symptoms.



Key symptoms include:

- Stupor, catalepsy, waxy flexibility
- Mutism, negativism, posturing
- Mannerisms, stereotypy
- Agitation, grimacing
- Echolalia, echopraxia

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