What is catatonia?

Catatonia is a serious form of mental illness that affects the way people behave, move and speak. People suffering from catatonia may have very limited movement or speech, or they might be slow and repetitive. These individuals might remain in one place for a long period of time or seem to copy somebody else’s movements. Sometimes, people with catatonia may stop eating and drinking.

Why does it happen?

We do not understand exactly why some people develop catatonia. The majority of individuals with catatonia have a mental illness such as bipolar disorder, depression or schizophrenia. In a minority of people with catatonia, there is a medical problem, such as an infection or brain inflammation. Many people with catatonia are very anxious or feel like they are frozen with fear.

What tests should be done?

There are no tests to diagnose catatonia, but there are tests that can support a doctor in finding out what is happening. Most are quite basic, such as taking your blood pressure, temperature and pulse. Many people with catatonia will need a blood test to check how their thyroid,
kidneys and liver are. A few people will need a brain scan, such as a CT (CAT scan) or MRI.

What is the treatment?

For most people with catatonia, the best treatment is **sedative medications** called benzodiazepines. (These medications have names that usually end in ‘-pam’, such as lorazepam or diazepam.) One of the odd things about catatonia is that these sedative medications – which normally make a person drowsy – can cause people with catatonia to seem to wake up. Benzodiazepines can be given as a **tablet** or an **injection**. The effect can sometimes be very quick, within an hour, but it can take several days. It is also important to treat any other mental illness or other medical condition. Some people with catatonia have electroconvulsive therapy (ECT); more information on ECT can be found at [https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/ect](https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/ect).

What can you do to get better?

If you have catatonia, it is important to remember that it is not your fault. When possible, try to **explain to your doctors and nurses** what you are experiencing and thinking. It is helpful if you take any medications you are prescribed, but it is also important that you mention any concerns you have or are if you are having any side effects.
If someone you care for has catatonia, you have a very important role to play. People with catatonia can be very anxious, so having a familiar face can be really helpful and you might be the only person they can speak to. Do visit them and, if possible, offer to help them eat, drink or take any necessary medications.

What support is there?

There are no dedicated patient organisations for individuals for catatonia. However, there are numerous support organisations for individuals with mental illnesses in general, many of which will be relevant. In the UK, Mind (mind.org.uk) and Rethink Mental Illness (rethink.org) exist for those with a range of mental health problems. Headway (headway.org.uk) helps those with brain injuries.

Authors

This leaflet was written by Dr Jonathan Rogers in the Division of Psychiatry, UCL with assistance from the North London Service User Research Forum. It may be downloaded from www.ucl.ac.uk/mental-health/research/catatonia.