



# Catatonia: information for patients and carers

v1.4 25/06/2021

## 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 or posture for a long period of time or, if they can move, 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 get catatonia. The majority of individuals with catatonia already have another mental illness such as **bipolar disorder, depression** or **schizophrenia**. In a minority of people with catatonia, there is an underlying **medical problem**, such as an infection or brain inflammation.

Many people with catatonia are very anxious or feel like they are frozen with fear, but not everyone finds it frightening at the time.

## What tests should be considered?

There are no tests specifically to diagnose catatonia and it is not always easy to diagnose. However, there are tests that can help a doctor in finding out what is happening and other tests that are used to help rule out underlying problems where necessary. Most are quite basic, such as taking your **blood pressure, temperature** and **pulse**. Many people with catatonia will need a **blood test** to check whether there is anything wrong with their thyroid, kidneys and liver, amongst other things. 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 need electric therapy to the brain; this is known as electroconvulsive therapy (ECT), which is also sometimes used to treat severe depression. More information on ECT can be found at <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 and that it is not a deliberate act. When possible, if you are able to speak, it helps very much if you can 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 – if you are able to say – you mention any concerns you have or are if you are having any side effects.

### How can relatives and carers help?

If someone you care for has catatonia, you have a very important role to play. Although a person with catatonia may not be able to communicate or respond normally, they will see and hear what you do and they will often remember it. People with catatonia can be very anxious, so having a **familiar face** or someone to **hold their hand** can be really helpful. As someone close to them, you know what they would usually appreciate. Do **visit** your friend or relative 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](http://mind.org.uk)) and Rethink Mental Illness ([rethink.org](http://rethink.org)) exist for those with a range of mental health problems. Headway ([headway.org.uk](http://headway.org.uk)) helps those with brain injuries.

### Authors

This leaflet was written by Dr Jonathan Rogers in the UCL Division of Psychiatry with assistance from patients, including the North London Service User Research Forum and Dr Simon A. It may be downloaded from [www.ucl.ac.uk/mental-health/catatonia](http://www.ucl.ac.uk/mental-health/catatonia).