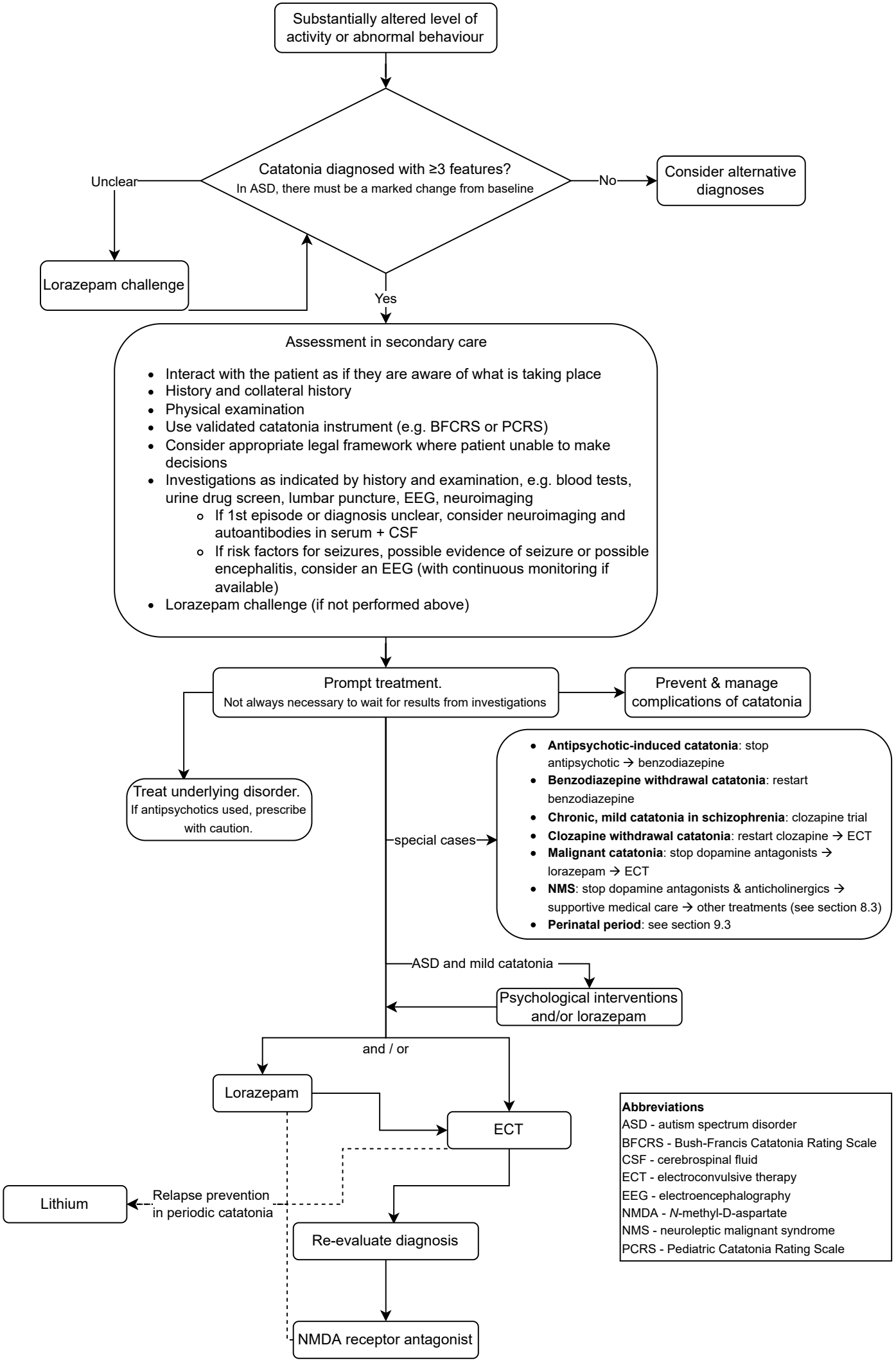
Substantially altered level of activity or abnormal behaviour
Catatonia diagnosed with ≥3 features?
In ASD, there must be a marked change from baseline
Unclear
No
Consider alternative diagnoses
Lorazepam challenge
Yes
Assessment in secondary care
Interact with the patient as if they are aware of what is taking place
History and collateral history
Physical examination
Use validated catatonia instrument (e.g. BFCRS or PCRS)
Consider appropriate legal framework where patient unable to make decisions
Investigations as indicated by history and examination, e.g. blood tests, urine drug screen, lumbar puncture, EEG, neuroimaging
If 1st episode or diagnosis unclear, consider neuroimaging and autoantibodies in serum + CSF
If risk factors for seizures, possible evidence of seizure or possible encephalitis, consider an EEG (with continuous monitoring if available)
Lorazepam challenge (if not performed above)
Prompt treatment.
Not always necessary to wait for results from investigations
Prevent & manage complications of catatonia
Treat underlying disorder.
If antipsychotics used, prescribe with caution.
special cases
Antipsychotic-induced catatonia: stop antipsychotic → benzodiazepine
Benzodiazepine withdrawal catatonia: restart benzodiazepine
Chronic, mild catatonia in schizophrenia: clozapine trial
Clozapine withdrawal catatonia: restart clozapine → ECT
Malignant catatonia: stop dopamine antagonists → lorazepam → ECT
NMS: stop dopamine antagonists & anticholinergics → supportive medical care → other treatments (see section 8.3)
Perinatal period: see section 9.3
ASD and mild catatonia
Psychological interventions and/or lorazepam
and / or
Lorazepam
ECT
Lithium
Relapse prevention in periodic catatonia
Re-evaluate diagnosis
NMDA receptor antagonist
Abbreviations
ASD - autism spectrum disorder
BFCRS - Bush-Francis Catatonia Rating Scale
CSF - cerebrospinal fluid
ECT - electroconvulsive therapy
EEG - electroencephalography
NMDA - N-methyl-D-aspartate
NMS - neuroleptic malignant syndrome
PCRS - Pediatric Catatonia Rating Scale