

## Catatonia

**Hook:** Catatonia is one of the most interesting abnormalities seen in psychiatry. Nothing looks quite like it and each patient who has it never presents in the same way. Properly recognizing and tracking the symptoms while working up causes is essential to proper management of catatonia disorder.

**Approach:** This talk centers around teaching students to recognize the phenomena observed in catatonic patients as well as introducing them to the exam used to reveal them. This talk would be most effective when given in the context of a patient who presents with catatonia.

### **Grouping signs of catatonia:**

#### *Odd Posturing*

Catalepsy = posturing: Spontaneous maintenance of posture

Gegenhalten = paratonia: *Constant resistance* to motion proportional to strength of effort to move limb

Waxy flexibility: Ability to mold and place patient's limbs, easier after *initial resistance*

Ambitendency: Getting stuck in indecisive movements

#### *Repetitive behavior*

Echophenomena: Repetition of examiner's words (*echolalia*) or movements (*echopraxia*)

Verbigeration: Repeated words or phrases

Stereotypies: Repeated *purposeless* movements (example: rocking, marching in place)

Mannerisms: Repeated *purposeful* movements (example: running hands through hair)

#### *Abnormal response to commands*

Negativism: Performing actions opposite to stated instruction

Mitgehen: Arm raising with light touch despite contrary instruction

Automatic obedience: Cooperation despite instructions that may be dangerous for the patient to follow

### **The Catatonia Exam:**

Between each step of the exam, discuss which findings students should be looking for. Ask how they might describe the findings and then tell them the term associated with their description.

1. Observe the patient for 30-60 seconds from outside their room; **Excitement, stereotypy, posturing, immobility, staring, grimacing, verbigeration**
2. Introduce yourself to patient, engage in conversation; **Echophenomena, verbigeration, mutism**
3. Make an exaggerated gesture (e.g. scratching head); **Echophenomena**
4. Examine for cogwheeling in arms, alternate force. Attempt to place patient in various postures. **Negativism, gegenhalten, rigidity, waxy flexibility, catalepsy**
5. Ask the patient to extend their arms. Sequentially press up on the bottom of the patient's hand, instructing them "Do NOT let me lift your hand."; **Mitgehen**
6. Extend your hand and say, "Do not shake my hand."; **Ambitendency**
7. Reach into your pocket and say, "Stick out your tongue. I want to put a pin in it." **Automatic obedience**
8. Check for grasp reflex

### **Activity:**

Following discussion of the catatonia exam, ask for a student volunteer to perform the catatonia exam with the educator assuming the role of a simulated patient. Coach the student volunteer through the various parts of the exam and show what an exam looks like when all the signs are positive. Then ask the students to describe the exam findings and score the exam using the Bush Francis scale. The educator can then have other students volunteer to practice the exam, but on repeat exams the teacher can give select positive exam findings and ask the students to describe what they did and did not observe.