

Catatonic syndrome

Catatonic syndrome is a non-specific syndrome associated with a variety of diseases. It was first described by K. Kahlbaum in 1874 in schizophrenia, but it is often found in somatic diseases as well. Catatonia has been defined as an empirical entity, and no current literature provides a precise psychopathological definition of catatonia.

Symptoms

Symptoms of catatonia can be divided into two types, **productive** and **unproductive**.

Productive

- **Agitation** - hyperactivity, agitation, restlessness, aggressiveness, impulsiveness, aggression.
- **Echo phenomena** (echolalia, echopraxia) - the patient automatically and without prompting repeats what the examiner has said (echolalia) or automatically imitates the examiner's gestures, movements, or postures (echopraxia).
- **Stereotypes** - repeated clumsy or rigid nonsensical movements. Movements may be complex and take on the form of rituals or compulsive behaviors. There may also be automutilations in biting, pushing, burning, scratching.
- **Manipulation** - often accompanies stereotypy and may look like purposeful acts, but are performed in an exaggerated, different, or odd manner.

Unproductive

- **Stupor** - marked limitation or absence of motor activity.
- **Mutism** - limitation to complete absence of speech.
- **Negativism** - a stubborn to instinctive refusal to carry out a command, where the passive variant refuses to carry out the command and the active variant carries out the opposite command. The active variant belongs more to the productive variant.
- **Wax flexion** - when moving passively with the limbs, the investigator experiences a slight fleeting rigidity similar to when a wax object, such as a candle, is bent. In addition to the waxing flexibility, the patient's limbs remain in the position in which they have been set by the examiner, regardless of how uncomfortable this is for the patient or of commands not to maintain this position.
- **Command automatism** - in some ways the opposite of negativism, in which the patient automatically does what is asked of him or her without question, hesitation, or consideration of consequences.

Types

- **Retarded catatonia** - non-productive symptoms predominate.
- **Excitated catatonia** - productive symptoms predominate.
- **Malignant neuroleptic syndrome.**
- **Malignant catatonia** (sometimes called **Stauder's lethal catatonia**).

Some authors consider *malignant neuroleptic syndrome* and *malignant catatonia* to be synonymous because the two entities are very difficult to distinguish, only the etiology is different (malignant neuroleptic syndrome occurs as a side effect after medications - not just antipsychotics).

Etiology

Drugs:

1. benzodiazepines (rapid withdrawal from benzodiazepines can induce a catatonic state^[1]),
 2. opiates^[2],
 3. disulfiram ^[3];
- **tumors** (especially frontotemporal regions),
 - **stroke**,
 - **autoimmune** (SLE, limbic encephalitis)^[4],

- **endocrine** (thyrotoxicosis, hyperparathyroidism, cushing's syndrome),
- **psychiatric illness** (affective disorders, schizophrenia, delirium).

Laboratory findings

In **milder** forms, laboratory findings may be normal.

In **more severe** cases, it is typical:

- Elevated creatine kinase
- Low iron levels^[5]
- Leukocytosis
- Hyponatraemia may also occur

Links

Related articles

- Catatonia

External links

- [Catatonic syndrome (http://www.rightdiagnosis.com/c/catatonic_syndrome/intro.htm)]
- Catatonia on Wikipedia (<https://en.wikipedia.org/wiki/Catatonia>)]

Literature

- KOLIBÁŠ, Eduard. *Průručka klinické psychiatrie*. 2. edition. Nové Zámky : Psychoprof, 2010. ISBN 978-80-89322-05-3.

References

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2. Ezrin-Waters C, Miller P & Seeman P (1976). Catalepsy induced by morphine or haloperidol: effects of apomorphine and anticholinergic drugs. *Can J Physiol Pharmacol* 54: 516-519.
3. Fisher CM (1989). 'Catatonia' due to disulfiram toxicity. *Arch Neurol* 46: 798-804.
4. Guze SB (1967). The occurrence of psychiatric illness in systemic lupus erythematosus. *Am J Psychiatry* 123: 1562-1570.
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