

W04-01 - CATATONIA: DIFFERENTIATION, PATHOPHYSIOLOGY AND TREATMENT

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Catatonia is an intriguing psychopathological dimension and the discussion about the clinical relevance of catatonic symptoms in psychiatry is continuing for at least 125 years. The debate started from the original description by Kahlbaum and was further elaborated by Kraepelin and Bleuler who incorporated catatonia in their broad concept of schizophrenia. They regarded catatonic symptoms merely as an integral part of schizophrenia. In addition, periodic catatonia was described by Leonhard that has a considerable hereditary loading, shows a phasic course with alternating hyperkinesia and akinesia and can be delineated from the akinetic-hyperkinetic motility psychosis which belongs to the cycloid psychoses.

Over the past decades, the prevalence of the diagnosis of catatonia as a separate disease and as subtype of schizophrenia is decreased considerable. This phenomenon is most probably the result of changes in the diagnostic criteria as well as underrecognition of this symptom dimension.

Today's research is focussing on the pathophysiology, genetics and treatment of catatonia. As demonstrated in factor analytical studies, this disorder can be considered as a separate psychopathological dimension. Apart from the endogenous catatonias belonging to either the periodic catatonia or catatonic schizophrenia, the catatonic dimension is present in about ten percent of newly admitted patients with affective or schizophrenic psychoses.

In for different presentations, the need for a differential diagnosis of catatonias will be outlined as well as their genetic and pathophysiological backgrounds and appropriate treatment strategies, such as electroconvulsive therapy.