

Catatonia : A Clinician's Guide to Diagnosis and Treatment

Author(s) Fink, Max ; Taylor, Michael Alan
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Appendices

I. Rating scale for catatonia

From Bush et al., 1996a.

- Use the presence or absence of items 1–14 for screening purposes.
- Use the 0–3 scale for items 1–23 to rate severity.

1. Excitement

Extreme hyperactivity, constant motor unrest which is apparently non-purposeful. Not to be attributed to akathisia or goal-directed agitation.

0 = Absent

1 = Excessive motion, intermittent.

2 = Constant motion, hyperkinetic without rest periods.

3 = Severe excitement, frenzied motor activity.

2. Immobility/Stupor

Extreme hypoactivity, immobility. Minimally responsive to stimuli.

0 = Absent

1 = Sits abnormally still, may interact briefly.

2 = Virtually no interaction with external world.

3 = Stuporous, not responsive to painful stimuli.

3. Mutism

Verbally unresponsive or minimally responsive.

0 = Absent

1 = Verbally unresponsive to most questions; incomprehensible whisper.

2 = Speaks less than 20 words/5 minutes.

3 = No speech.

4. Staring

Fixed gaze, little or no visual scanning of environment, decreased blinking.

0 = Absent

1 = Poor eye contact. Gazes less than 20 seconds between shifting of attention; decreased blinking

2 = Gaze held longer than 20 seconds; occasionally shifts attention.

3 = Fixed gaze, non-reactive.

5. Posturing/Catalepsy

Maintains posture(s), including mundane (e.g., sitting or standing for long periods without reacting).

0 = Absent

1 = Less than one minute.

2 = Greater than one minute, less than 15 minutes.

3 = Bizarre posture, or mundane maintained more than 15 min.

6. Grimacing

Maintenance of odd facial expressions.

0 = Absent

1 = Less than 10 sec.

2 = Less than 1 min.

3 = Bizarre expression(s) or maintained more than 1 min.

7. Echopraxia/Echolalia

Mimicking of examiner's movements/ speech.

0 = Absent

1 = Occasional.

2 = Frequent.

3 = Continuous.

8. Stereotypy

Repetitive, non-goal-directed motor activity (e.g. finger-play; repeatedly touching, patting or rubbing self). (Abnormality is not inherent in the act but in its frequency.)

- 0 = Absent
- 1 = Occasional.
- 2 = Frequent.
- 3 = Continuous.

9. Mannerisms

Odd, purposeful movements (hopping or walking tiptoe, saluting passers-by, exaggerated caricatures of mundane movements). (Abnormality is inherent in the act itself.)

- 0 = Absent
- 1 = Occasional.
- 2 = Frequent.
- 3 = Continuous.

10. Verbigeration

Repetition of phrases or sentences.

- 0 = Absent
- 1 = Occasional.
- 2 = Frequent, difficult to interrupt.
- 3 = Continuous.

11. Rigidity

Maintenance of a rigid position despite efforts to be moved (Exclude if cogwheeling or tremor are present.)

- 0 = Absent
- 1 = Mild resistance.
- 2 = Moderate.
- 3 = Severe, cannot be repostured.

12. Negativism

Apparently motiveless resistance to instructions or to attempts to move/examine patient. Contrary behavior, does the opposite of the instruction.

- 0 = Absent
- 1 = Mild resistance and/or occasionally contrary.
- 2 = Moderate resistance and/or frequently contrary.
- 3 = Severe resistance and/or continually contrary.

13. Waxy Flexibility

During repositioning of patient, patient offers initial resistance before allowing himself to be repositioned (similar to that of a bending a warm candle).

0 = Absent.

3 = Present.

14. Withdrawal

Refusal to eat, drink and/or make eye contact.

0 = Absent.

1 = Minimal oral intake for less than one day.

2 = Minimal oral intake for more than one day.

3 = No oral intake for one day or more.

15. Impulsivity

Patient suddenly engages in inappropriate behavior (e.g. runs down hallway, starts screaming, or takes off clothes) without provocation. Afterwards, cannot explain.

0 = Absent

1 = Occasional

2 = Frequent

3 = Constant or not redirectable

16. Automatic Obedience

Exaggerated cooperation with examiner's request, or repeated movements that are requested once.

0 = Absent

1 = Occasional

2 = Frequent

3 = Continuous

17. Passive obedience (mitgehen)

Raising arm in response to light pressure of finger, despite instructions to the contrary.

0 = Absent

3 = Present

18. Negativism (Gegenhalten)

Resistance to passive movement that is proportional to strength of the stimulus; response seems automatic rather than willful.

0 = Absent

3 = Present

19. Ambitendency

Patient appears “stuck” in indecisive, hesitant motor movements.

0 = Absent

3 = Present

20. Grasp Reflex

Strike open palm of patient with two extended fingers of examiner’s hand. Automatic closure of patient’s hand.

0 = Absent

3 = Present

21. Perseveration

Repeatedly returns to same topic or persists with same movements.

0 = Absent

3 = Present

22. Combativeness

Usually in an undirected manner, without explanation.

0 = Absent

1 = Occasionally strikes out, low potential for injury

2 = Strikes out frequently, moderate potential for injury

3 = Danger to others

23. Autonomic Abnormality

Circle: Temperature

Blood Pressure

Pulse rate

Respiratory rate

Inappropriate sweating.

0 = Absent

1 = Abnormality of one parameter [exclude pre-existing hypertension]

2 = Abnormality of 2 parameters

3 = Abnormality of 3 or greater parameters

II. Examination for catatonia

From Bush et al., 1996a.

- The method described here is used to complete Catatonia Rating Scales.
- Ratings are made based on the observed behaviors during the examination, with the exception of completing the items for ‘withdrawal’ and ‘autonomic abnormality’, which may be based upon either observed behavior and/or chart documentation.
- Rate items only if well defined. If uncertain, rate the item as ‘0’.

Procedure:	Examines:
1. Observe patient while trying to engage in a conversation.	Activity level, abnormal movements, abnormal speech
2. Examiner scratches head in exaggerated manner.	Echopraxia
3. Examine arm for cogwheeling. Attempt to reposition, instructing patient to “keep your arm loose”. Move arm with alternating lighter and heavier force.	Rigidity, Negativism, Waxy Flexibility
4. Ask patient to extend arm. Place one finger beneath hand and try to raise slowly after stating, “DO NOT let me raise your arm”.	Passive obedience
5. Extend hand stating, “DO NOT shake my hand”.	Ambitendence
6. Reach into your pocket and state, “Stick out your tongue, I want to stick a pin in it.”	Automatic Obedience
7. Examine for the grasp reflex.	Grasp Reflex
8. Examine the patient’s chart for oral intake, vital signs, and unusual incidents.	
9. Observe the patient indirectly for a brief period each day.	