Somatic treatment of catatonia
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Authors' objectives
To review the recent literature regarding the treatment of catatonia as a syndrome of multiple aetiologies.

Searching
The PaperChase medical literature system was searched for articles published between Jan 1985 and Dec 1994, and references from identified articles were examined.

Study selection
Study designs of evaluations included in the review
Case report and case-series that were written in English, and in which the reported symptoms met the American Psychiatric Association DSM-IV criteria for catatonia, were included.

Specific interventions included in the review
Benzodiazepines (e.g., lorazepam, diazepam, clonazepam, midazolam, clorazepate), electroconvulsive therapy (ECT), antipsychotics.

Participants included in the review
Patients with catatonic syndrome were included.

Outcomes assessed in the review
Response to treatment was based on the original authors' clinical description of the change in catatonic symptoms. Complete response means resolution of catatonic symptoms, but not necessarily the underlying pathology.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the authors performed the selection.

Assessment of study quality
The authors do not state that they assessed validity.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the authors performed the data extraction.

Methods of synthesis
How were the studies combined?
The studies were combined by a narrative overview with descriptive statistics (percentage of complete resolution).

How were differences between studies investigated?
Differences between the studies were investigated in a narrative description.

Results of the review
Seventy case reports or case-series including a total of 270 treatment episodes in 178 patients, were included.
Benzodiazepine alone was the most commonly reported treatment for catatonia, with a complete resolution rate of 70%. The complete resolution rate was 85% after treatment with ECT and only 7.5% with antipsychotics alone.

**Authors’ conclusions**

Catatonia is a non-specific syndrome with multiple aetiologies. Treatment of catatonia should be based on the underlying cause when it is identifiable. Lorazepam appears to offer a safe, effective first-line treatment of catatonia. ECT should be considered when rapid resolution is necessary (e.g. malignant catatonia) or when an initial lorazepam trial fails.

**CRD commentary**

The conclusions should be interpreted with great caution because of several weaknesses such as poor quality of literature, potential publication bias, retrospective application of criteria for catatonia and response to treatment. Well-designed controlled trials are needed to compare various therapeutic agents.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.