

## *Letter to the Editor*

# Presentation of Catatonia in Mood Disorder vs. Schizophrenia

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Catatonia, a syndrome of motor deregulation, is a well-recognized entity presenting in nearly 7% to 15% of acute psychiatric inpatients (Fink and Taylor, 2006). It is known to occur in various disorders with mood, psychotic and medical disorders being the most common causes (Takata *et al.*, 2005; Fink and Taylor, 2003). Nearly 30 presentations have been described in catatonia (Bush *et al.*, 1996a; Fink and Taylor, 2003) although the presentations across the various diagnoses are not clear. This report presents the symptomatology of Catatonia between Mood Disorder and Schizophrenia.

Consecutive patients attending adult psychiatry outpatient clinic were screened on Stony Brook Catatonia Screening Instrument (Bush *et al.*, 1996b). Screen positive subjects diagnosed as Mood Disorder (either major depression or bipolar disorders) and Schizophrenia on Structured Clinical Interview for DSM-IV Axis-I disorder (First *et al.*, 2002) were assessed for the phenomenology of catatonic symptoms on Stony Brook Catatonia Rating Scale (BFCRS) (Bush *et al.*, 1996b). After screening 511 patients (52 of Schizophrenia and 459 of Mood Disorder), five schizophrenic patients with catatonia and six mood disorder patients with catatonia were obtained. On comparison, both types of catatonic patients did not differ in terms of age, gender and total duration of illness. The retarded symptoms of catatonia (withdrawal, stupor, mutism, posturing and negativism) were the most commonly observed catatonic features in both the categories. However, the excited features (excitement and echolalia/echopraxia) were observed only in patients with mood disorder. Independent samples t-test did not reveal any difference in mean score of total items and number of items of BFCRS. Multinomial Regression analysis did not reveal association of any particular catatonic symptom with mood disorder or Schizophrenia. The small sample size had

limited the statistical outcome of this study that can be overcome by studying a larger sample.

To recapitulate, the phenomenology and demography of catatonia does not vary between the two diagnoses. Therefore, taking our limitations, it may be proposed that catatonia has an independent psychopathology, which is unrelated to the underlying psychiatric diagnosis. This finding justifies the argument of researchers for providing Catatonia an independent syndromal category in future editions of Psychiatric classifications (Fink and Taylor, 2006).

## References

- Bush G, Fink M, Petrides G, Dowling F, Francis A: Catatonia, I: rating scale and standardized examination. *Acta Psychiatr Scand* 1996a; 93:129–136.
- Bush G, Fink M, Petrides G, Dowling F, Francis A: Catatonia, II: treatment with lorazepam and electroconvulsive therapy. *Acta Psychiatr Scand* 1996b; 93:137–143.
- Fink M, Taylor MA: Catatonia: subtype of syndrome DSM (editorial). *Am J Psychiatry* 2006; 163:1875–1876.
- Fink M. and Taylor M.A. (2003). *Catatonia: A Clinician's Guide to Diagnosis and Treatment*. New York: Cambridge University Press, 147-169.
- First MB, Spitzer RL, Gibbon M, et al. *Structured Clinical Interview for DSM-IV-TR Axis I Disorders, Research Version, Patient Edition*. (SCID-I/P). New

York (NY): New York State Psychiatric Institute;  
2002.

Takata T., Takaoka K. and Fujigaki M. (2005) Catatonia in  
the elderly: a review. *Int J Psychiatry Clin Prac*, 9(4),  
230-237.