



What Internists and Neurologists Know and Think About Catatonia

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Introduction

- ❖ Catatonia is a potentially life-threatening neuropsychiatric syndrome that is widely underdiagnosed.¹
- ❖ Clinicians who encounter patients with catatonia must be aware of its clinical features to ensure prompt recognition and treatment planning.
- ❖ Roughly half of catatonia in the acute medical setting is due to an underlying medical or neurological condition.²
- ❖ Acute care practitioners in internal medicine and neurology are often the first clinicians to encounter patients with catatonia.

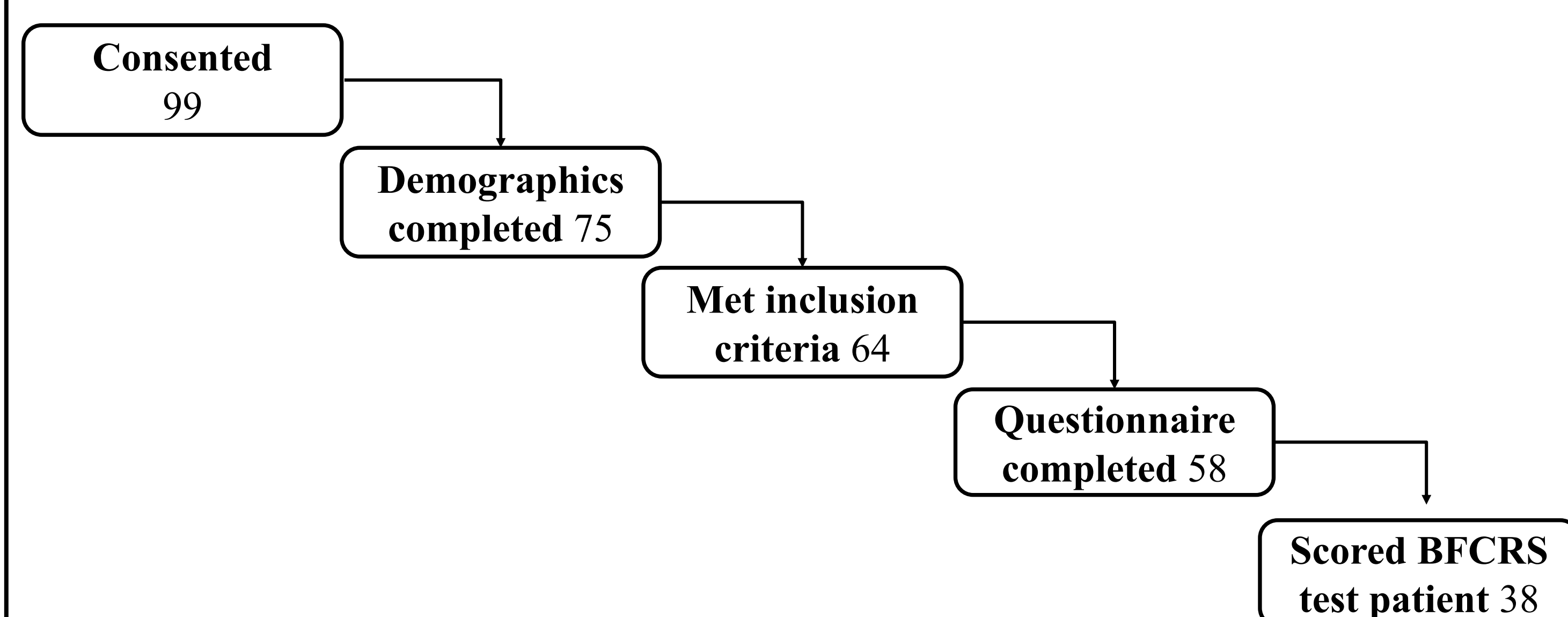
Goals

- ❖ Survey what internists and neurologists know/think about catatonia.
- ❖ Raise catatonia awareness among internists and neurologists.
- ❖ Inform future educational campaigns across specialties.

Methods

- ❖ Online study divided into 2 parts
 - 1. Pre-learning module**
 - ❖ Catatonia Experience, Impressions, and Applications Questionnaire → yields separate knowledge score and attitudes assessment.
 - ❖ Standardized test patient scoring with the Bush Francis Catatonia Rating Scale (BFCRS).
 - 2. Learning module (30 minutes)**
- ❖ Recruitment
 - ❖ X/Twitter, Academic society newsletters and message boards.
 - ❖ Enriched by snowballing.
- ❖ Inclusion criteria: Self-identified residents, fellows, attendings, and advanced practice providers in internal medicine and neurology.
- ❖ Analysis
 - ❖ Characterize the sample.
 - ❖ Evaluate whether knowledge scores and BFCRS test patient scores were associated with participant characteristics.
 - ❖ Evaluate association between responses on attitudes assessments and likelihood of completing subsequent study modules.
 - ❖ Compare BFCRS test patient scores from current study participants with scores from psychiatry clinicians in a prior study.³

Figure 1: Participant Attrition



Results

- ❖ Most participants were attendings (74%), neurologists (66%), and within their first 15 years of practice (66%) (**Table 1**)
- ❖ **Knowledge scores**
 - ❖ Mean correct (SD): 11 ± 2 (82%) out of a possible 13 points
 - ❖ Performance **did not differ** based on specialty, stage of training, gender, age range, or years in practice
- ❖ **Attitudes assessment**
 - ❖ 56 (97%) agreed, "Practitioners in my specialty need to know about catatonia."
 - ❖ 54 (93%) agreed, "It would be beneficial for my practice to receive more training on catatonia."

Table 1: Sample Characteristics

Demographics	Demographics completed (n = 64)	Questionnaire completed (n = 58)	Scored BFCRS Test Patient (n = 38)
Stage of training			
Resident	9 (14%)	9 (16%)	5 (13%)
Fellow	1 (2%)	1 (2%)	1 (3%)
Attending	49 (77%)	43 (74%)	28 (74%)
PA or NP	5 (8%)	5 (9%)	4 (11%)
Specialty			
Neurology	41 (64%)	38 (66%)	27 (71%)
Internal medicine	23 (36%)	20 (35%)	11 (29%)
Years in practice			
0-5	36 (56%)	30 (52%)	22 (58%)
6-10	13 (20%)	0	6 (16%)
11-15	8 (13%)	8 (14%)	5 (13%)
16-20	3 (5%)	3 (5%)	2 (5%)
21-25	1 (2%)	1 (2%)	0
>25	3 (5%)	16 (27%)	3 (8%)
Age range			
26-30	10 (16%)	9 (16%)	6 (16%)
31-40	33 (52%)	28 (48%)	18 (48%)
41-50	16 (25%)	16 (27%)	9 (24%)
51-60	2 (3%)	2 (3%)	2 (5%)
61-70	3 (5%)	3 (5%)	3 (8%)
Woman	40 (63%)	36 (62%)	24 (63%)

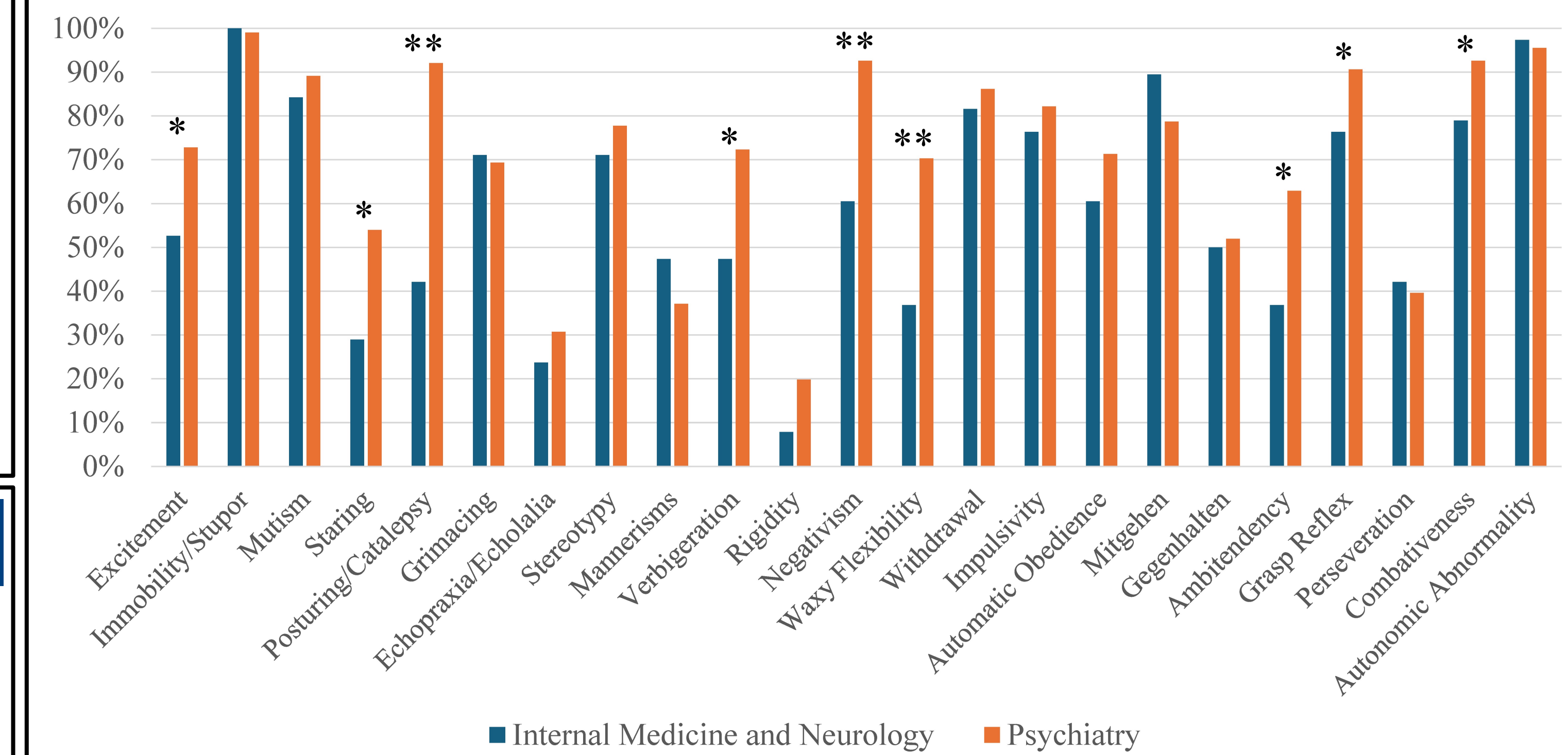
Results (continued)

- ❖ Participant attrition (**Figure 1**)
- ❖ Attitudes assessment
 - ❖ Likert-scaled responses **were not associated** with likelihood of completing the next module.
- ❖ BFCRS test patient scores
 - ❖ Mean correct (SD): 13.6 ± 2.6 (59%) out of a possible 23 points.
 - ❖ Performance **did not differ** based on specialty, stage of training, gender, age range, or years in practice.
 - ❖ The current cohort identified fewer items correct than a prior psychiatry cohort³ (vs. 16.3, $p < 0.001$; **Figure 2**).

Disclosures

- ❖ The authors report no conflicts of interest.
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Figure 2: Percent correct on each item of the BFCRS, stratified by study cohort



* p -value < 0.05, ** p -value < 0.001

Conclusions

- ❖ We identified gaps in catatonia-related knowledge among neurologists and internists.
 - ❖ Most participants did correctly identify medical sequelae and first-line treatment of catatonia.
 - ❖ Only half (53%) of participants correctly identified what proportion of catatonia has a secondary (medical or neurological) cause.
 - ❖ Catatonia knowledge scores did not vary by participant stage of training, specialty, or years in practice.
 - ❖ Psychiatry practitioners appear to be more accurate at identifying catatonia than practitioners in internal medicine or neurology.
- ❖ The low participation rate and high attrition, despite widespread affirmation by participants of catatonia's importance to their specialty, likely reflects attitudes about catatonia.
- ❖ Our results call for broader education on catatonia recognition and greater awareness of catatonia across specialties.

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