Periodic catatonia and the systematic catatonias
psychopathology and differential diagnosis
according to the Wernicke–Kleist–Leonhard–School

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| **C. Wernicke** (1848–1905) | „Grundriß der Psychiatrie“ (1900) Betonung der akuten, ausheilenden Formen von Psychosen (Angstpsychose; agitierte Verwirrtheit/Amentia; akinetisch–hyperkinetische Motilitätspsychose) chronische Formen: paranoische Zustände, Heboid, Katatonien Sejunktionstheorie |
## Basic diagnostic differences between ICD–10/DSM–5 and Leonhard’s classification

<table>
<thead>
<tr>
<th>DSM–5 / ICD–10</th>
<th>Leonhard’s classification</th>
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<tbody>
<tr>
<td>Diagnosis is made by the appearance of a minimum number of symptoms from a given symptom–catalogue which have to exist over a given period of time („Chinese menu algorithm“)</td>
<td>Diagnosis is made by the evidence of characteristic symptom constellations (specific symptoms form characteristic syndromes), which run a typical course (prognosis)</td>
</tr>
</tbody>
</table>
Diagnostic Criteria for Schizophrenia, Catatonic Type
(DSM-IV 295.20; ICD-10 F20.2)

Presence of characteristic psychotic symptoms in the active phase for at least 1 week:
A  (1) delusions/prominent hallucinations/incoherence/catatonic behavior/flat or inappropriate affect; (2) bizarre delusions; (3) prominent hallucinations
B  functioning is markedly below the highest level achieved

Catatonia: The clinical picture is dominated by any of the following:

1. Motoric immobility as evidenced by catalepsy (including waxy flexibility) or stupor
2. Excessive motor activity (that is apparently purposeless and not influenced by external stimuli)
3. Extreme negativism (an apparently motiveless resistance to all instructions or maintenance of rigid posture against attempts to be moved) or mutism
4. Peculiarities of voluntary movement as evidenced by posturing (voluntary assumption of inappropriate or bizarre postures), stereotyped movements, prominent mannerisms*, or prominent grimacing*
5. Echolalia* or echopraxia*

* not included in ICD-10
* not included in DSM-IV: verbal perseveration, automatic obedience
Proposed Diagnostic Criteria for Catatonia
(Fink & Taylor 2003)

Immobility, mutism, or stupor of at least 1 hour’s duration, associated with at least one of the following: catalepsy, automatic obedience, or posturing, observed or elicited on two or more occasions

B. In the absence of immobility, mutism, or stupor, at least two of the following, which can be observed or elicited on two or more occasions: stereotypy, echophenomena, catalepsy, automatic obedience, posturing, negativism, Gegenhalten, ambitendency
Essential psychopathological levels for differentiated diagnosis of schizophrenia subtypes

**affectivity**
- „mood“ (elevated/depressed)
- „quality of affect“ (e.g. blunting of affect)

**thought**
- formal
  -- stream of thought
  -- coherence of thought/speech
- thought content

**(psycho)-motility**
- quantitative (hyper-/akinetetic)
- qualitative
  -- simple movement pattern
  -- complex motor pattern

**perception**
- qualitative
  -- hallucinations without disturbance of consciousness
Leonhard’s classification of the schizophrenic psychoses

<table>
<thead>
<tr>
<th>Psychomotility</th>
<th>Affectivity</th>
<th>Thought</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycloid psychoses</td>
<td>Motility</td>
<td>Anxiety-ecstasy psychosis</td>
</tr>
<tr>
<td></td>
<td>Psychosis</td>
<td>Confusion psychosis</td>
</tr>
<tr>
<td></td>
<td>Good prognosis</td>
<td></td>
</tr>
<tr>
<td>Unsystematic</td>
<td>Periodic catatonia</td>
<td>Affect-laden paraphrenia</td>
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<tr>
<td>Schizophrenias</td>
<td></td>
<td>Cataphasia</td>
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<tr>
<td></td>
<td>Poor prognosis</td>
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<tr>
<td>Systematic</td>
<td>Systematic catatonias</td>
<td>Hebephrenias</td>
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<tr>
<td>Schizophrenias</td>
<td></td>
<td>Systematic paraphrenias</td>
</tr>
</tbody>
</table>

Leonhard’s classification of the schizophrenic psychoses
Disturbances of psychomotor behaviour I

Iteration
simply composed, repetitive movements repeated in the same way, without goal-oriented behaviour or expressive character

Stereotypy
recurrent, not goal-directed, limited movements carried out in a uniform way

Mannerism
complex motor patterns triggered by external stimuli rituals and habits involving certain sequences of movements resembling obsessive and compulsive phenomena but lacking fearful worries (affective link) recurrent, static, unvaried, un-changing motor behaviour in a stiff way movement mannerisms („Bewegungsmanieren“) movement omissions („Unterlassungsmanieren“)
Disturbances of psychomotor behaviour II

Parakinesia / Grimacing
distorted, disharmonious reactive and expressive movements
absence of fluidity or loss of harmonious gestures and facial
expression merging into each other
jerky, intermingled movements, incongruent to affect
stiff or choppy movements, abrupt movements in a stiff motion
sequence

Psychomotor negativism
active resistance with characteristic opposite trend (ambitendency),
e.g. alternating between desire and aversion;
e.g. head looks in another direction than would be expected from
the body‘s stance
motiveless resistance not related to anxiety or delusions

Proskinesis
abnormal tendency to turn towards the examiner and to begin with
automatic movements as a result of external stimuli
(„Anstoßautomatie“, „Gegengreifen“, „Mitgehen“)
Disturbances of (psycho-)motor behaviour III

Tardive dyskinesia
involuntary movements of tongue, jaw, trunk or extremities
spasmodic with subjective impairment (in relation to antipsychotic medication); different patterns:
  • choreiform (rapid, jerky, nonrepetitive)
  • athetoid (slow, sinuous, continual)
  • rhythmic (stereotypes)

Tics
brief, sudden, simple composed, repetitive movements
spasmodic motor movements
temporarily suppressible and preceded by a premonitory urge
Psychoses of the psychomotor sphere

- Quantitative disturbances:
  - Hyperkinetic-akinetic motility psychosis

- Qualitative disturbances ("true" catatonias):
  - Periodic catatonia
  - Systematic catatonias
Clinical symptomatology of diseases of the psychomotor sphere

<table>
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<tr>
<th>motility psychosis</th>
<th>periodic catatonia</th>
<th>systematic catatonias</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>bipolar phasic</strong></td>
<td><strong>bipolar with residual syndrome</strong></td>
<td><strong>chronic progressive</strong></td>
</tr>
<tr>
<td>hyperkinesia: restlessness with increase in expressive and reactive movements</td>
<td>hyperkinesia with akinetic traits: parakinesia, restlessness with stiff motor activity, stereotypies, grimacing</td>
<td>distinct subtypes involvement of discrete functional psychic units „Symptomenkomplexe“</td>
</tr>
<tr>
<td>akinesia: rigid posture and rigid facial expression disappearance of reactive movements</td>
<td>akinesia with hyperkinetic traits: uniform movements, iterations, stereotypies, bizarre postures, perseveration stupor with negativism</td>
<td>Parakinetische Manneristische Proskinetische Catatonia Negativistische Speech–prompt Sluggish, speech–inactive</td>
</tr>
<tr>
<td>accessoric symptoms: incoherent speech/mutism hallucinations/delusions</td>
<td>periodic onset; episodes of worsening in the course apathy, stiff movements, isolated stereotypes, or grimacing; residual state of varying severity</td>
<td>gradual beginning chronic course without remission, stable symptomatology, refractory to treatment</td>
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<tr>
<td>full remission after each episode</td>
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Periodic catatonia

central syndrome
qualitative psychomotor disturbances

**hyperkinetic pole**
- hyperkinesia with akinetic traits
- psychomotor excitement and restlessness with iterations, stereotypes
- parakinesia, facial grimacing
- distorted movements
- impulsive actions

**mixed states**

**akinetic pole**
- akinesia with hyperkinetic traits
- stupor with negativism
- stiff motor activity
- bizarre, stereotype postures
- uniform movements
- perseveration

intermittent, bipolar course with accessory hallucinations and delusions

characteristic catatonic residual syndrome with psychomotor weakness of expressive movements, isolated stereotypes, grimacing facial movements, disharmoniously stiff or parakinetic movements and diminished incentive
Periodic catatonia

therapeutic strategies

hyperkinetic episodes
  (depending on the level of agitation and irritability)
  higher potency antipsychotics (and sedative drugs)

akinesia with negativism
  benzodiazepines and/or higher potency antipsychotics in low doses
  antidepressant drugs
  electroconvulsive therapy

Maintenance therapy of persistent symptoms
  cave: enhancement of psychomotor inhibition / akinesia
  improvement of drive and motivation

  antidepressant drugs
  clozapine or 2nd generation antipsychotic drugs
  reduction of dosages
Periodic catatonia: differential diagnoses

manic–depressive disease

cycloid psychoses
   anxiety–happiness psychoses
   hyperkinetic–akineti motility psychosis

unsystematic schizophrenias
   cataphasia, severely inhibited or excited episodes

systematic catatonias
   parakinetic catatonia
   manneristic catatonia
   negativistic catatonia

hebephrenias
   eccentric hebephrenia
   autistic hebephrenia
Systematic schizophrenias: general criteria

typically: onset is often gradual and turns to a chronic course without stable remissions (no phasic or periodic course)

in the beginning often unspecific, so-called accessory symptoms appear (epiphenomena), e.g. depressive or euphoric mood swings, short-time delusional symptoms or hallucinations, which disappear and are replaced by the developing characteristic residual syndrome

clinically sharply distinguished symptom constellations: not only a combination of symptoms, but distinct and autonomous syndromes

development of sharply defined, stable and irreversible residual syndromes („Defektsyndrome“), which can be reliably demonstrated in each examination in their specific symptom constellation

refractory to antipsychotic treatment

specific disturbances of affectivity, thought, psychomotor behaviour as well as perception as breakdown of higher psychic systems

=> systematic schizophrenias
<table>
<thead>
<tr>
<th>Clinical subtype</th>
<th>Characteristic syndrome</th>
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<tbody>
<tr>
<td>Parakinetic Catatonia</td>
<td>parakinesis, bizarre expressive and reactive movements, agrammatical sentences, jumpiness of thought</td>
</tr>
<tr>
<td>Manneristic Catatonia</td>
<td>mannerisms within complex movements and/or omissions, progressive stiffness of psychomotor activity</td>
</tr>
<tr>
<td>Proskinetic Catatonia</td>
<td>proskinesis (&quot;Mitgehen, Gegengreifen&quot;), murmuring with verbigeration</td>
</tr>
<tr>
<td>Negativistic Catatonia</td>
<td>psychomotor negativism, ambitendency</td>
</tr>
<tr>
<td>Speech–prompt Catatonia</td>
<td>empty, meaningless facial expression, autism, short-circuiting of speech, talking–past–the–point (&quot;Vorbeireden&quot;)</td>
</tr>
<tr>
<td>Sluggish Catatonia</td>
<td>extremely extinguished initiative with sluggish verbalizations, continuous hallucinations with distracted facial expression</td>
</tr>
</tbody>
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### Frequencies of systematic catatonia subphenotypes

<table>
<thead>
<tr>
<th>Subphenotype</th>
<th>Stöber et al. 1996 N=56</th>
<th>Leonhard 1986 N=206</th>
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</thead>
<tbody>
<tr>
<td>Simple systematic catatonias</td>
<td>32 (57.1%)</td>
<td>130 (63%)</td>
</tr>
<tr>
<td>Parakinetic catatonia</td>
<td>5 (8.9%)</td>
<td>29 (14%)</td>
</tr>
<tr>
<td>Manneristic catatonia</td>
<td>11 (19.6%)</td>
<td>36 (17.5%)</td>
</tr>
<tr>
<td>Proskinetic catatonia</td>
<td>2 (3.6%)</td>
<td>16 (7.8%)</td>
</tr>
<tr>
<td>Negativistic catatonia</td>
<td>6 (10.7%)</td>
<td>12 (5.8%)</td>
</tr>
<tr>
<td>Speech-prompt catatonia</td>
<td>2 (3.6%)</td>
<td>15 (7.3%)</td>
</tr>
<tr>
<td>Sluggish catatonia</td>
<td>6 (10.7%)</td>
<td>22 (10.7%)</td>
</tr>
<tr>
<td>Combined systematic catatonias</td>
<td>24 (42.9%)</td>
<td>76 (37%)</td>
</tr>
<tr>
<td>Speech-prompt-parakinetic catatonia</td>
<td>0 (0%)</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Speech-prompt-proskinetic catatonia</td>
<td>0 (0%)</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Speech-prompt-manneristic catatonia</td>
<td>1 (1.8%)</td>
<td>8 (3.9%)</td>
</tr>
<tr>
<td>Speech-prompt-negativistic catatonia</td>
<td>2 (3.6%)</td>
<td>7 (3.4%)</td>
</tr>
<tr>
<td>Speech-prompt-sluggish catatonia</td>
<td>4 (7.1%)</td>
<td>5 (2.4%)</td>
</tr>
<tr>
<td>Sluggish-proskinetic catatonia</td>
<td>2 (3.6%)</td>
<td>7 (3.4%)</td>
</tr>
<tr>
<td>Sluggish-parakinetic catatonia</td>
<td>2 (3.6%)</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Sluggish-negativistic catatonia</td>
<td>3 (5.4%)</td>
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<td>3 (5.4%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Parakinetic-manneristic catatonia</td>
<td>1 (1.8%)</td>
<td>2 (1%)</td>
</tr>
</tbody>
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Parakinetic Catatonia

prominent parakinesis: with gradual beginning, pseudo–expressive movements, bizarre expressive and reactive movements, choppy, jerky movements

parakinesis: grotesque distortion of a variety of gestures of threat, greeting, astonishment, love, and of facial expressions of thinking, testing, coquetting, exaggerated laughter (grimacing)

movements seem to have a purpose, but intermittent movements disturb the fluidity of the normal movement, „foolish, eccentric“ movements

stimulation increases briskness of parakinetin restlessness and reactive, pseudo–reactive, parakinetin movements

thought disorder: jumpiness of thought, short sentences, appropriate remarks go along with nonsensical digressions

unmodulated articulation, abrupt verbalization

cheerfulness, carefree mood

erratic drive, diminished incentive
Parakinetic Catatonia

differential diagnoses

acute, gross parakinetic excitement in periodic catatonia

Chorea Huntington
Manneristic Catatonia

acceptance of the obsessions and compulsions, increasing impoverishment of involuntary movements, rigidity of posture and movements

movement mannerisms, omission mannerisms stiff positions and stiff facial expression relatively preserved affectivity no prominent thought disorder; alogical thinking

treatment of choice: modified behaviour therapy continuous training of activity to reduce mannerisms and to avoid omissions (prompting!)

work therapy and occupational therapy remissions do not occur
Manneristic Catatonia II

Complete picture:
stiff and „wooden“ psychomotility (gait and facial expression)

movement mannerisms:
  stereotyped kneeling, touching the floor, touching objects
  or other patients, turning the body before passing through a
  door, pushing rocks and papers off the side walk
peculiarities when eating: holding a spoon in an odd manner, putting the fork down after every bite
peculiarities when visiting the toilet / washing room:
repetitive tooth brushing, scrubbing up, towelling himself
(frequently procedure takes hours)

movement omissions:
refusing certain food, refusing all food intake, mutism,
refusing body hygiene, standing on a fixed place
Manneristic Catatonia

differential diagnoses

obsessive-compulsive disorder (in the beginning)
anancastic personality disorder
anancastic type of depression
periodic catatonia
eccentric hebephrenia
Parkinsonism
Proskinetic Catatonia

proskinesis: abnormal tendency to turn towards the examiner and to begin with automatic movements as a result of external stimuli; purposeless handling with objects, rubbing the hands, plucking at the clothes, rubbing the thigh

if addressed they always look up, turn their head to the interviewer, left alone they sit around motionless

impulse–automatism („Anstoßautomatie“) with contra–suggestions going with reactions („Mitgehen“)
responsive grasping („Gegengreifen“)

verbigeration: when being addressed the patient begins to speak in an undertone and further stimulation causes mumbling with verbigerations of isolated words or phrases („mumbling sounds“) stereotyped repetitions of certain expressions in short sentences

stiff movements, reduced facial expression
lack of initiative, severe affective flattening
Proskinetetic Catatonia

differential diagnoses

periodic catatonia
parakinetic catatonia
hebephrenias
whispering to auditory hallucinations
Negativistic Catatonia

negativism: psychomotor tendency to resist, forceful turning away without anxious or paranoid ideas

ambitendency: if approached in a gentle, friendly manner, the patient is equally attracted by attention and avoidance;

with the head half turned to the observer while the body remains fixed

if examined brusquely and attempts are made to overcome their negativism by force, severe excitement occurs

in the beginning: failure to carry out instructions or to answer questions (omissions), if approached they look indifferently to the side

posture: tendency to sit in a peculiarly contorted manner with the upper body at an awkward angle to the legs, the head turned in yet another direction, and one shoulder pulled up

impulse–automatism (Mitgehen, Gegengreifen)

general lack of contact, stiff movements

affective blunting with lack of initiative, impulse actions with aggressiveness
Negativistic Catatonia

differential diagnoses
personality traits with reluctance, refusal of carrying out orders (in the beginning)

periodic catatonia
autistic hebephrenia
Speech-prompt Catatonia

absence of normal speech (no talkativeness or loquacity!): replies only when a relevant stimulus comes from outside
short, non-grammatical answers to questions
talking past the point („Vorbeireden“): abnormal readiness to say what is immediately present in the mind, even to senseless questions (provoked by specific question-and-answer games)
short-circuiting of speech („Sprechbereitschaft“): quick and premature answers when spoken to
often sitting around mute, rarely start with communication, but if addressed they give short, prompt, but often incorrect answers (depending on the formulation of the question; echologism)
empty, meaningless facial expression, lack of gestures
severe autism
stiff movements, loss of initiative
Speech-prompt Catatonia

differential diagnoses
term: „talking past the point“ („Vorbeireden“)
in contrast to digressive answers in confused patients due to disturbed perception, speaking on themes not relevant to the question

negativistic catatonia
proskinetic catatonia

autistic hebephrenia
Sluggish Catatonia

*completely extinguished initiative, all motor reactions are slowed down*

*posture: sitting bent forward, motionless for hours*

*impoverishment of facial expression, inwardly directed facial expression*

*sluggish verbalizations, increasing taciturnity, distracted by continuous hallucinations on all sensorial areas, looking around distractedly and move their lips in whispers, respond to the hallucinations, and not to the questions, incoherence of thought*

*mostly totally unapproachable, oblivious to all external stimuli*

*continuously changing hallucinations with visual, auditory and somatic experiences; in the beginning reports on fantastic ideas, short confabulations*

*short periods of hallucinatory excitement (hours)*
Sluggish Catatonia

differential diagnoses

stupor
cataphasia
incoherent paraphrenia
Sluggish Catatonia
Quantitative F-18-Fluor-Deoxy-Glucose PET
(Patient B.A. Hypermetabolism of the visual association-cortex)
Sluggish Catatonia
Quantitative F-18-Fluor-Deoxy-Glucose PET
(Patient B.A. Hypometabolism of the dorsolateral prefrontal cortex)
### Ausfall Willenskräfte bei systematischen Katatonien

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<th>Ausfall der Willenskraft der Einschaltung</th>
<th>parakinetische Katatonie</th>
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<tr>
<td>Ausfall der Willenskraft der Abschaltung</td>
<td>manierierte Katatonie</td>
</tr>
<tr>
<td>Enthemmung der negativen Willenskraft der Auswahl</td>
<td>sprechbereite Katatonie</td>
</tr>
<tr>
<td>Ausfall der negativen Willenskraft der Auswahl</td>
<td>sprachträge Katatonie</td>
</tr>
<tr>
<td>Ausfall der Willenskraft der Sperrung</td>
<td>proskinetische Katatonie</td>
</tr>
<tr>
<td>Enthemmung der Willenskraft der Sperrung</td>
<td>negativistische Katatonie</td>
</tr>
</tbody>
</table>
Ausfall logischer Kräfte und Ausfall der Gefühlskräfte von Bewußtseinseinengung/–ausweitung bei systematischen Paraphrenien

<table>
<thead>
<tr>
<th>positive Urteilskraft der Beziehung</th>
<th>inkohärente Paraphrenie</th>
</tr>
</thead>
<tbody>
<tr>
<td>negative Urteilskraft der Beziehung</td>
<td>phantastische Paraphrenie</td>
</tr>
<tr>
<td>positive Urteilskraft der Unterscheidung</td>
<td>expansive Paraphrenie</td>
</tr>
<tr>
<td>negative Urteilskraft der Unterscheidung</td>
<td>phonemische Paraphrenie</td>
</tr>
<tr>
<td>Gefühlskraft der Bewußtseinseinengung</td>
<td>hypochondrische Paraphrenie</td>
</tr>
<tr>
<td>Gefühlskraft der Bewußtseinsausweitung</td>
<td>konfabulatorische Paraphrenie</td>
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Ausfall der Kräfte der Gefühlsvermittlung und der Willensbildung bei Hebephrenien

<table>
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<tr>
<th>Ausfall der positiven Kraft der Gefühlsvermittlung</th>
<th>läppische Hebephrenie</th>
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<tr>
<td>Ausfall der negativen Kraft der Gefühlsvermittlung</td>
<td>flache Hebephrenie</td>
</tr>
<tr>
<td>Ausfall der Kraft der Spannung</td>
<td>autistische Hebephrenie</td>
</tr>
<tr>
<td>Ausfall der Kraft der Entspannung</td>
<td>verschrobene Hebephrenie</td>
</tr>
</tbody>
</table>
Sluggish-proskenetic Catatonia

**sluggish-distracted component:**
- continuous hallucinations (visual and somatic, predominantly auditory)
- fantastic ideas, short confabulations
- during examination repeatedly distracted by hallucinations (distracted eye movements, move their lips, respond to the hallucinations)

**proskinetetic component:**
- proskinesis: abnormal automatic movements on external stimuli, stereotyped repetitions
- impulse-automatism despite contra-suggestions
- speaking in a soft voice with no modulation

**New symptoms compared to the simple forms:**
- increase of repetitive movements, handling with objects
- increased drive of speech, lack of verbigerations
- report on hallucinations, reduced thought disorder
Sluggish-negativistic Catatonia

sluggish-distracted component:
• continuous hallucinations (predominantly auditory), whisper with their voices, move their lips, facial expression related to hallucinations, severely distracted by hallucinations
• sluggish movements
• affective blunting, completely extinguished initiative

negativistic component:
• psychomotor negativism with resistance and ambitendency: sit in a peculiarly contorted manner, impulse-automatism despite contra-suggestions
• impulsive, negativistic excitement

New symptoms compared to the simple forms:
• give no response to questions, barely face the examiner, spoken to they pay attention only for a short period
• uncommunicative, withdrawn facial expression, animated only in reference to their hallucinations
• uniform repetitive movements, iterations, proskinetetic hand movements carried out with little energy
Medical treatment of systematic catatonias

in general: there exist no type-specific treatments

acute and maintenance treatment

• characteristic symptomatology is not suppressed or resolved

• treatment of dysphoric resentments with antidepressant and/or anxiolytic and/or antipsychotic drugs

• negativistic or hallucinatory excitement with antipsychotic drugs

• manneristic omissions with antipsychotic drugs and/or ECT

• work therapy and occupational therapy
Die Spannweite affektiver Veränderungen bei endogenen Psychosen