Catatonia in Autism

For families and support staff



What is catatonia?

The brain uses tiny chemical messengers to pass signals from one nerve cell to the next. These messengers are called neurotransmitters. Two of them matter most in catatonia: glutamate and GABA.

- Glutamate speeds nerve cells up. It works like a fire alarm that gets everyone running.
- GABA slows nerve cells down.



Most of the time they work as a team, and the brain runs smoothly. In catatonia, the brain makes less GABA, and we do not fully know why. Glutamate then takes over.

Picture a city where every traffic light turns green at once. At first, cars zoom down the main roads. The side streets cannot move at all. Soon every street is jammed, and nothing moves. The same kind of jam happens in the brain.

What does it look like?

Catatonia often starts with a lot of movement that has no purpose. The person may seem restless or upset, and may do more stimming than usual. They may get stuck on one idea or one activity and have trouble moving on.

Everyday jobs like getting dressed and showering get harder. As catatonia gets worse, the person may:

- have trouble sleeping
- have accidents with urine
- stop wanting to eat or drink

How do providers find out?

A mental health provider diagnoses catatonia. They look at the person's past health and what is going on now. They also ask which medicines the person takes. Doctors use checklists called scales to see how likely it is that the person has catatonia.

How is it treated?

The main goal is to raise GABA in the brain. There are a few ways to do this.

Medicine. The first choice is usually a benzodiazepine. The two most common are lorazepam (Ativan) and clonazepam (Klonopin). Doctors also use these medicines as a test. If the person gets better, it was probably catatonia. The dose for catatonia is much higher than the usual dose for other problems. Even so, most people do not feel sleepy or groggy. Some people feel much better after the very first dose.

Medicines to cut back or stop. Antipsychotic medicines can make catatonia harder to treat. Examples are risperidone (Risperdal), quetiapine (Seroquel) and Lurasidone (Latuda). The doctor will tell you how to handle these medicines. Never stop a medicine without asking the doctor first.

Other medicines. Some people do not do well on benzodiazepines. Researchers are studying other medicines, and the doctor may suggest one if the research supports it.

ECT. If medicine does not work well enough, doctors may suggest ECT (electroconvulsive therapy). Many people feel scared when they hear this. ECT is safe and works well. Doctors have used it for many years.

- The person goes home the same day.
- The person is asleep the whole time and feels nothing.
- The treatment takes only seconds to a few minutes.
- The person wakes up soon after and goes home that afternoon.
- Many people are much better by the third or fourth week.
- As the person improves, treatments happen less often.

What happens next?

Doctors still have a lot to learn about catatonia, so it is hard to say if it will come back. Having it once makes it more likely to happen again. Some people only have it one time.

If it does come back, there are good ways to manage it:

- Take a low dose of a benzodiazepine for a long time.
- If the person had ECT, keep going with maintenance ECT. This can be as little as one treatment a month.

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