Catatonia in DSM-5

Catatonia 這部分是由 The DSM-5 Psychosis Workgroup 提出草稿並邀請多位相關學者提出意見達成共識後所完成 (Tandon et al., 2013; Taylor and Fink, 2003; Fink et al., 2010; Francis et al., 2011)。雖然長久以來，catatonia 狀態被認為是精神分裂症的subtype，但也會出現於情緒疾患、神經疾病及一般的內科疾病。因此 DSM-5 將此狀態提升至較高的位階來看，也希望藉此而提醒臨床工作者更能確認 catatonia 的存在，而進行更有效的治療，包括 benzodiazepines and electroconvulsive therapy (Rohland et al., 1993; Hawkins et al., 1995; Bush et al., 1996; Caroff et al., 2007)。

DSM-5 的主要改變有有一組 catatonia 的診斷標準，可能次發於 schizophrenia and major mood disorders。Other psychotic disorders, including schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, and substance-induced psychotic disorder. A new residual category of catatonia not otherwise specified will be added to allow for the rapid diagnosis and specific treatment of catatonia in severely ill patients for whom the underlying diagnosis is not immediately available. These changes should improve the consistent recognition of catatonia across the range of psychiatric disorders and facilitate its specific treatment. 因此快速分辨出是否有 catatonia 是重要的一件事。

In DSM-5, catatonia 被定義成以下12個症狀中至少有3個或3個以上的症狀，包括：

1. Catalepsy (i.e., passive induction of a posture held against gravity)
2. Waxy flexibility (i.e., slight and even resistance to positioning by examiner)
3. Stupor (no psychomotor activity; not actively relating to environment)
4. Agitation, not influenced by external stimuli
5. Mutism (i.e., no, or very little, verbal response [Note: not applicable if there is an established aphasia])
6. Negativism (i.e., opposing or not responding to instructions or external...
1. Stimuli
2. Posturing (i.e., spontaneous and active maintenance of a posture against gravity)
3. Mannerisms (i.e., odd caricature of normal actions)
4. Stereotypies (i.e., repetitive, abnormally frequent, non-goal directed movements)
5. Grimacing
6. Echolalia (i.e., mimicking another’s speech)
7. Echopraxia (i.e., mimicking another’s movements)

這分類法由 Peralta and co-workers (2001; 2010) 做 validation 也比以前的 DSM-IV criteria 容易記而 agitation 的加入可增加臨床注意但是否真有病理意義則未知。

過去學者們也將 catatonia, malignant catatonia, neuroleptic malignant syndrome 等名詞歸類在一起治療也在一起，例如大力使用 BZDs 的治療 (Fink, 1997; Lee, 2007; Francis et al., 2011; Fink, 2013)。

我也提供使用 BZDs 治療 catatonia 於精神分裂症、憂鬱症、躁鬱症、SLE、multiple sclerosis 及洗腎病人的本土資料以供參考（詳見附錄第 10 頁），匆忙之間被告知寫下這段心得，若有謬誤請不吝指教。

參考文獻：
DSM — shall we move or not?

附錄：台灣本土資料，以供進一步閱讀


