Catatonia is a puzzling neuropsychiatric entity or syndrome. During the last century it mostly has been classified as a subtype of schizophrenia. However, it has been recognized that catatonia, as a syndrome, could occur in the context of other mental and physical disorders. Therefore, DSM-5 finally acknowledged that, “Catatonia can occur in the context of several disorders, including neurodevelopmental, psychotic, bipolar, depressive disorders, and other medical conditions (eg, cerebral folate deficiency, rare autoimmune and paraneoplastic disorders). The manual does not treat catatonia as an independent class but recognizes a) catatonia associated with another mental disorder...b) catatonic disorder due to another medical condition, and, c) unspecified catatonia” (p 119). Because catatonia occurs in various settings and—contrary to some beliefs, is not rare—it could present a diagnostic and management problem for those not familiar with this syndrome/disorder. Consultation-liaison psychiatrists could be called to evaluate patients with catatonia in a medical or surgical setting, in the emergency room, nursing homes, or even at child and adolescent clinics. Brendan Carroll and David Spiegel, the editors of this small volume, gathered a group of clinicians to put together a comprehensive and useful text on catatonia. As they write, this book is not supposed to be another perfunctory review of catatonia; it also intends to bring forth some new ideas about this entity and its conceptualization.

The book consists of 10 brief chapters discussing issues such as the nosology of catatonia on the consultation-liaison service; a 100-year cohort of catatonia; the possibility that catatonia and autism spectrum disorders (ASD) share an underlying pathology; treatments of catatonia including electroconvulsive therapy (ECT); screening for catatonia in the general medical setting; detecting catatonia using nursing diagnoses; and several interesting cases of catatonia, including one in Creutzfeldt-Jakob disease.

A clinically useful chapter on catatonia on the consultation-liaison service points out that the link between catatonia and a causal medical condition might not be clear in the initial stages of clinical assessment and treatment (p 24) and that “catatonia may be difficult to differentiate from diffuse encephalopathy and non-convulsive status epilepticus” (p 25). The discussion of nosology points out that “Catatonia has been classified into two different categories: retarded and excited. The former usually includes mutism, negativism, staring, rigidity and catalepsy; while the latter presents with excitement, disorganized speech, disorientation, impulsiveness, and combativeness” (p 26). The latter form is less known and less recognized by many clinicians. This chapter also includes a brief review of available treatments—high doses of benzodiazepines (lorazepam, 6 to 20 mg/d) work in most cases (80%); ECT can relieve the rest. The authors also recommend using IV benzodiazepines (lorazepam, diazepam) or oral zolpidem for verifying the catatonia diagnosis, because these medications provide a quick relief of catatonia symptoms.

The chapter on catatonia and autism warns that using antipsychotics for treating ASD with co-occurring catatonia is problematic because of the association between antipsychotics and malignant catatonia and neuroleptic malignant syndrome. The chapter also emphasizes that “Catatonia should be considered in any patient with an ASD, of any age, when there is an obvious and
The etiology of many physical and mental illnesses is multifactorial. Psychiatry has embraced George Engel’s biopsychosocial model of illness and healing. However, for various reasons, psychiatry deals mostly with the “biopsycho” part. Yet the impact of social and environmental factors on health, wellness, and illness is unquestionable. Social factors also play an important role in the course of chronic illnesses. Some of the reasons for medicine’s and psychiatry’s lesser involvement in social aspects of illness and healing are the lack of involvement of medicine and psychiatry in social policies and lack of resources to impact social factors and determinants of illnesses. Interestingly, the social and political responsibilities of medicine have been voiced more than 100 years ago in statements attributed to the famous German pathologist Rudolf Virchow, who stated, “Medicine is a social science, and politics is nothing else but medicine on a large scale,” and that “if medicine is really to accomplish its great task, it must intervene in political and social life” (p 159).

Because the editors of this book Michael Compton and Ruth Shim felt that there is not enough attention paid to social determinants of mental illness, they put together this volume authored by experts in the area of social determinants of mental illness. The volume focuses mostly on the United States—although the topic is relevant to the entire globe—because they feel that “The United States lags behind in terms of implementing effective interventions to address the social determinants of health” (p xix). In the Preface, they emphasize, “The social determinants of mental health are largely the same as those underpinning chronic physical health conditions (eg, diabetes, hypertension, cardiovascular disease, cancer). We specifically delineate the social determinants of mental health in order to translate the existing body of literature to the mental health arena, again allowing for articulation of specific action that clinicians, policy makers and others can make” (p xx). They add, “Although numerous social risk factors have been identified and are familiar to mental health professionals, we focus instead on the more far-reaching and pervasive social determinants that have clear policy implications. For example, being unmarried, living alone and having

REFERENCE