**Book Review**

**Catatonia on the Consultation Liaison Service and Other Clinical Settings**  
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“Catatonia on the Consultation Liaison Service and Other Clinical Settings” is essential reading for physicians and other health care providers/trainees who want to better recognize and understand this intriguing neuropsychiatric syndrome. Published in January, 2015, this book is especially timely, since in the new Diagnostic and Statistical Manual of Mental Disorders (DSM-5), catatonia has been designated as a primary psychiatric disorder, most often associated with other medical or psychiatric conditions. The book offers a fresh perspective on this historically misunderstood syndrome, and suggests new screening approaches for catatonia and practical, clear treatment advice.

The book is well-organized and divided into 12 chapters. Early chapters focus on the history and classification of catatonia, and contain fascinating tidbits such as the colorful descriptions of catatonia found in Greek mythology and the Bible. Chapter 3 offers a thorough discussion of general medical conditions that can present as catatonia and includes a helpful one-page summary of anti-N-Methyl-D-Aspartate Receptor (NMDAR) encephalitis, a disorder discovered in 2007 that is accompanied by catatonia in about 70% of cases. A figure of the etiology of catatonia synthesizes the information in this chapter and serves as a medical/psychiatric guide to working up a patient with catatonia. Chapter 4 raises the question: “Are catatonia and autism spectrum disorders alternative expressions of a shared underlying pathology?” This chapter should be of special interest to clinicians, caregivers and researchers in the area of autism spectrum disorders. The next two chapters focus on medication treatment and electroconvulsive shock treatment (ECT), followed by two chapters on case reviews of catatonia. The book ends with a brief chapter proposing research on using nurses’ documentation to help detect and study catatonia.

This clear, easy-to-read book captures an impressive amount of knowledge about catatonia and should leave the reader feeling well-updated about current understanding of catatonia. References at the end of each chapter provide ample opportunity to delve more deeply into areas of particular interest. The editors’ extensive experience in consultation liaison psychiatry is reflected in the book, and their passion about the topic is somewhat contagious; the book certainly left this reader with newfound curiosity about how future advances in science, including genetics, will inform our ability to diagnose and treat this complex syndrome.

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