

Supplementary Table 1. Summary of COVID-19 associated catatonia reported in the literature

Publication	Age, sex	Premorbid	Clinical manifestation	Day of onset	Tests	Treatment	Outcome
Caan et al. ¹	43, M	None	Upper back pain & spasm, anxiety, insomnia progressed to stupor, mutism, withdrawal, staring, rigidity BFCRS 12	Day 15	CSF protein 32 mg/dL, acellular. MRI brain normal	IV lorazepam 1 mg t.d.s.	Residual psychomotor retardation & insomnia
Gouse et al. ²	Elderly, M	Schizophrenia, COPD, interstitial lung disease, DM, HPT, AF, ET	Posturing, echolalia, mutism, staring, verbigeration, stereotypy, rigidity, waxy flexibility BFCRS 18	Day 9	Ferritin 1,400 ng/mL, CRP 85 mg/L, D dimer 1,200 ng/mL	Lorazepam	Demise
Vazquez-Guevara et al. ³	43, F	None	Stupor silence, staring, apathy, slow thinking, decreased mobility, negativism, stiffness, gegenhalten sign BFCRS 19	PCR positive on day 2 admission	CRP 5.7 mg/L, CT brain normal EEG gen slow activity LP: OP 17, 16 mm ³ cell count, culture negative Limbic encephalitis panel not sent	IV MTP 1 g/day 5 days	Discharged Could walk and perform daily living activities
Zandifar and Badrfam ⁴	61, M	Schizophrenia	Auditory hallucinations, delusion, paranoia, progressing to mutism, stupor, posturing, negativism, rigidity and seizure BFCRS -	Uncertain	NA	Lorazepam	Discharged with antipsychotics
Amouri et al. ⁵	70, F	ESRF, DM, HPT, CAD, TIA, hypothyroidism	Immobility, mutism, grimacing, catalepsy, echolalia, stereotypy, rigidity, negativism, waxy flexibility, automatic obedience BFCRS 11	Day 16	Normal CT brain No CSF study	Lorazepam 0.5 mg t.d.s.	Discharged to rehabilitation facility
Deocleciano de Araujo et al. ⁶	50, M	Childhood epilepsy, mild intellectual disability	Rigidity, negativism, withdrawal, BFCRS -	Day 18	Normal CT brain CK 8,819 U/L CSF protein 55 mg/dL	Sertraline 25 mg OD, olanzapine 5 mg OD, ECT	Fully recovered
Huarcaya-Victoria et al. ⁷	23, F	None	Anxiety, insomnia, religious delusions, delusions of reference, auditory hallucinations, agitation, catalepsy, verbigeration BFCRS -	Day 3	NA	Olanzapine 15 mg OD	Discharged with olanzapine
Scheiner et al. ⁸	50, F	HPT, osteoarthritis	Stupor, mutism, staring, mundane posturing, negativism, withdrawal BFCRS 11	Day 11	NA	Lorazepam	Recovered
	50, F	Schizophrenia, CKD	Mutism, withdrawal, staring, negativism BFCRS 12	Uncertain	NA	Lorazepam	Recovered
	20s, F	Bipolar disorder	Stupor, mutism, mundane, posturing, rigidity, negativism, withdrawal, paranoia BFCRS 14	Uncertain	NA	Lorazepam	Recovered
Torrigo et al. ⁹	36, F	HPT, DM, pancreatic mass	Irritable, immobility, mutism, refusal to eat most meals, staring behavior	Day 6	MRI brain normal CSF protein 103 g/dL, white cell 6/μL, EEG slowing 6 to 7 Hz Negative NMDAR and anti Hu antibodies CSF covid PCR negative	IV MTP 1 gm for 5 d Lorazepam 2 mg Haloperidol 5 mg Diphenhydramine 50 mg	Recovered
	64, F	Roux-en-Y gastric bypass, HPT, unspecific bipolar disorder	Staring, refusing food and drink, mutism		CSF normal & negative for anti NMDA, anti LGI1, anti-GAD 65, anti gamma-Aminobutyric acid-B, anti CASPR 2, Anti AMPA-R MRI brain normal, EEG normal	Lorazepam IV MTP 1 gm for 7 days	Discharged to skilled nursing facility
Kwon et al. ¹⁰	62, F	HPT, schizoaffective, bipolar	Mutism, negativism, not responding to command BFCRS 13	Day 15	CT brain normal, MRI normal, EEG moderate diffuse cerebral dysfunction, no CSF study	1 mg lorazepam	Succumbed to massive PE

PCR, polymerase chain reaction; BFCRS, Bush-Francis catatonia rating scale; EEG, electroencephalogram; CRP, C reactive protein; LDH, lactate dehydrogenase; CK, creatine kinase; CSF, cerebrospinal fluid; NMDAR, N-methyl-D-aspartate receptor; AMPA, α -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid; MRI, magnetic resonance imaging; DM, diabetes mellitus; COPD, chronic obstructive pulmonary disease; HPT, hypertension; AF, atrial fibrillation; ET, essential tremor; ESRF, end stage renal failure; CAD, coronary artery disease; TIA, transient ischemic attack; NA: not available; MTP, methylprednisolone; OD, once daily; ECT, electroconvulsive therapy; PE, pulmonary embolism.

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