

CLINICAL COMMUNICATION — COGNITIVE PROCESSING NOTICE

For use by treating medical and allied health professionals

To Whom It May Concern,

This letter has been prepared by the treating psychologist in collaboration with the patient to assist medical professionals in understanding a specific and clinically significant cognitive phenomenon that may occur during appointments. This is not a behavioural or attitudinal concern — it is a neurologically-based response with identifiable signs and a predictable resolution.

The patient has asked that this document be provided to treating clinicians ahead of, or at the start of, appointments where cognitive demands may be high.

The pattern described in this letter is not unique to this patient. It reflects a recognised, if still emerging, research literature on cognition and mood in Stiff Person Syndrome. The most relevant findings are summarised in the sections below, and full references are provided at the end.

What Is Happening: The Glitch

This patient experiences episodes of sudden and temporary cognitive disruption during medical appointments. She refers to this herself as a 'glitch.' It is best understood as a sudden loss of working memory access — similar to a computer or device freezing mid-task.

During a glitch, the patient may:

What you may observe	What is actually happening
Falls silent mid-sentence or mid-response	Working memory access has dropped — she is buffering
Appears blank, vacant, or unresponsive	This is a neurological loading state — she is not disengaged
Gives an incomplete or incorrect answer	The correct information is there — she cannot access it in that moment
Appears high-functioning and articulate	She is highly intelligent — the glitch is invisible until it is not
Stops eye contact; appears stunned, overwhelmed, or hypervigilant; scans the room	Her system is overwhelmed and on high alert. This is part of the glitch, not agitation or disengagement.
Cannot find a word, stutters, or uses the wrong word, often without realising it	Word-finding access has dropped. She may not be aware it is happening in the moment.

The Safe Word: 'Glitching'

If the patient says the word 'glitching,' this is her signal that a glitch is occurring. She is not in distress. She is not being uncooperative. She is requesting a brief pause to allow her brain to reload. She will say the word herself if she is able to. If she cannot, her support person will pause the meeting, note what is happening, and offer support.

When she says 'glitching'...	Please do this...
She has momentarily lost access to her working memory	Say: 'Take your time — I'll wait.' Then wait quietly.
She will return — it may take 30 seconds to a few minutes	Do not repeat the question rapidly or push for an answer
She may have a support person present	If the patient signals them, allow the support person to assist briefly. The support person may also pause the meeting and help bring her back.

Why This Happens

This patient lives with a complex constellation of conditions including Stiff Person Syndrome, primary immunodeficiency, and associated neurological involvement. The cognitive disruption is not psychological avoidance or anxiety-based reluctance — it is a physiologically-driven interruption to working memory processing, often precipitated by:

Cognitive overload	Too much new information delivered too quickly, or multiple competing demands in the appointment. This includes dual-tasking or following several verbal steps at once.
Unexpected change	Deviation from the anticipated appointment structure or plan
Sensory input	Sudden sounds, movement, or environmental changes that trigger a startle response. Her Stiff Person Syndrome startle can also be set off by unexpected touch, cold, flickering lights, or lack of sleep.
Physical fatigue	Post-exertion, post-travel, or high symptom load days
Medical trauma activation	Procedures, language, or environments that activate prior medical trauma responses

She is highly self-aware of this phenomenon and has developed effective strategies to manage it. She is not asking for less information — she is asking for a brief pause when her system needs to reset.

Consistency With the Research Literature

What this patient calls a glitch maps closely onto the cognitive domains most often affected in Stiff Person Syndrome. In a case series from the Johns Hopkins Stiff Person Syndrome centre, the domains most commonly impaired were verbal learning and recall, phonemic verbal fluency, processing speed, and attention (Chan et al., 2022). These are precisely the functions a person draws on to retrieve a fact and put it into words while under pressure. Cognitive disruption of this

kind, alongside mood and anxiety symptoms, is now recognised as a feature of the condition rather than something incidental to it (Newsome & Johnson, 2022; Vlad et al., 2023).

There is a plausible biological basis for this. Stiff Person Syndrome is associated with antibodies to glutamic acid decarboxylase, which disrupt GABA signalling, a mechanism that has been linked to both cognitive impairment and mood symptoms (Chan et al., 2022). Heightened startle and task-specific anxiety in demanding situations are documented features of the condition rather than ordinary nervousness, and patients tend to experience them as realistic responses to their illness (Ameli et al., 2005). Stiff Person Syndrome is also frequently misdiagnosed and its non-motor features are easily overlooked, which is part of why a clear written explanation is useful in clinical encounters (Wang et al., 2024). The practical implication is simple. The brief pause this letter asks for is a reasonable accommodation for a documented neurological process, not a personal preference.

What Helps — Quick Reference

Situation	Recommended response
Patient says 'glitching'	Pause. Say 'Take your time.' Wait without repeating the question.
Patient appears blank or vacant	Do not interpret as disengagement — she is buffering. Allow silence.
Patient gives incomplete answer	Gently offer: 'Would you like a moment to gather your thoughts?'
Patient has support person present	This is intentional. The support person may assist if the patient signals them. They may also step in when she cannot recognise a glitch herself, to help her re-engage.
Appointment has unexpected changes	Where possible, briefly orientate the patient: 'We're going to do X now instead of Y.'
You are unsure if a glitch is occurring	It is always appropriate to ask: 'Are you okay to continue, or would you like a moment?'
You need to do a physical test or examination	Explain what you need to do and why, then check whether it is possible given her Stiff Person Syndrome before proceeding.
She has prepared notes for the appointment	Ask whether she has covered everything on her list and allow her time to check. Some items may be sensitive, so let her work through them at her own pace and ask if there is anything she needs.

A Note on Appearance vs. Capacity

This patient presents as highly articulate, organised, and cognitively engaged. This is accurate — she is. The glitch is not always visible and does not diminish her intelligence or her capacity to participate meaningfully in her care.

The single most helpful thing a clinician can offer is unhurried, non-judgmental time. A brief pause costs nothing and communicates a great deal.

If you have any questions about this document, please do not hesitate to contact the treating psychologist directly.

Prepared by treating psychologist in collaboration with patient
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This document is intended to support the patient's care and may be retained on file.

Yours sincerely,

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