GNRS Teaching Slides

www.GeriatricsCareOnline.org

AGS 75 YEARS OF CARING FOR OLDER ADULTS

SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS

OBJECTIVES

Know and understand:

- How to evaluate a person with psychotic symptoms
- The epidemiology and clinical characteristics of late-onset schizophrenia
- Evaluation of psychotic symptoms associated with disorders other than schizophrenia
- Management of older adult patients with psychotic symptoms

GNRS Teaching Slides

TOPICS COVERED

- Schizophrenia and Schizophrenia Spectrum Syndromes
- Psychotic Symptoms in Delirium and Delusional Disorder
- Psychotic Symptoms in Mood Disorder
- Psychotic Symptoms in Dementia
- Isolated Suspiciousness
- Syndromes of Isolated Hallucinations: Charles Bonnet Syndrome
- Other Psychotic Disorders
  - Psychotic Disorder Due to Another Medical Condition
  - Substance/Medication-Induced Psychotic Disorder

PSYCHOTIC SYMPTOMS

- Hallucinations are perceptions without stimuli that can affect any of the 5 sensory modalities (auditory, visual, tactile, olfactory, gustatory)
- Delusions are fixed, false, idiosyncratic beliefs that can be:
  - Suspicious (paranoid)
  - Grandiose
  - Somatic
  - Self-blaming
  - Hopeless

EVALUATION OF A PERSON WITH PSYCHOTIC SYMPTOMS

- First evaluate for underlying causes such as delirium, dementia, stroke, or Parkinson disease
  - Acute onset of altered level of consciousness or inability to sustain attention suggests delirium
  - Delirium, most often superimposed on an underlying dementia, is the most common cause of new-onset psychosis in late life
- Next, consider a primary mood disorder
- Only after other causes are excluded should the diagnosis of a schizophrenia spectrum disorder be made

SCHIZOPHRENIA

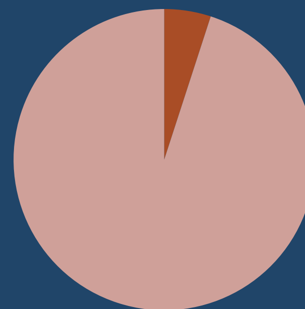
- Chronic psychiatric disorder characterized by positive and negative symptoms, usually beginning in late teens or 20s
- Examples of positive symptoms:
  - Hallucinations
  - Delusions
  - Thought disorder
- Examples of negative symptoms:
  - Social dilapidation
  - Apathy
- Exclude mood disorder and cognitive disorder

SCHIZOPHRENIA-LIKE SYNDROMES OF LATE LIFE

- Onset after age 40
- Female:male ratio ranges from 5:1 to 10:1
- Prominent persecutory (paranoid) delusions and multimodal hallucinations
- Differences from early-onset schizophrenia:
  - Much lower incidence of thought disorder
  - Personality and social functioning are often better preserved

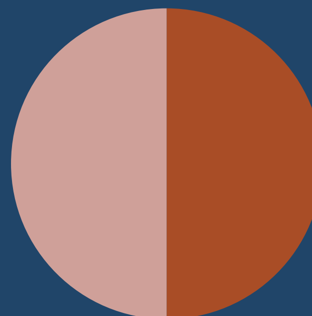
THOUGHT DISORDER

- Speech in which a series of thoughts are not connected to one another in a logical fashion



Present in 5% of cases of schizophrenia-like psychosis of late life

- When illogical speech occurs in late life, delirium or dementia should be excluded



Present in 50% of cases of early-onset schizophrenia

GNRS Teaching Slides

CLINICAL FEATURES OF LATE-ONSET SCHIZOPHRENIA

- Unlike individuals with early-onset schizophrenia, many people with late-onset schizophrenia-like psychosis have been able to:
  - Hold responsible jobs
  - Marry and/or have long-term relationships
- But premorbid symptoms are common:
  - Isolation
  - “Schizoid” (socially isolated personality) traits

NONPHARMACOLOGIC TREATMENT OF LATE-ONSET SCHIZOPHRENIA

- Establish trusting therapeutic relationship
- Empathize with distress caused by symptoms
- Encourage patient to maintain important relationships
- Ask permission to discuss source of symptoms with close family members or friends

PHARMACOLOGIC TREATMENT OF LATE-ONSET SCHIZOPHRENIA

- Antipsychotic drugs are as effective in late-onset schizophrenia as in early-onset cases
- Increase dose semiweekly or weekly, as needed
  - Responders should continue for at least 6 months
  - For patients who relapse on treatment or when the dose is lowered, maintain treatment for at least 1 to 2 years
- Monitor for extrapyramidal side effects (EPS), such as parkinsonian tremor, dystonia, and rigidity
  - Avoid polypharmacy by reducing or switching medication rather than adding a medication for EPS

GNRS Teaching Slides

COMMONLY USED ANTIPSYCHOTIC MEDICATIONS (1 of 2)

Agent	Starting daily dose, mg	Maximum daily dose, mg	Side effects*		
			EPS	Drowsiness	Weight gain
Aripiprazole	2	15	2 (Akathisia)	1	1
Asenapine	5	10	1	3	2
Clozapine	12.5	100	1	3	3
Haloperidol	0.5	10	3	2	1
Iloperidone	1	12	1	2	1
Lurasidone	40	80	1	2	1

*Key: 1 = uncommon to 3 = common

All listed medications a have warning about hyperglycemia, cerebrovascular events, and increase in all-cause mortality in patients with dementia.

GNRS Teaching Slides

COMMONLY USED ANTIPSYCHOTIC MEDICATIONS (2 of 2)

Agent	Starting daily dose, mg	Maximum daily dose, mg	Side effects*		
			EPS	Drowsiness	Weight gain
Olanzapine	2.5	15	1	2	3
Paliperidone	1.5	12	2	2	1
Perphenazine	4	32	2	2	2
Quetiapine	12.5	300	1	3	2
Risperidone	0.25	4	2	1	2
Ziprasidone	20	120	1	2	1

*Key: 1 = uncommon to 3 = common

All listed medications a have warning about hyperglycemia, cerebrovascular events, and increase in all-cause mortality in patients with dementia.

TARDIVE DYSKINESIA

- Characterized by repetitive involuntary movements of the oral and limb musculature
- Older age is a predisposing factor
- When an antipsychotic is started, or as soon as symptoms improve enough that the patient can understand the risk, educate the patient about tardive dyskinesia and the possibility that it can be irreversible

PSYCHOTIC SYMPTOMS IN DELIRIUM

- Hallucinations, particularly visual hallucinations, can be a symptom of delirium, even when it is mild
- Onset is usually acute, and there is often an identifiable metabolic or infectious cause
- Mental status examination reveals:
  - Multiple cognitive impairments
  - Diminished or waxing and waning level of consciousness
- Hallmark: impaired attention and level of awareness

PSYCHOTIC SYMPTOMS IN DELUSIONAL DISORDER

- Delusional disorder: long-standing chronic delusions without hallucinations, in patients with normal mood and no cognitive impairment
- More frequent among women, but more severe among men
- Delusions are most commonly persecutory or paranoid, but can also be delusions of jealousy or somatic delusions
- Management includes reassurance, amelioration of sensory deficits, sometimes antipsychotic medications

GNRS Teaching Slides

PSYCHOTIC SYMPTOMS IN MOOD DISORDER

Delusions are "mood-congruent"

- In patients with depression, the content of delusions usually reflects self-deprecation, self-blame, hopelessness, or the conviction of ill health
- In patients with mania, delusions are grandiose

PSYCHOTIC SYMPTOMS IN DEMENTIA

- Patients with dementia experience both hallucinations and delusions
  - Usually less complex than the delusions seen in schizophrenia or mood disorder
- Common delusions in dementia:
  - Belief that one's belongings have been stolen
  - Conviction that one is being persecuted
  - Belief that one's spouse is unfaithful

MANAGEMENT OF PSYCHOTIC SYMPTOMS IN DEMENTIA

- Use of antipsychotics in this setting warrants careful consideration of risks and side effects
- Nonpharmacological interventions, such as redirection and reassurance, should be tried first
- If the patient is physically aggressive or severely distressed by psychotic symptoms then a trial of low-dose antipsychotic is warranted
    - All antipsychotic agents carry an FDA warning regarding increased all-cause mortality in patients with dementia

ISOLATED SUSPICIOUSNESS

- Suspiciousness is a personality trait (common to all humans but varying in its prominence)
- May become more common in those ≥65 years
- Distinguished from psychotic disorders by:
  - The understandable nature of the ideas (for example, excessive worry about safety)
  - The absence of other psychotic symptoms

ISOLATED HALLUCINATIONS: CHARLES BONNET SYNDROME

- The criteria for this syndrome are:
  - Visual loss
  - Silent visual hallucinations
  - Partially or fully intact insight (the patient is aware that the perceptions cannot be real but still reports that they appear absolutely real and vivid)
  - Lack of evidence of brain disease or other psychiatric disorder
- Affects 10%–13% of pts with bilateral acuity <20/60

MANAGEMENT OF CHARLES BONNET SYNDROME

- The best treatment is information and support
- Reassure the patient that the hallucinations are a sign of eye disease, not mental illness
- A few patients have partial insight or lose insight and become very distressed by this symptom
  - When this distress is significant or leads to dangerous behavior, a cautious trial of a low-dose atypical antipsychotic is occasionally beneficial

PSYCHOTIC DISORDER DUE TO ANOTHER MEDICAL CONDITION (1 of 3)

- Delusions and hallucinations without prominent cognitive impairment that are likely to be a direct result of another medical condition, rather than due to a psychiatric disorder
  - Often occurs in patients with known brain disorders such as Parkinson's disease or stroke
- Exclude delirium due to a superimposed condition
- Delusions and hallucinations may be secondary to antiparkinsonian agents, but some experience visual hallucinations prior to the onset of any meds
  - Judicious discontinuation or dosage reduction of nonessential antiparkinsonian meds often provides relief from psychotic symptoms

PSYCHOTIC DISORDER DUE TO ANOTHER MEDICAL CONDITION (2 of 3)

- First-generation antipsychotics may worsen parkinsonian symptoms
- Cautiously try an antipsychotic (off-label) if:
  - The patient experiences significant emotional distress
  - Symptoms lead to dangerous or upsetting behavior

GNRS Teaching Slides

PSYCHOTIC DISORDER DUE TO ANOTHER MEDICAL CONDITION

- Prominent visual hallucinations, often vivid and troubling, are a key diagnostic feature of DLB
- Patients with DLB have heightened sensitivity to antipsychotic medication, including worsening of EPS
- No trial data are available to guide drug choice
- There are case reports of significant improvement with cholinesterase inhibitors (off-label)
- Nonpharmacologic treatments: redirection, reassurance, explanation

SUBSTANCE/MEDICATION-INDUCED PSYCHOTIC DISORDER

- Drugs of abuse can cause persistent psychotic symptoms after the period of acute intoxication or withdrawal
  - Alcohol, cannabis, cocaine
- Many classes of medications can cause hallucinations or delusions
  - ß-blockers, interferon, cyclosporine, steroids, antiarrhythmics, antivirals, opioids, antineoplastic agents, baclofen, others

SUMMARY (1 of 2)

- Psychotic symptoms are defined as either hallucinations or delusions
- Psychosis occurring for the first time in late life is often due to a neurologic condition such as dementia or stroke
- 10%–15% of cases of schizophrenia first come to clinical attention after age 45
- Only after other medical and mood disorders are excluded should a diagnosis of a schizophrenia-like psychosis be made

GNRS Teaching Slides

SUMMARY (2 of 2)

- Antipsychotics are as effective in late-onset schizophrenia as in early-onset cases
- When psychotic symptoms arise in patients with depression or mania, the symptoms are “mood-congruent”
- Dementia with Lewy bodies is associated with characteristically vivid visual hallucinations, often consisting of people or animals
- Antipsychotics should be used quite cautiously in patients with dementia or Parkinson disease

GNRS Teaching Slides

CASE 1 (1 of 4)

- A 68-year-old woman accompanied by her daughter, who describes a 2-year history of inappropriate behavior and reduced attention to personal hygiene.

- The patient is threatened with eviction because she has stopped paying rent. She claims that:
  - ➢ The landlord is infiltrating her apartment with toxic gas through air vents. She often smells the gas and has several times called the police, but they have not found anything.
  - ➢ The landlord has arranged for her problems to be broadcast on the television news.
  - ➢ She hears the landlord in the walls every night, discussing plans to get rid of her.

CASE 1 (2 of 4)

- There is no history of alcohol or substance abuse, and there has been no physical decline.
- Physical examination, cognitive assessment, laboratory tests, and computed tomography of the head are within normal limits.

CASE 1 (3 of 4)

Which one of the following is the most likely diagnosis?

A. Alzheimer disease
B. Schizophrenia
C. Delirium
D. Major depressive disorder
E. Delusional disorder

GNRS Teaching Slides

CASE 1 (4 of 4)

Which one of the following is the most likely diagnosis?

A. Alzheimer disease
B. Schizophrenia
C. Delirium
D. Major depressive disorder
E. Delusional disorder

GNRS Teaching Slides

CASE 2 (1 of 3)

- The daughter of an 82-year-old woman calls because her mother has suddenly become more agitated, confused, and psychotic.
- Her mother has a 4-year history of Alzheimer disease.
- Psychotic symptoms and agitation have been well-controlled on quetiapine 50 mg at bedtime.

CASE 2 (2 of 3)

Which one of the following is the most appropriate next step?

A. Increase quetiapine to 75 mg/d.
B. Discontinue quetiapine and initiate risperidone.
C. Stop all medications and reevaluate in 1 week.
D. Arrange urgent physical and laboratory evaluation.

CASE 2 (3 of 3)

Which one of the following is the most appropriate next step?

A. Increase quetiapine to 75 mg/d.
B. Discontinue quetiapine and initiate risperidone.
C. Stop all medications and reevaluate in 1 week.
D. Arrange urgent physical and laboratory evaluation.

GNRS
Teaching Slides

www.GeriatricsCareOnline.org

AGS
75 YEARS OF CARING FOR OLDER ADULTS

GNRS5 Teaching Slides Editor:
Barbara Resnick, PhD, CRNP, FAAN, FAANP, AGSF

GNRS5 Teaching Slides modified from GRS9 Teaching Slides

based on chapter by Susan W. Lehmann, MD
and questions by Carl Cohen, MD/Ipsit V. Vahia, MD

Managing Editor: Andrea N. Sherman, MS

Copyright © 2016 American Geriatrics Society