LTC Series
Psychosis

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Objectives

- Define psychosis
- Identify common causes of psychosis in the elderly
- Identify treatments for psychosis

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To Get Your Nursing CEUs

- After this program go to www.unmc.edu/nursing/mk.
- Your program ID number for the April 12th program is 10CE025.
- Instructions are on the website.
- **All questions about continuing education credit and payment can be directed towards the College of Nursing at UNMC.**

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Case

- 78-year-old white male
  - Over the last several weeks has intermittent episodes of visual and auditory hallucinations
    - Animals, usually small animals running across his room
      - Distressing
    - Also sees dead relatives and speaks to them
      - Not distressing
- Other psychiatric symptoms
  - Not endorse or appear depressed, anxious
    - Frustrated with animal hallucinations
  - Cognition continues to decline with time
    - MMSE=16/30
    - MoCA=12/30

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Case

- Medical health
  - CAD, HTN, afib, DJD/back pain, hyperlipidemia, peripheral neuropathy, macular degeneration, bilateral hearing loss, constipation, BPH
- Medications
  - Aricept, Namenda, Coumadin, Lipitor, Flomax, Lyrica, Colace, Senna, eye drops, Tramadol, APAP, Fentanyl patch

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Psychosis

- Hallucinations
  - Perception without a stimulus
    - Any sensory modality
    - Most likely visual or auditory
- Delusions
  - Fixed, false belief
    - Paranoid/persecutory, somatic, erotomanic, jealous, grandiose
- Disorganized thoughts or behavior
  - Loose associations
    - (“How are you?”) “Why is the cat gone?”

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Causes

- Primary mental illness
  - Schizophrenia
  - Delusional disorder
- Secondary medical or mental illness
  - Depression
  - Brain tumors
- Delirium
  - Acute metabolic or infectious changes
    - Hyponatremia
    - UTI
  - Medications
    - Anti-parkinson's medications
    - Narcotics

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Dementia

- Alzheimer's disease
  - Delusions 22%
  - Hallucinations 13%
- Vascular dementia
  - Delusions 13%
  - Hallucinations 16%
- Lewy Body dementia
  - Delusions 50%
  - Hallucinations 75%

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Dementia

- Treatment
  - Antipsychotics
    - Primary focus of treatment for psychosis
      - Non-pharmacologic techniques should also be employed
  - Use low dose, atypical agents
    - Seroquel, e.g.
      - In schizophrenia 400-800mg
      - In dementia start at 12.5mg
  - Be alert for confusion, side effects

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Delirium

- Variable level of alertness
  - Waxing and waning
- More confusion acutely
  - Usually can point to the time it changed
- Leads to a medical cause
  - Most commonly a number of causes
  - UTIs, pneumonia in NH
- Often involves psychosis
  - 43%
    - Hallucinations AH 27%, VH 12.4%, TH 2.7%
    - Delusions 25%
  - Treat rapidly
    - Antipsychotics
  - Common with dementia
    - Speeds up cognitive decline

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Schizophrenia

- Abnormal thinking
  - Hallucinations
    - Typically auditory hallucinations
      - Hearing voices
  - Delusions
    - Often times paranoid delusions
      - Poison my food, e.g.
  - Disorganized thinking, behavior
    - Unusual, odd
  - Negative symptoms
    - Apathetic, hard to make decisions
    - Cannot plan or organize their lives

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Schizophrenia

- Very debilitating
  - Most never work
    - Significant percentage on disability
  - Few long-term relationships, children
    - Cannot manage such responsibilities
  - Community case workers
    - Help with everyday situations
- Treatment
  - Antipsychotics
    - Risk-benefit
    - Long-acting agents for noncompliance
  - Managers
    - Day-to-day problems

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Schizophrenia in the Elderly

- Most will be life-long
  - 85% diagnosed before 45
    - Years of medications, admissions, disability
  - Late life schizophrenia
    - Mainly women
    - Fewer psychotic symptoms
- Transferred to NH due to medical needs
  - Much comorbidity
    - 50% have serious medical issues missed
      - Heart disease, diabetes, heart attacks
    - More serious illness than in non-schizophrenics with the same conditions

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Schizophrenia in the Elderly

- Nursing home
  - 85% of schizophrenics are in the community
    - Other 15% are in mental institutions or LTC
  - Hard to get through PASSAR screens
- Nursing home populations
  - 1.5-12% have schizophrenia
    - Many are former state hospital residents
      - Now docile and state wants transfer
    - Others have more medical needs
      - From a community living situation

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Schizophrenia in the Elderly

- Does have a dementia
  - Unique to schizophrenia
    - Mainly in those chronically institutionalized
  - Resembles a frontotemporal dementia
    - More changes of personality than memory
      - Impulsive
      - Apathetic
      - Poor planning
      - Aggression
      - Resembles negative symptoms

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Other Psychotic Disorders

- Delusional disorder
  - Usually one strong delusional idea
    - Look relatively normal otherwise
    - Very hard to treat
      - "You think I am crazy, too!"
      - Antipsychotics
      - Don't be confrontational
- Shared delusional disorder
  - Two or more participants
    - Often siblings
      - One endorses the other's delusional idea(s)
    - Treatment involves separation, medication

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Other Psychiatric Conditions

- Variety of diagnoses
  - Depression
    - More common among elderly
    - Likely to require ECT
  - Bipolar disorder
    - Mania, especially
  - Schizoaffective disorder
    - Less debilitating psychotic disorder
  - Personality disorders
    - Paranoid personalities get delusionally paranoid

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Medical Conditions

- Large number
  - Sensory changes
    - Visual
    - Auditory
  - Neurological
    - MS
    - Tumors
    - Parkinson's, Huntington's
    - Strokes
    - Migraines
      - Epilepsy

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Medical Conditions

- Large number
  - Endocrine
    - Thyroid and parathyroid
    - Adreno-cortical
  - Metabolic
    - Blood gas changes
      - Oxygen, carbon dioxide
    - Blood sugar
      - Especially low levels
    - Electrolytes
      - Low sodium, e.g.
  - Autoimmune
    - Lupus

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Medical Conditions

- Infections
  - Direct CNS
    - Herpes encephalitis
    - Meningitis
  - Systemic
    - UTIs
    - Pneumonia
    - Sepsis

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Medications and Drugs

- Non-medical
  - Alcohol
    - On some NH orders
- Medical
  - Analgesics
    - Opioids, especially
  - Antibiotics
    - Macrolides (erythromycin, e.g.)
  - Anticonvulsants
    - Depakote, e.g.
  - Antihypertensives

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Medications and Drugs

- Medical
  - Anticholinergics
    - Benedryl, Tylenol PM
  - Chemotherapy
    - Many agents
  - Parkinson's medications
    - Sinemet , e.g.
  - Corticosteroids
    - Especially 40mg and above
  - GI meds
    - Tagamet
  - Muscle relaxants
    - Skelaxin, e.g.

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Workup

- History and physical
  - New condition or chronic
    - If new, a medical condition until proven otherwise
  - Appear manic or depressed?
  - Signs of other illness, conditions?
- Laboratory
  - CBC, CMP, TSH, UA, oxygen sats, ETOH/drug screen, LP, EEG
- Radiologic
  - CT, MRI

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Treatment

- Make sure this is worth treating
  - Dysfunction is the key
    - If it is not dysfunctional I do not care
    - Families may need education
- Many in the nursing home will experience psychosis
  - May help with boredom, loneliness
    - Always enjoyed talking to ex-students
  - Self-enhancing
    - I am the King of Prussia
- When to treat
  - Change day-to-day functioning
  - Disturbing to the resident or large numbers of peers

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Treatment

- Antipsychotic medications
  - Variety of agents
    - Atypical agents are newer
      - Zyprexa, Seroquel, Risperdal, Geodon, Clozapine
      - Invega, Invega Sustena, Saphris
    - Several long-acting forms
    - Melt in your mouth
    - IM forms exist for rapid action
- Many side effects
  - Movement
  - Metabolic
  - Black box
- Start low, go slow

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Treatment

- Non-pharmacologic interventions
  - Do not dispute psychosis
    - Likely to anger the resident
    - Destroys trust
  - Be concerned, but not too concerned
    - Over concern may raise suspicion
  - Pay attention to the distress
    - Help calm their emotions
  - Redirect
    - Refocus their attention

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Case

- Laboratory and radiology
  - Essentially normal
  - Drug levels unremarkable
- No new medications or treatments
  - Though macular degeneration continues to worsen
- No new psychosocial stress noted in facility
  - Same roommate, tablemates, etc.
- Resident six months
  - Family to sell home

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Case

- So what happened?
  - Likely a mixed bag
    - Worsening dementia
      - Could independently lead to psychosis
    - Decline in visual status
      - Puts more at risk for visual hallucinations
    - Recent knowledge of family selling home
      - Dysphoric about same
        - Now will certainlynot return home
      - May have been the primary cause

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- Questions?

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