



Schizophrenia in Long-Term Care – A Four-part Webinar Series:

Part 1: Basics and Diagnosis

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Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF TRAINING AND EDUCATION LEAD

For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a Certified Behavioral Specialist.



Today's Presenter

Dr. Abhilash Desai

MEDICAL DIRECTOR, IDAHO MEMORY & AGING CENTER
ADJUNCT ASSOCIATE PROFESSOR, UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

Dr. Desai is a board-certified geriatric psychiatrist, medical director of Idaho Memory & Aging Center, P.L.L.C., and an adjunct associate professor in the Department of Psychiatry at University of Washington School of Medicine. He is the co-author (along with his mentor Dr. George Grossberg, a national and international leader in Geriatric Psychiatry) of the book *Psychiatric Consultation in Long-term Care: A guide for healthcare professionals*, 2nd Edition published by Cambridge University Press in 2017. His practice focuses on helping individuals with serious mental illness and their family members live the best life possible in all care settings – home, long-term care, hospital and hospice. He has been in practice for 24 years.



Financial Disclosures

- I receive royalties from Cambridge University Press for my book (co-author George Grossberg MD) titled *Psychiatric Consultation in Long-Term Care: A Guide for Healthcare Professionals*. 2nd Edition. 2017.
- I have no other relevant financial relationships to disclose.
- I do not intend to discuss any off-label, investigative use of commercial products or devices.

Part 1: Basics and Diagnosis

Explore the diagnostic criteria of schizophrenia and steps to make a clinical diagnosis.

Learning objectives:

1. Describe core DSM 5 TR criteria for schizophrenia
2. Discuss four key steps to make a diagnosis of schizophrenia

Schizophrenia

- Serious mental illness (SMI)
- Peak age of onset: late teens and early twenties
- Late onset schizophrenia: onset after age 40 (20% of cases)

Cohen and Zhao. New perspectives on schizophrenia in later life: implications for treatment, policy, and research. Lancet Psychiatry 2015.

DSM 5 TR Criteria

Total duration of illness six months or more

Two or more of the following for at least one month with at least one being (1) or (2) or (3):

- (1) Delusions
- (2) Hallucinations
- (3) Disorganized speech
- (4) Grossly disorganized or catatonic behavior
- (5) Negative symptoms

Negative Symptoms of Schizophrenia

- Affect – flat (diminished expressiveness)
- Alogia – spontaneous talk is minimal, one-word or short answers
- Apathy – decreased motivation
- Avolition – minimal or low physical activity

Schizophrenia Spectrum Disorders

- Schizophrenia (chronic, more than six months)
- Schizoaffective disorder (chronic, more than six months)
- Schizophreniform disorder (subacute, one to six months)
- Brief psychotic disorder (acute, less than one month)
- Delusional disorder (chronic)
- Other specified schizophrenia spectrum and other psychotic disorder
- Unspecified schizophrenia spectrum and other psychotic disorder

Four Key Steps in Diagnosis

- Detailed history including from knowledgeable family / informants
- Comprehensive physical and mental status exam, and rating scales
- Review of previous records of psychiatric assessment and treatment
- Workup

Rating Scales

- PANSS – 6 for schizophrenia symptoms (Positive and Negative Symptom Scale – 6)
- PHQ-9 for depression (Patient Health Questionnaire – 9)
- PMQ-9 for mania (Patient Mania Questionnaire – 9)

Psychotic symptoms: Schizophrenia vs Dementia-related

Schizophrenia

- Systematic, well-formed, well organized, consistent, complex, long-term
- Paranoid, bizarre, grandiose themes
- Auditory hallucinations - complex, persistent, paranoid themes, commanding
- Throughout the day

Dementia

- Misidentification
- Simple, short-term and often transient
- More likely in the afternoon, evening or night
- Visual hallucinations – transient, often pleasant

Schizophrenia Diagnosis on Minimum Data Set

- Potential risk for CMS audit
- If documentation is not supported, the facility rating can be dropped from 5-Star to 1-Star

Documentation requirements

- A note from a primary care or psychiatric provider indicating details of symptoms, severity, duration, onset, mental status exam, observations by staff and family, review of past records, diagnostic workup as necessary, etc. that support a DSM 5 TR diagnosis of schizophrenia.
- Previous records from a psychiatric provider that gives details that support diagnosis of schizophrenia.



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