



**Schizophrenia in Long-Term Care: Four-part Webinar Series,
Part 2: Differential Diagnosis and Workup**

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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 2: Differential Diagnosis and Workup

Learn common conditions and disorders that may mimic schizophrenia-like symptoms and how to differentiate them from schizophrenia.

Learning objectives:

1. Identify at least three conditions that mimic schizophrenia symptoms
2. Discuss workup that may help differentiate schizophrenia from other conditions presenting with schizophrenia-like symptoms.

Conditions that may present with schizophrenia-like symptoms

Conditions that may present with schizophrenia-like symptoms.

- Medical / Neurological – Psychotic disorder due to medical condition
- Psychiatric – other disorders with psychotic symptoms
- Substance-induced psychotic disorder

Marder and Cannon. Schizophrenia. NEJM 2019.

Medical / Neurological conditions

- Delirium
- Dementia-related psychosis
- Parkinson's disease psychosis
- Other medical / neurological condition causing psychotic disorder (e.g., autoimmune disorders, celiac disease, brain tumor)

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
- Through out the day

- **Dementia**

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

Psychiatric Conditions

- Bipolar disorder with psychotic symptoms
- Major depression with psychotic symptoms
- Schizotypal personality disorder

Major depression with psychotic symptoms

- Delusions:
 - “I’ve lost my mind.”
 - “My body is disintegrating.”
 - “I have an incurable illness.”
 - “I have caused some great harm.”
- Hallucinations: less common than delusions.

Substance-induced psychotic disorder

- Cannabis-induced psychotic disorder
- Alcohol-related psychotic disorder
- Stimulant-related psychotic disorder (e.g., methamphetamine, cocaine)

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revised (DSM 5 TR). 2023. American Psychiatric Publishing.

Workup

- Laboratory tests: CBC, CMP, TSH, B12, D, Magnesium, CRP
- Urine drug screen in some cases
- Neuroimaging: MRI preferred over CT scan if neuroimaging indicated
- Neuropsychological testing may help early accurate diagnosis of dementia



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Questions?



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Schizophrenia Facts

What is Schizophrenia?

Schizophrenia is a complex mental health condition with a range of symptoms that affect a person's thoughts, emotions, and behavior. It is a lifelong brain disorder that interferes with a person's ability to live independently.

With treatment, the positive symptoms of schizophrenia may reduce substantially and stay reduced for long periods. The risk of self-harm and of violence to others is greatest when the mental health condition is untreated.

Most people with schizophrenia are not violent. Overall, people with schizophrenia are more likely than those without the mental health condition to be harmed by others.

Common Symptoms of Schizophrenia

Schizophrenia symptoms can differ from person to person. Many of these symptoms are shared with other mental and physical disorders. Symptoms of schizophrenia are categorized in three ways: positive, negative, and cognitive

- **Positive symptoms, also known as psychosis:** include delusions, hallucinations, and disorganized thinking.
- **Negative symptoms:** include detachment, withdrawal, inability to express emotions, apathy (lack of motivation).
- **Cognitive symptoms:** include problems with attention, concentration, and memory.

Diagnosis

Diagnosis should be made by a qualified health professional.

People with schizophrenia are usually first diagnosed between the ages of 16 and 30. The steps to determine a diagnosis of schizophrenia include:

- **A physical exam:** to rule out medical problems or other mental health conditions.
- **Tests and screenings:** These may include screening for substance use and bloodwork. The doctor may also order MRI or CT scans.
- **Psychiatric evaluation:** A doctor conducts a thorough review of the person's medical, psychiatric, and family history as well as observation of the resident.



Older adults rarely have a new diagnosis of schizophrenia. To learn more about the risks of antipsychotic drugs for older adults with dementia-related psychosis, review the [FDA black box warning](#).

Sources: [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#), [World Health Organization \(WHO\)](#), and the [American Psychiatric Association](#).

For Help and More Information

- For comprehensive on-demand training on schizophrenia and additional resources visit www.nursinghomebehavioralhealth.org.
- Information is also available in [Appendix PP of the State Operations Manual](#) (F-tags 658, 740, and 758) and the [Minimum Data Set 3.0 Resident Assessment Instrument Manual](#).

This material was prepared by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H79SM087155 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.



Scan the QR code or visit the link below to view this resource.

Schizophrenia Fact Sheet

<https://bit.ly/SchizophreniaFactSheet>



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Ten Ways You Can Support a Resident With a Schizophrenia Diagnosis

Supporting a resident who has schizophrenia can be challenging. Try to see beyond the symptoms and connect with the resident on a personal level. Ensure that residents with a diagnosis of schizophrenia get the support, appropriate level of counseling, and psychiatric care in your facility.



Here are 10 tips for supporting a resident diagnosed with schizophrenia:

1. Foster open communication with the resident and the family.
2. Educate your entire team.
3. Support social connections for the resident.
4. Create an individualized care plan.
5. Create a structured environment.
6. Offer therapeutic activities such as art, music, cognitive exercises, or group activities based on the individual's needs, abilities, strengths, and preferences.
7. Be aware of warning signs that may signal a need for additional support.
8. Use behavioral strategies shared by the resident and family that help with symptom management.
9. Manage medications in collaboration with the individual and the interdisciplinary team to ensure the lowest effective dose. Monitor resident reactions.
10. Work toward gradual dose reduction in medications.



Nursing facilities should work with their psychiatric providers and medical directors to ensure the appropriate professional standards and processes are being implemented related to diagnosing and treating people with schizophrenia.

Sources: [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#), [World Health Organization \(WHO\)](#), and the [American Psychiatry Association](#).

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Ten Ways You Can Support a Resident With a Schizophrenia Diagnosis

<https://bit.ly/TenWaysYouCanSupport>



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Schizophrenia and Antipsychotics



Scan the QR code or
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**Bite-sized Learning: Schizophrenia and
Antipsychotics**

https://bit.ly/BSL_SchizophreniaandAntipsychotics



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Schizophrenia Module

https://bit.ly/Module_Schizophrenia



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