

Schizophrenia in Long-Term Care: Four-part Webinar Series, Part 3: Treatment

May 16, 2024

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

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 3: Treatment

Explore the biopsychosocial approach to treatment and discuss the risks and benefits of antipsychotics.

Learning objectives:

1. Describe the biopsychosocial approach to comprehensive treatment of schizophrenia.
2. Discuss common adverse effects of antipsychotics used to treat schizophrenia.

Treatment

- Biopsychosocial approach
- Psychosocial interventions – second line interventions
  - Psychoeducation of patient and family
  - Staff training
  - Peer support specialists
  - Cognitive behavioral therapy for psychosis and supportive psychotherapy
  - Support groups
  - Social skills training
  - Cognitive remediation
  - Family intervention

Biological Interventions

- Antipsychotics – first line interventions
- Lorazepam for catatonia
- Medications to address side effects of antipsychotics
- Electroconvulsive therapy for catatonia and severe depression

Marder and Cannon. Schizophrenia. NEJM 2019.

Antipsychotics

- Second generation antipsychotics are first line
- First generation antipsychotics in some cases may be necessary
- Clozapine

Keepers et al. The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. Am J Psychiatry 2020.

Second Generation Antipsychotics

- **Oral:** risperidone, paliperidone, olanzapine, aripiprazole, other agents

- **Long-acting injectables:** risperidone, paliperidone, aripiprazole

First-generation Antipsychotics

- **Oral:** haloperidol, fluphenazine, other agents
- **Long-acting injectables:** haloperidol, fluphenazine

Clozapine

- Drug of choice for treatment resistant schizophrenia
- Drug of choice for suicide prevention in individuals with schizophrenia who are at substantial risk of suicide or suicide attempts despite treatment with other antipsychotics
- Requires regular blood test to monitor neutrophil count for potentially fatal agranulocytosis
- Requires the prescriber to register in clozapine registry

Common Side Effects of Antipsychotics

- Extrapyramidal symptoms (EPS):
  - Dystonia
  - Akathisia
  - Drug-induced parkinsonism (DIP)
- Metabolic: weight gain, diabetes, dyslipidemia
- Tardive dyskinesias
- Hyperprolactinemia
- Neuroleptic malignant syndrome (NMS): potentially life-threatening

Life-threatening Adverse Effects: Rare

- Neuroleptic malignant syndrome (NMS): potentially life-threatening
- Cardiac arrhythmias
- Dystonia involving laryngeal muscles

Dystonia

- Develops within minutes to hours
- Involuntary contraction of muscles that bring body parts into a contorted position (especially involves neck, jaw, arms).
- Treated with anticholinergics (oral or intramuscular)

Akathisia

- Restless movements, especially leg movements

- Treatment involves:
  - Lowering the dose of antipsychotic agent
  - Switching to another antipsychotic with less likelihood of causing akathisia
  - Adding a benzodiazepine
  - Adding a beta-blocker such as propranolol

DIP: Develops within days to weeks

- Tremors
- Rigidity
- Shuffling gait
- Slurred speech
- Bradykinesia
- Mask-life face

EPS: Treatment

- Lowering the dose of the antipsychotic medication
- Switching to another antipsychotic medication with lower risk of EPS
- Adding a medication to treat EPS

Tardive Dyskinesia

- Oral, buccal, lingual: lip smacking, clenching, chewing, puckering, tongue thrusting
- Choreiform movements in the limbs
- Develops over months to years being on antipsychotics
- Typically, permanent
- Abnormal involuntary movements scale (AIMS) or similar scale

Medications to Address Side Effects of Antipsychotics

- Medications to address EPS:
  - Anticholinergic agents: benztropine, trihexyphenidyl, diphenhydramine
  - Amantadine
- Medications to address dystonia: anticholinergic agents
- Medications for akathisia: propranolol, benzodiazepines
- Medication to address weight gain: metformin
- Medications to address tardive dyskinesias (moderate to severe or disabling): valbenazine, deutetrabenazine

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Suicide and Violence Risk

- Take all threats seriously
- High suicide and or violence risk with command hallucinations
- Involve psychiatrists early

Popovic D, et al: Risk factors for suicide in schizophrenia: systematic review and clinical recommendations. Acta Psychiatr Scand 2014; 130:418–426

Acute Inpatient Psychiatric Treatment

- To manage suicide and or violence risk
- For severe persistent psychotic symptoms not responding to outpatient treatment and posing significant harm to self or others
- Intensive outpatient program (IOP) may be an alternative in some situations

Gradual Dose Reduction

- Case by case basis
- Okay to decline and give justification
- Many tolerate a gradual dose reduction and may even show improvement in function and motivation on less antipsychotics because high dose antipsychotics were impairing their function and mood negatively.

Inspirational Stories

- May-May Meijer – Book: Inner Voices - My journey with psychosis and schizophrenia.

- Elyn Saks – Book: The Center Cannot Hold – My journey into madness.

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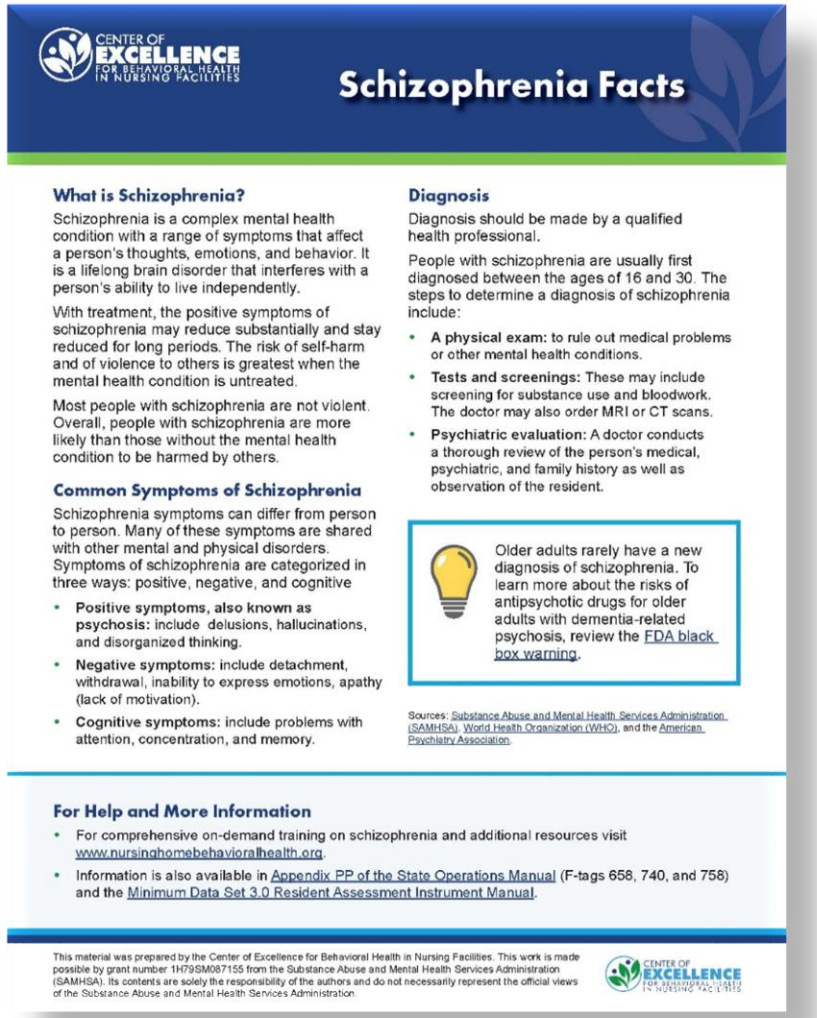
Questions?

COE-NF Resources



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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 Psychiatry 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.

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Schizophrenia Fact Sheet

https://bit.ly/SchizophreniaFactSheet

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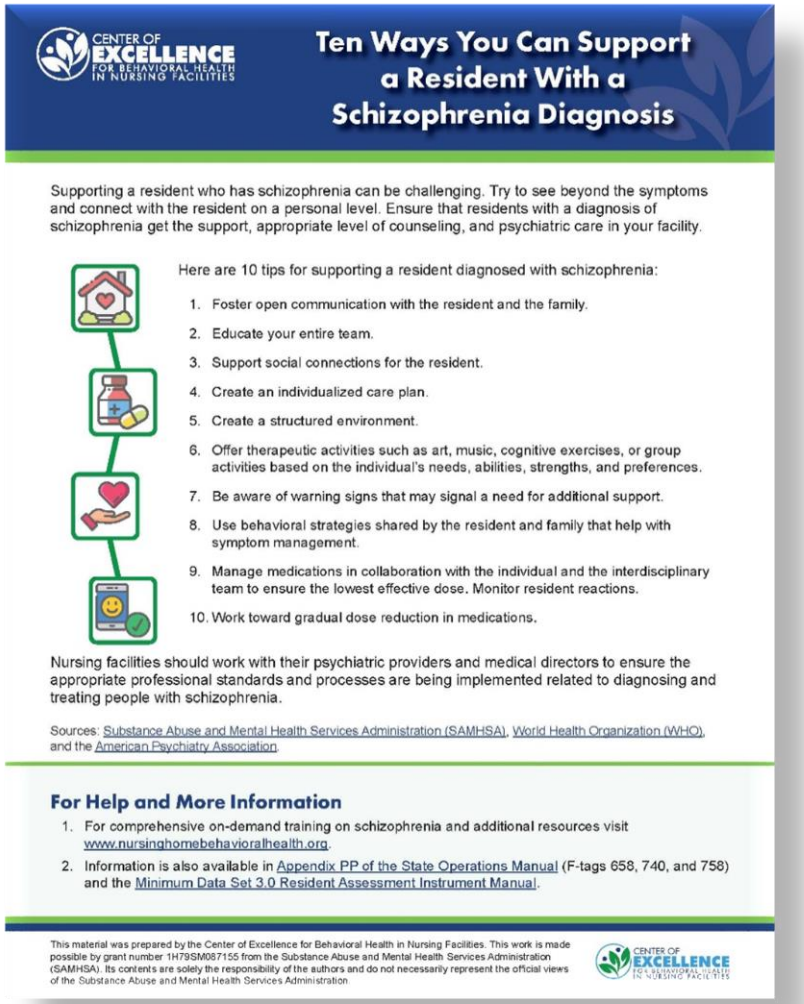

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Ten Ways You Can Support a Resident With a Schizophrenia Diagnosis

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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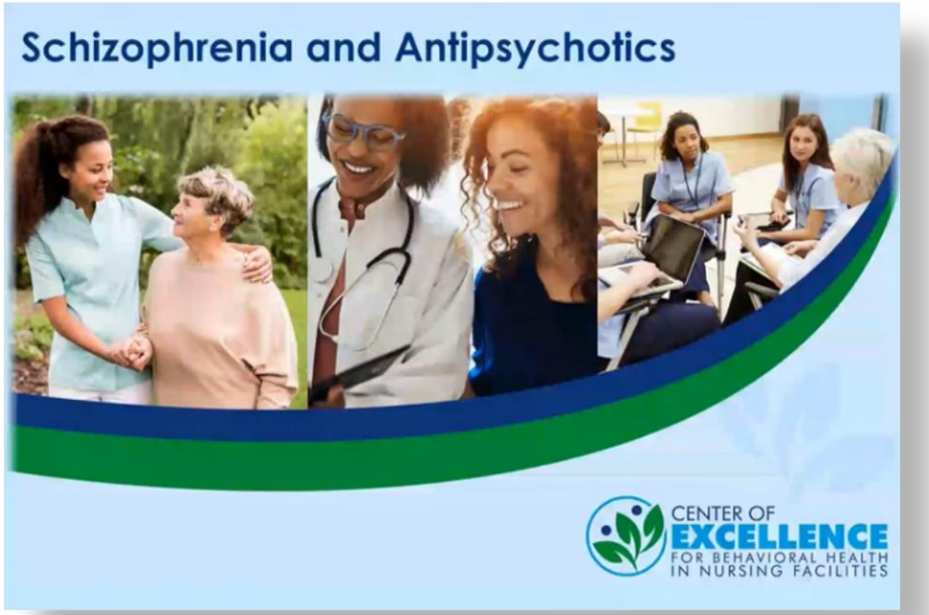

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Bite-sized Learning: Schizophrenia and Antipsychotics

https://bit.ly/BSL_SchizophreniaandAntipsychotics

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COE-NF Resources

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

Schizophrenia Module

https://bit.ly/Module_Schizophrenia

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