CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Understanding Psychosis: Differentiating Schizophrenia from Psychotic Symptoms due to Medical and Neurological Conditions in Nursing Facilities

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Host

Nikki Harris, MA, CBHC-BS

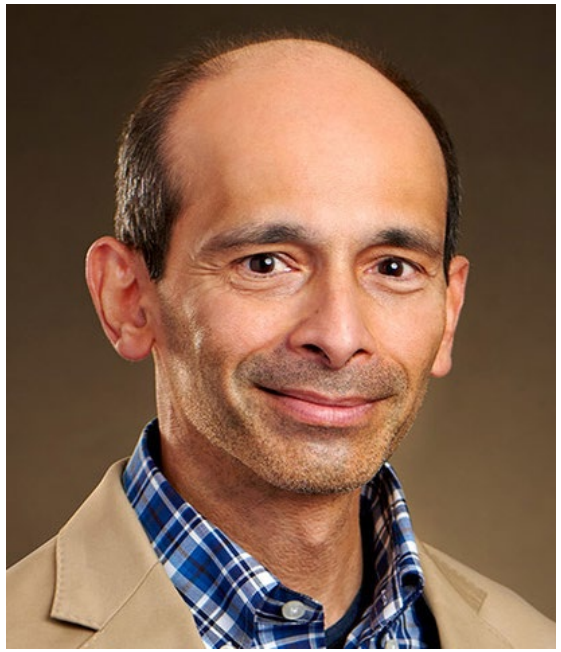
Training and Education Lead

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). 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.

Presenter



Dr. Abhilash Desai

Medical Director
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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

- Dr. Desai 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.

- Dr. Desai have no other relevant financial relationships to disclose.

Learning objectives

- Identify at least one medication and one neurological condition that commonly cause Schizophrenia-life psychotic symptoms

- Discuss workup and treatment options for psychotic disorders due to medical and neurological conditions.

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

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

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

Marder and Cannon. Schizophrenia. NEJM 2019.

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

Conditions that may present with schizophrenia-like symptoms

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

Marder and Cannon. Schizophrenia. NEJM 2019.

Medical / Neurological conditions

- Medication-induced / Polypharmacy-induced
- Delirium
- Dementia-related psychosis (e.g., Alzheimer's disease, Lewy body disease)
- Parkinson's disease psychosis
- Other medical / neurological condition causing psychotic disorder (e.g., dehydration, electrolyte imbalance, infection, autoimmune disorders, celiac disease, brain tumor)

Medication-induced psychotic disorder

- Intoxication-related psychosis (with or without delirium)
- Withdrawal-related psychosis (with or without delirium)
- Drug-drug interaction related psychosis

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

Delirium-related psychotic symptoms

- Visual hallucinations are most common
- Tactile and olfactory hallucinations may be seen
- Delusions typically accompany hallucinations

Parkinson's disease psychosis

- Psychotic symptoms are often a side effect of dopamine therapy
- Psychotic symptoms are also directly related to the changes in the brain caused by Parkinson's disease

Lewy body dementia

- 80% have visual hallucinations
- Delusions are also common

Alzheimer's disease

- More than 30% develop distressing delusions at some point
- Visual hallucinations may be seen in 10-20% of cases

Five key steps in clarifying diagnosis of Schizophrenia vs Medical Conditions

- Detailed history including from knowledgeable family / informants
- Comprehensive physical and mental status exam
- Review of all medications (prescribed and over-the-counter) and their details (e.g., onset of psychotic symptoms in relation to a medication started or stopped).
- Review of previous records of psychiatric assessment and treatment
- Workup

Psychotic symptoms: schizophrenia vs medication induced and due to medical conditions

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
- Vital signs typically normal

Medication-induced and medical conditions causing psychotic symptoms

- Paranoid or grandiose themes
- Visual hallucinations
- Decrease in severity and intensity over time after addressing the underlying cause
- More in evenings and nights
- Vital signs often abnormal (e.g., tachycardia, high blood pressure)

Workup

- Laboratory tests: CBC, CMP, TSH, B12, D, Magnesium, CRP
- Urine drug screen and or blood medication levels
- Neuroimaging (brain scans) and other tests (including biomarker tests for Alzheimer's disease, Parkinson's disease and Lewy body disease)

Treatment

- Biopsychosocial approach

- Psychosocial interventions – second line interventions
  - Psychoeducation of patient and family
  - Staff training:
    - Causes of psychotic symptoms besides schizophrenia
    - Non-pharmacological interventions
    - De-escalation strategies

Biological interventions

- Treat the cause (e.g., tapering and discontinuing medication)
- Medications as appropriate: Pimavanserin for Parkinson's disease psychosis, antipsychotics – if psychotic symptoms pose danger to self and or others, lorazepam for catatonia

Desai and Grossberg. Chapter 6. Psychosis and violence. Book: Psychiatric Consultation in Long-Term Care: A Guide for Healthcare Professionals. 2nd Edition. 2017. Cambridge University Press.

Hospitalization

- Delirium (especially if cause unclear)
- To manage suicide and or violence risk

Gradual dose reduction applies to Pimavanserin and antipsychotics

- 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.

Documentation requirements

Primary care provider or a psychiatric provider note at the nursing home 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, medication-induced psychosis, psychosis due to a medical / neurological condition.

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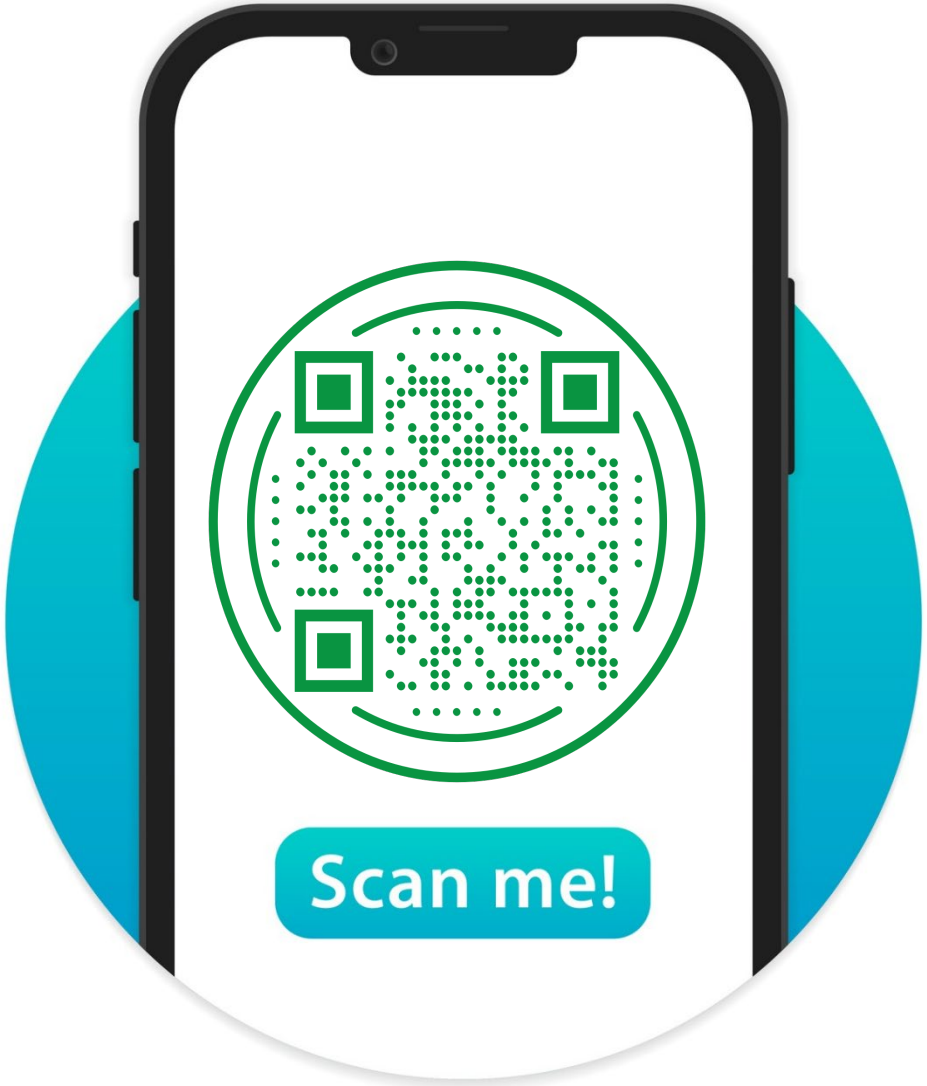
Questions?

Request Assistance



<u>To submit a request for assistance, scan the QR code</u>.

We look forward to assisting you!

Contact us:
For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:
nursinghomebehavioralhealth.org

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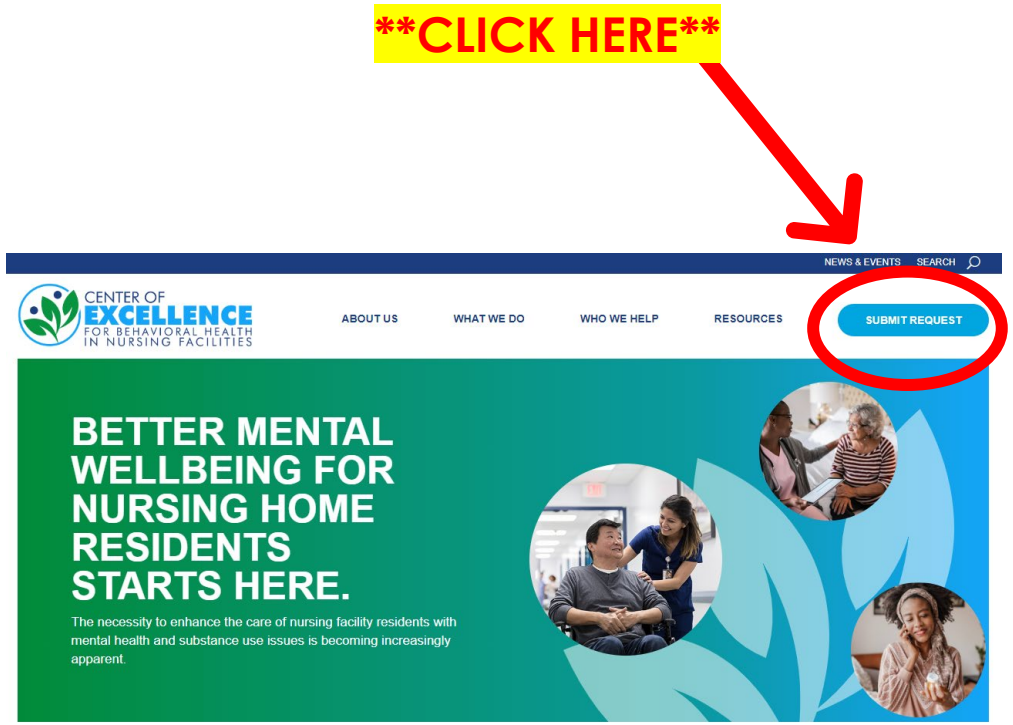
How to Submit a Request

Dedicated Website

- Online form where nursing facilities can submit consultation requests
- Include CCN number and full facility name
- Online requests are responded to within **48 hours**
- https://nursinghomebehavioralhealth.org/request-assistance

COE-NF Voicemail Box: (844) 314-1433

- Messages will be responded to within **two (2) business days**



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Thank You!

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