

# Psychosis in the Elderly

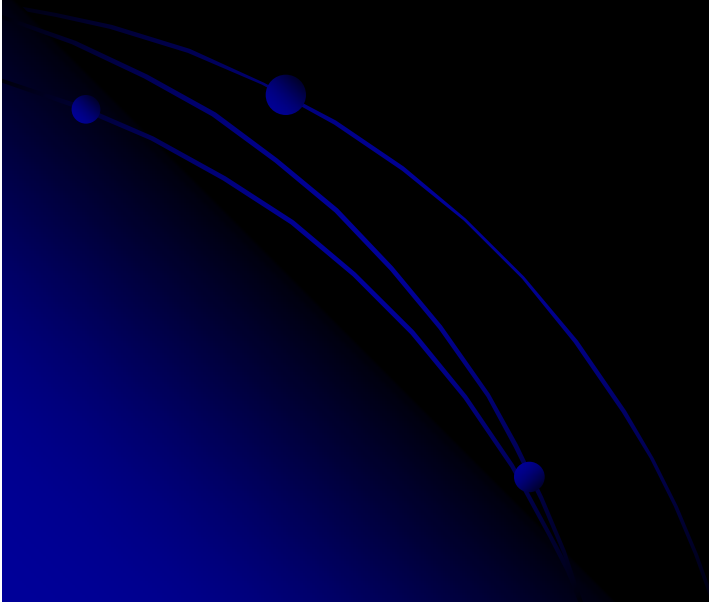
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# Definition

- An impairment of reality testing causing cognitive and/or behavioral disturbances and often manifested as delusions and/or hallucinations. (Targum and Abbott, 1999)



# Prevalence

- Psychotic symptoms are more common in populations of elderly persons than in younger persons. This is due in part to the fact that 'medical' conditions such as delirium and dementia can have associated psychotic symptoms.
- Up to 23% of older adults will experience psychotic symptoms at some time.

# Evaluating Psychosis in Seniors

- Is this a new condition?
- Is there an underlying 'medical' cause – delirium, dementia, other?
- Is there an underlying psychiatric cause – mood disorder, pre-existing psychiatric illness, etc.?
- In what way is this a problem for the patient or for others?

# Is this a new condition?

- Many patients presenting in old age with psychotic illness may have had psychotic disorders when they were younger.
- These patients can generally be managed based on their past treatments, for example, patients with schizophrenia who have grown older.
- Changes associated with ageing may affect medication tolerability.

# Schizophrenia

- Distinguishing cognitive effects due to disease vs. age may be a challenge.
- Patients with schizophrenia have impairment in executive function, which may contribute to the 'negative symptoms' such as apathy, and to occupational and functional impairment

# Is there an underlying medical cause?

- Delirium
- Dementia, Alzheimer Type
- Dementia with Lewy Bodies
- Dementia, vascular
- Alcohol
- Parkinson's Disease
- Tumors
- Sensory Impairment (Charles Bonnet Syndrome)

# Delirium

- Disturbance in level of consciousness with impaired ability to focus, sustain, or shift attention
- Changes in cognition and perception
- Acute
- Fluctuating
- Underlying medical cause presumed

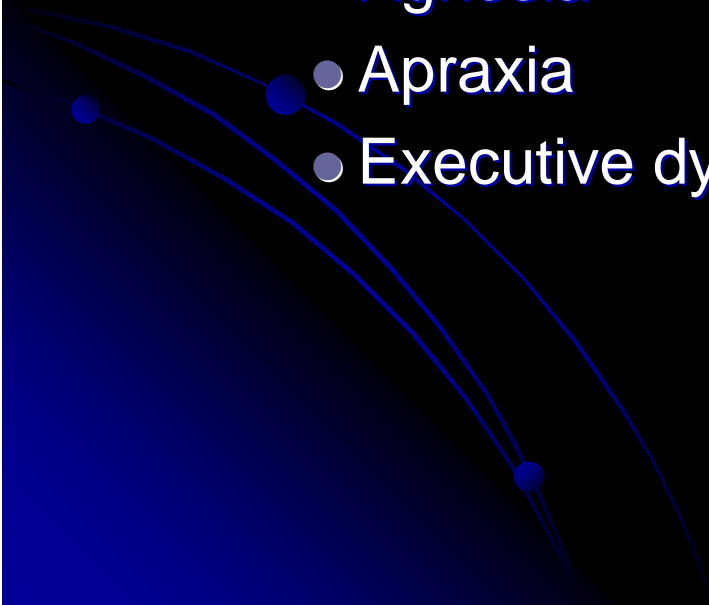
# Psychotic Symptoms in Delirium

- Typically visual hallucinations, although may also be auditory or tactile
- Hallucinations may be quite elaborate e.g. Leprechauns chasing spiders across the ceiling, nurses organizing a cat show in the hallway
- Delusions are poorly systematized

# Delirium for the Psychiatrist

- Delirium is frequently mistaken for other psychiatric conditions including depression (42% of referrals in one study) or a primary psychotic illness ('ICU psychosis')
- Just because an underlying cause has not been identified does not mean it is not delirium (15 – 25% of cases no cause is ever identified)
- The most common cause (30 – 40% of cases) is medications (anticholinergic, sedative, analgesic)

# Dementia

- Definition of dementia:
    - Memory Impairment
    - Other Cognitive Changes i.e.:
      - Aphasia
      - Agnosia
      - Apraxia
      - Executive dysfunction (SOAP)
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# Dementia Alzheimer Type

- Most common form of dementia
- Hallucinations occur in up to 50% of cases, more often visual than auditory
- Tend to occur at more advanced stages of the disease
- Important to distinguish between delusions and memory difficulties (e.g. People are taking my things.)
- Psychotic symptoms slightly more common in women than men with DAT

# Dementia with Lewy Bodies

- Present on autopsy in 12 – 36% of older patients with dementia, but clinical rates still under debate
- Prominent visual hallucinations appear early
- Fluctuating course may resemble delirium
- Parkinsonian features
- Worsened by (typical) antipsychotics

# Dementia, Vascular

- Overlap with DAT
- May have: abrupt onset, stepwise decline, patchy impairment, history of strokes, neurological signs/symptoms, emotionality, sub-cortical features, 'depression'
- Presence of ischemic changes predicts severity of DAT: many cases are "mixed dementia"
- CT 'abnormalities' esp. white matter changes
- Reported possible association with late-onset psychosis

# Alcohol

- Acute states including intoxication and withdrawal
- Withdrawal delirium in hospitalized elderly patients may be missed, and responds to benzodiazepines rather than antipsychotics
- Alcohol hallucinosis usually first presents after age 40, more common in males


# Parkinson Disease

- Needs to be differentiated from DLB
- Visual hallucinations occur in up to 20% of pts on dopaminergic agents
- Prevalence of delusions varies from 3 – 30%
- The challenge: treatments to alter dopamine tip the scale between motor and psychotic symptoms: ECT may be an option

# Sensory Impairment

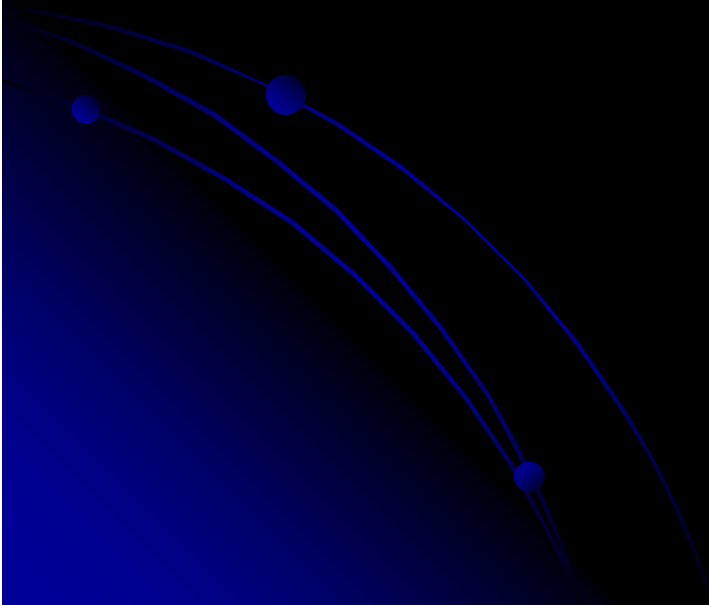
- Hallucinations and delusions reported to be more common in patients with visual and auditory impairment.
- Charles Bonnet Syndrome: hallucinations occurring in visual impairment without impaired cognition. However, many pts have early cognitive changes (?DLB).

# Is there an underlying psychiatric cause?

- Psychotic disorders
    - Schizophrenia (late onset)
    - Delusional disorder
    - Induced Psychotic disorder
    - Other strange syndromes
      - Capgras
      - Hallucinations of Widowhood
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# More psychiatric causes

- Mood disorder
  - Depression
  - Bipolar disorder/mania
- Personality disorder

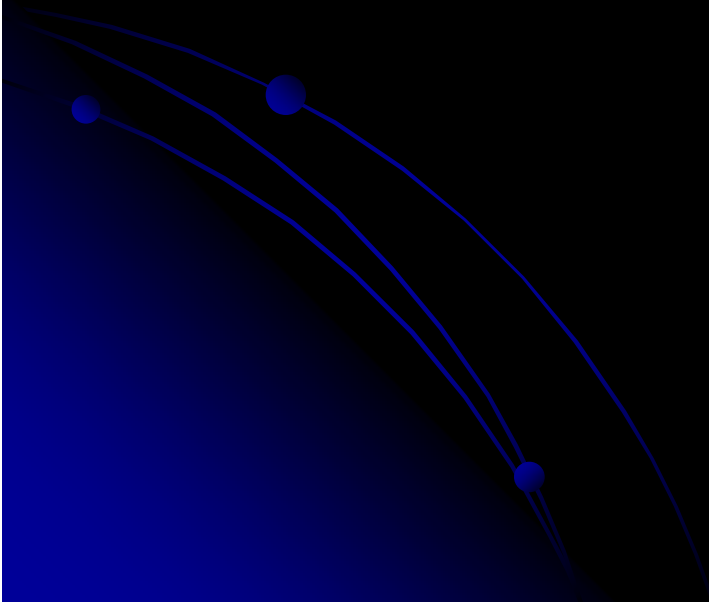


# Late Onset Schizophrenia

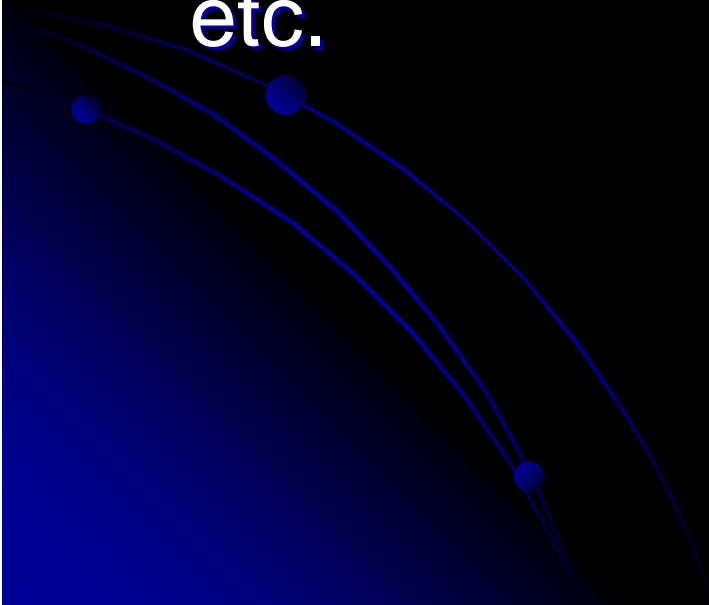
- Does it really exist?
- Schneiderian symptoms less common in elderly pts (both EO and LO)
- Negative symptoms less common in LO than EO
- LOS pts have impaired cognitive function relative to elderly controls – is this an early sign of dementia?
- Treatment response from 27 – 60%
- Other terms – VLOSLP, paraphrenia, psychosis NOS

# Delusional Disorder

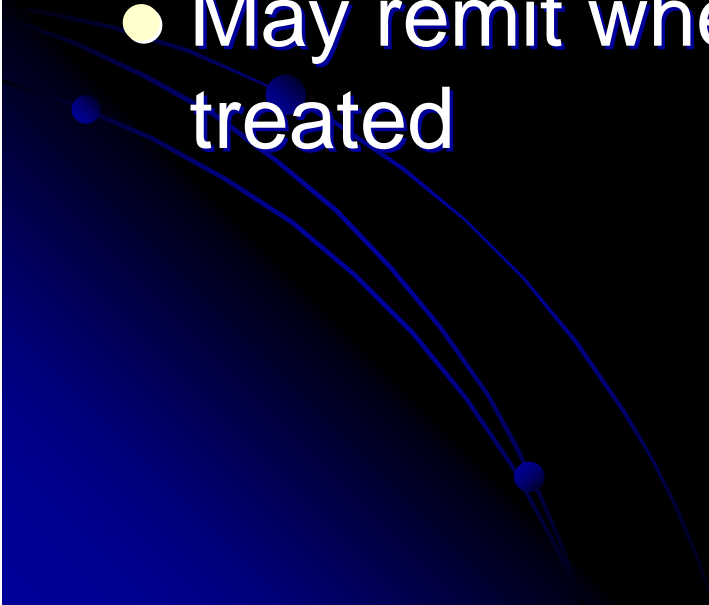
- Rates for delusional disorder higher in an older population.
- Most common are persecutory, but also may be grandiose, hypochondriacal, etc.



# Induced Psychotic Disorder

- Also known as Folie a Deux.
  - May be particularly strong in an isolated senior.
  - Affected pt may be parent, spouse, sibling etc.
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# Capgras Syndrome

- Misidentification syndrome
  - Reported in 4 – 23% of older adults with underlying neurological or medical conditions
  - May remit when the underlying condition is treated
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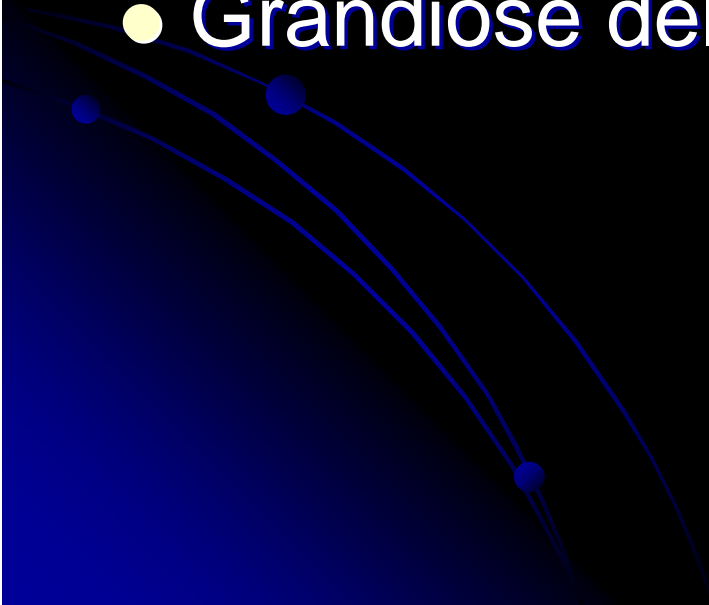
# Hallucinations of Widowhood

- Widow reports seeing or even interacting with her deceased spouse
- Majority of experiences occur at night
- Insight into the fact that the person is not really there
- Usually not frightening
- Reported in 4% of all widows (can also occur in widowers)

# Depression with Psychosis

- Psychosis more common in late-onset depressions
  - Mood congruent delusions most common
    - Poverty
    - Somatic
    - Guilty
    - Nihilistic
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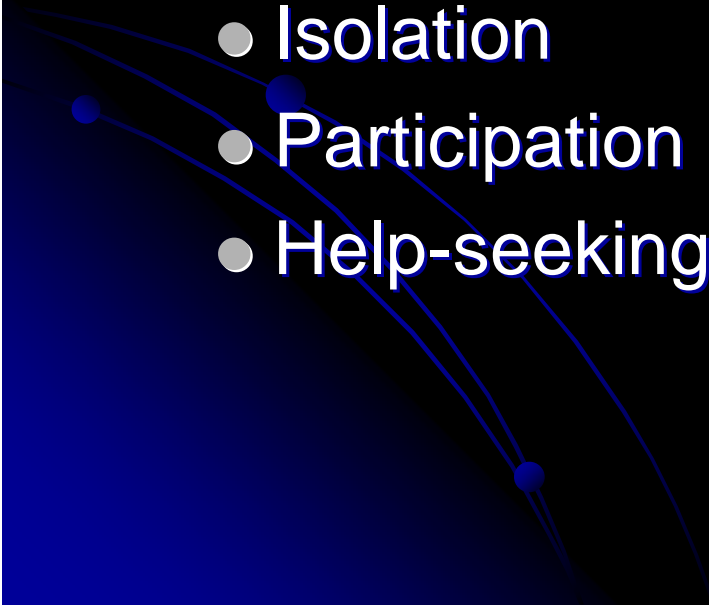
# Bipolar Disorder

- Late life onset is rare
  - Must be differentiated from behavioral disturbances associated with dementia (agitation), delirium, agitated depression
  - Grandiose delusions
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# Personality Disorders

- Paranoid Personality Disorder, Schizotypal Personality Disorder
- As the person ages, the degree of suspiciousness can grow and evolve into delusional disorder
- Many other conditions must also be considered in the differential

# In what way is this a problem for the patient or for others?

- Emotional distress (patient)
  - Emotional distress (loved ones)
  - Behavioral disturbance
    - Aggression
    - Isolation
    - Participation in (self)care
    - Help-seeking behaviours
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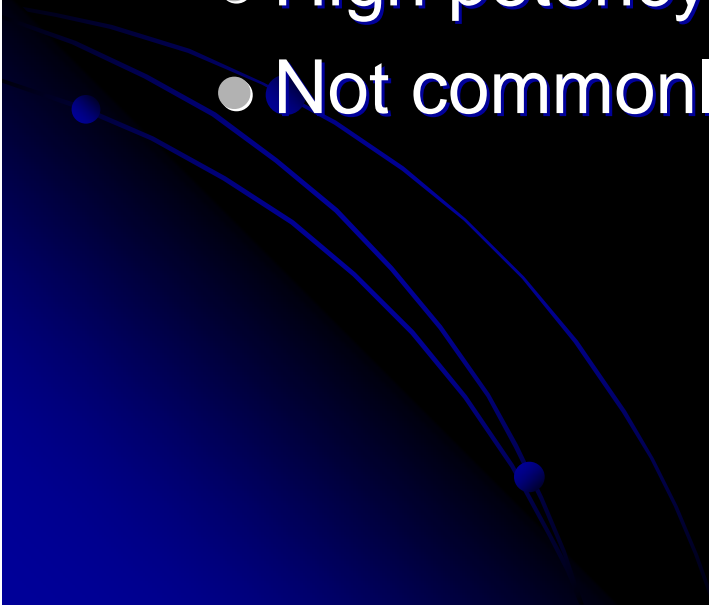
# Treatment

- Obviously depends on what condition is being treated
- A good assessment is the first step
- Treat co-morbid or underlying conditions
- Define treatment goals
- Psychosocial and environmental interventions can be key

# Psychosocial and Environmental Interventions

- Safety concerns
- Validating approach
- Education for patient and family/caregivers
- Environmental triggers should be minimized e.g. Night checks with a flashlight in long-term care facilities
- Extra supports may need to be put in place e.g. HCNS
- In extreme cases, apprehension by Adult Protection

# Antipsychotic Medications

- Older typical antipsychotics may be associated with side effects
    - Low potency antipsychotics can be anticholinergic
    - High potency antipsychotics can have EPSE
    - Not commonly used except for acute sedation
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# Atypical Antipsychotics

- Controversial
- Increase in all-cause mortality in patients with dementia
- Warnings about use in dementia
- Still probably safer than the typical antipsychotics
- Families of patients with dementia need to be well-informed about risks
- No real role for clozapine due to SE

# Summary

- Psychosis in the elderly is a common symptom caused by a variety of different psychiatric and medical conditions
- Late onset psychosis may have different clinical features than early onset
- Psychosis may be an indicator of early cognitive decline
- Psychosocial factors are key to management

Thank you.

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