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SPA PCP Treatment & Referral Guideline
Assessment & Treatment of Psychosis

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“Assessment and Treatment of Psychosis”

Psychosis is a general term specifying an inability to recognize reality. Psychosis is manifested by a broad range of symptoms that fall into 2 basic domains: the positive and negative symptom categories.

I. The Positive Symptom Category

The classic, florid or traditional symptoms:

- A) Delusions
 - a) False thoughts and beliefs
- B) Hallucinations
 - a) False sensory perceptions
- C) Disorders of speech
 - a) Loose; disorganized; language that conveys no meaning; mutism.
- D) Disorders of behavior and action
 - a) Catatonic excitement or negativity; posturing; severe agitation and/or aggression

II. The Negative Symptom Category

Atypical, deficit symptoms:

- A) Disorder of decreased affect
 - a) Anhedonic; flat; blunted affect; restricted range of emotional response
- B) Diminished interests or sense of purpose in life
 - a) Avolitional
- C) Diminished social or occupational drive
- D) Neuro cognitive deficits
 - a) Poor orientation and concentration
 - b) Problems with memory
 - c) Decreased fluency of speech
 - d) Problems sequencing complex tasks (planning and judgment)

III. Primary Psychiatric Conditions

- A) Schizophrenia
- B) Bipolar conditions
- C) Severe major depression
- D) Delusional disorders
- E) Reactive psychosis
- F) Regressed Borderline
- G) Body dysmorphic conditions

IV. Conditions Which Affect the Central Nervous System (CNS)

You must treat the primary cause too

- A) Dementias
 - a) Deliriums (CNS infections HIV); post CVA

- B) Thyroid disease and other Endocrine diseases (e.g. Cushing's and autoimmune such as Lupus)
- C) Positive Neurosyphilis; CNS cancer/infection/trauma
- D) Low B12/folate
- E) Substance use disorders
 - a) Hallucinogens
 - b) Alcohol
 - c) Amphetamines
 - d) Cocaine
 - e) PCP

V. Treatment Issues

- A) The conventional "Typical" antipsychotic agents (block the Dopamine 2 receptor)
 - a) These treat the positive symptoms, but **not** the negative symptoms.
 - b) Untreated negative symptoms lead to poor compliance and outcome
 - c) One-third of the patients will be refractory to typical agents.
 - 1) Chlorpromazine (generic) - Thorazine (brand)
 - 2) Thioridazine (generic) - Mellaril (brand)
 - 3) Fluphenazine (generic) - Prolixin (brand)
 - 4) Perphenazine (generic) - Trilafon (brand)
 - 5) Haloperidol (generic) - Haldol (brand)
 - 6) Thiothexene (generic) - Navane (brand)
- B) Major Problems with typical agents:
 - a) Extrapyramidal effects (EPS); Tardive Dyskinesias
 - b) More anti cholinergic side effects
 - c) Elevate prolactin = amenorrhea, galactorrhea, gynecomastia
- C) The atypical antipsychotic agents (Serotonin-2 block greater than Dopamine 2 block) resulting in less EPS and greater efficacy on negative symptoms and refractory cases.
 - a) These benefits increase compliance and lead to improved outcomes.
 - b) Excellent for positive and negative symptoms.
 - c) Less increase in Prolactin.
 - d) Less EPS and Tardive Dyskinesia.
 - 1) Risperidone (generic) - Risperdal (brand)
 - .5-1.0mg qHS up to 4-6 mg po qHS
 - 2) Qlanzapine (generic) - Zyprexa (brand)
 - 2.5-5.0mg po qHS to max of 20mg po qHS
 - 3) Ziprasidone (generic) - Geodon (brand)
 - 20mg po BID best at 40mg po BID max at 120mg
 - 4) Clozapine (generic) - Clozaril (brand)
 - The gold standard atypical agent but 1-2% agranulocytosis – (best only for psychiatrists to prescribe).
 - 5) Aripiprazole (generic) – Abilify (brand)
 - 10mg po qHS to 15mg po qHS
 - 6) QueTiaPine (generic) – Seroquel (brand)
 - 25-50mg po QHS starting dose to a max of 800mg po qd

VI. Managing Psychotic Disorders in the Elderly Patient

Psychosis may occur in a number of clinical situations in the elderly. Antipsychotic medications are frequently prescribed and continued for older adults who have existing psychiatric conditions, e.g. psychotic depression, severe bipolar mania, schizoaffective disorder, schizophrenia, and delusional disorder. In this population where there is not a comorbid condition of dementia-related psychosis or agitated behaviors, the antipsychotic agents tested below are used with safety points listed for dosing (**Note:** Please reference the Dementia Guideline for any older adult with dementia-related psychotic agitation as there are many other areas of attention: intervention and caution in using medication for demented older adults).

Approaches to the Elderly Patient with Psychotic Diagnosis Not Due to Dementia:

A) When medications are indicated, the doses needed are often far less than those typically used for psychotic younger adults. The following is a list of the recommended **MAXIMUM** doses for commonly used antipsychotics in the elderly for psychotic diagnosis:

- a) Thoridazine (generic) – Mellaril (brand)
 - 1) 25 mg (starting dose) – 75 mg/day (recommended max. daily dose)
 - **Note:** quite anticholinergic in effect. May lead to increased confusion.
- b) Haloperidol (generic) – Haldol (brand)
 - 1) 0.5 – 1 mg (starting doses) – 5 mg/day (recommended max. daily dose)
- c) Clozapine (generic) – Clozaril (brand)
 - 1) 50 mg/day (recommended max. daily dose)
 - **Note:** Clozapine (generic) - Clozaril (brand) may have significant negative effects: leukopenia, seizures and orthostasis. Recommend consult with Psychiatry if considered. Needs weekly CBCs.
- d) Risperidone (generic) – Risperdal (brand)
 - 1) 0.5 – 1 mg (starting dose) – 3 mg/day (recommended max. daily dose)
- e) Qlanzapine (generic) – Zyprexa (brand)
 - 1) 2.5 – 5 mg (starting doses) – 10 mg/day (recommended max. daily dose)
- f) Quetiapine (generic) – Seroquel (brand)
 - 1) 25 – 50 mg (starting dose) – 400 mg/day (recommended max daily dose)
 - **Note:** Quetiapine (generic) - Seroquel (brand) can cause significant liver abnormalities or failure. See package insert for recommendations on monitoring LFT's.
- g) Ziprasidone (generic) – Geodon (brand)
 - 1) 20mg po BID best if up to 40mg po BID
- h) Aripiprazole (generic) – Abilify (brand)
 - 1) 5-10mg po qHS up to 20 mg po qHS

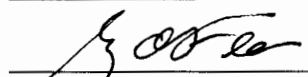
VII. Additional Suggestions for Management

- A) Avoid anticholinergic medications, where possible, they often cause negative side effects such as sedation and anticholinergic side effects.
- B) Avoid “typical” antipsychotics in patients with movement disorders, such as Parkinsons. Medications such as Haloperidol (generic) - Haldol (brand) may make

- the movement disorder much worse. Quetiapine (generic) - Seroquel (brand) is thought to be the one agent with the least negative effect on movement.
- C) The FDA has recommended a class label warning on the use of atypical antipsychotic agents due to a risk relationship between their use and the development of treatment related dyslipidemia and diabetes. Any patient treated with an atypical antipsychotic should be advised of these risks and monitored for symptoms of hyperglycemia, polydipsia, polyuria, polyphagia, weakness and lipid profile. Patients with existent risk factors for type 2 diabetes (who are starting treatment) should undergo Fasting Blood Sugar (FBS) and check of lipid profile at baseline and periodically during treatment. Patients, who develop these symptoms during treatment with these agents, should undergo FBS. Patients with an established diagnosis of type 2 diabetes, who are started on these agents, should be monitored regularly for worsening of glucose control.

Baseline screening for all patients started on these agents should determine whether a patient is: over weight; obese; has type 2 diabetes; has diabetes; hypertension; or dyslipidemia.

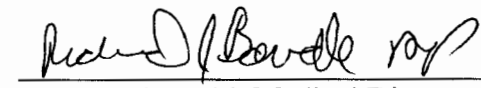
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