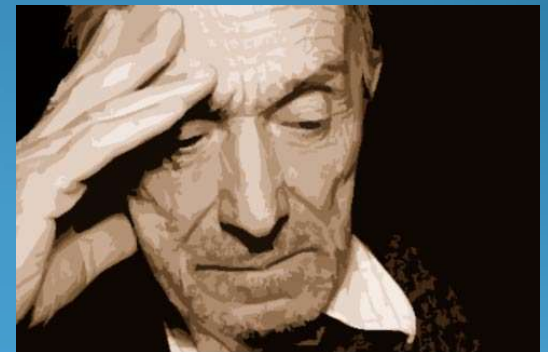


Psychosis Across The Ages

An Interactive Expert Panel Workshop

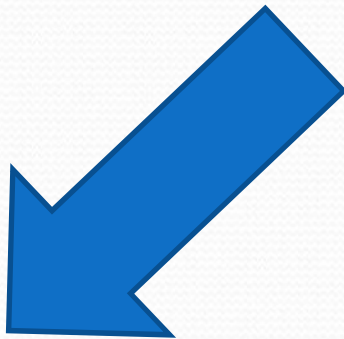


With special thanks to Dr Matthew Cahill for his contributions

Our Experts.....

Dr

Consultant Child and
Adolescent Psychiatrist



Our Experts.....

Dr
Consultant Psychiatrist



Our Experts.....

Dr
Consultant Psychiatrist



Our Experts.....

Dr
Consultant Psychiatrist
Older Adults



Bobby

Bobby is presented to his GP with a six month history of increasing low mood, social isolation, poor self-care and 'odd behaviours.' He is referred to the Mental Health Service for an assessment. He is given a working diagnosis of 'Psychosis.'

15

30

68

Symptoms and Signs

EXERCISE 1

What symptoms and signs may you see in a Psychotic Episode for someone in this age-group?



Diagnosis

15



Mum says he has started to struggle at school, has got in with the wrong crowd, and that his personality has changed. He is more short-tempered and angry. She thinks he is self-harming. He is always very anxious

30



Bobby's wife feels his mood has become more erratic. He is unable to work and talks about 'not wanting to be here anymore.' He has also become quite verbally aggressive and forgetful

68



Bobby's daughter says he has become quite withdrawn and 'retreated into himself.' He does not seem interested in the family anymore, and does not engage in activities he used to enjoy. He also complains of 'pain everywhere' and headaches

Diagnosis

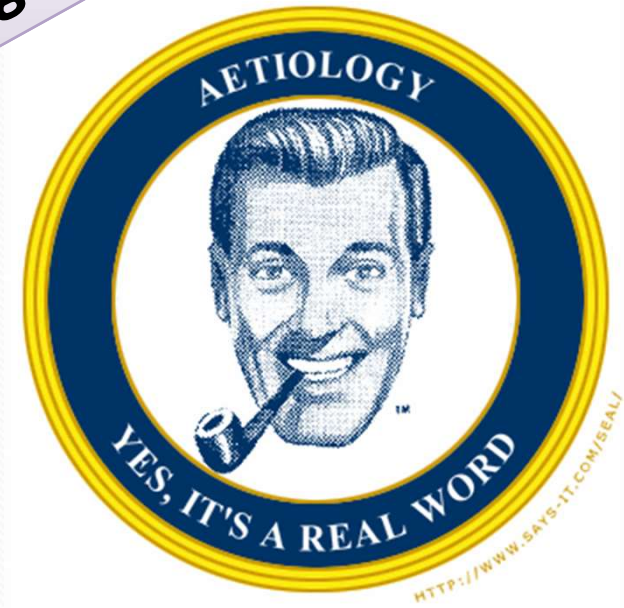
EXERCISE 2

What are the challenges of diagnosis, and differential diagnoses for someone in this age group?



Aetiology

EXERCISE 3
Highlight some aetiological factors that could be present in this age group?



Functioning

15



Bobby is 15 and at school, however, he has not been attending regularly for the last six months. Prior to this episode, he was a well-adjusted and popular young boy

30



Bobby is 30 and a manager at British Gas. He has an exemplary employment record and is expected to do well in the company. He is married to Karen and they have a son aged 18 months. Karen is four months pregnant, and her mum has severe dementia, but still lives at home.

68



Bobby is 68. His wife died three years ago. He lives alone. His daughter lives nearby, but she works, and is busy looking after her three children. He has a son in London. Bobby volunteers at the local day hospital for children with learning disability. He also writes articles for the local community newspaper

Functioning

EXERCISE 4

What is the effect on Bobby's functioning?





Risks and MHA

Bobby deteriorates and begins to get more paranoid. He becomes house-bound, believing that he is in danger. He gets very aggressive with family when they answer the door or phone, and he does not like them going on their mobile phone. He has smashed up his own mobile phone. He has covered all the mirrors in his house, and sellotaped all the window frames, as he believes someone is pumping chemicals into his house. He also believes someone has implanted a micro-chip in his brain to control him

Risks and MHA



EXERCISE 5

- 1) What are the current risks?
- 2) Would you consider use of the MHA? What are the implications and consequences of this choice?

TRY TO STICK TO THE QUESTIONS RATHER THAN THINKING ABOUT OVERALL MANAGEMENT AT THIS POINT



Bobby is admitted under S2 of the MHA

EXERCISE 6

Outline a management plan for Bobby with consideration for his age

THINK BIO-PSYCHO-SOCIAL AND TRY TO THINK SHORT-TERM, MEDIUM-TERM AND LONG-TERM MANGEMENT

Differences In Management

- **Choice of antipsychotic medication**
- **Choice of psychological approach**
- **Social management / treatment**

Over to the experts.....

Transitions of Care



EXERCISE 7

Discuss the potential complications of the transition of care between:

- **CAMHS to Adult Services**
- **General Adult to Older Adult Services**



MCQs – Child and Adolescent

If you are working with a 15 year old boy who is presenting with external auditory hallucinations and a belief that they are being followed, which 4 question areas are most relevant?

- A) Family history of psychosis
- B) Recent drug use, including cannabis
- C) Recent decline in motivation, academic performance and self care
- D) Recent change in affect
- E) Recent change in concentration and energy levels



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MCQs – Child and Adolescent

You learn that your patient has a strong family history of psychosis, is hearing voices in external space, and believes that thoughts are being put into his head from the television. Which of the 4 following areas form part of your ongoing assessment?

- A) Thyroid function test
- B) Test of Prolactin Levels
- C) Test of visual fields
- D) Detailed early developmental history
- E) Urine drugs screen



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MCQs – General Adult

People with Schizophrenia have an increased rate of:

- A) Premature death
- B) Diabetes
- C) Heart disease
- D) Smoking
- E) All of the above



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- Ref: Connolly M, Kelly C (2005) Lifestyle and physical health in Schizophrenia, APT, 11, 125-132]



MCQs – General Adult

Which of the following statements is FALSE with regards to cognitive impairment in schizophrenia:

- A) It is consistent with the neurodevelopmental theory of schizophrenia
- B) It is present in drug-naïve patients
- C) It is present in the majority of patients with schizophrenia
- D) It is not clearly related to specific symptoms
- E) It is only found in chronic elderly patients



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Ref: Carroll (2000) Cognitive impairment in Schizophrenia. APT 6, 161-168].



MCQs – Older Adult

Schizophrenia in older adults is most accurately described by the term:

- A) Late-onset schizophrenia
- B) Very-late onset schizophrenia
- C) Paraphrenia
- D) Dementia praecox
- E) Delusional disorder



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MCQs – Older Adult

All but the following are described as risk factors for late-onset psychosis:

- A) Sensory impairment
- B) Social isolation
- C) Polypharmacy
- D) Male gender
- E) Age-related deterioration of frontal and temporal lobes



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