

Assessing Psychosis in People with I/DD

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DDMI-TUG

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What Can We Cover Today:

- **Definitions**
- **Common presentations**
- **Frequent medications – cursory**
- **Consideration of extenuating circumstances and conditions**
- **Case/questions/discussion!**

Psychosis

- **Illness characterized by major alterations in mental functioning.**
- **Severe disturbance in cognitive and perceptual processes;**
- **Inability to distinguish reality from fantasy;**
- **Disturbances of feeling and behavior;**
- **May be acute, chronic, “functional”, or “organic”**

Ayd, F.J., 1995; Lexicon of Psychiatry, Neurology & the Neurosciences,
Williams & Wilkins, Baltimore p.543

What types of psychosis do we see? *Let's do a poll today...*

- Schizophrenia
- Post-ictal psychosis
- Depression
- PTSD
- Syndromes: FAS, Fra-X
- Medical conditions

Presentations

- **Distortions of perception**
 - **Hallucinations: auditory, visual, tactile**
- **Changes in behavior**
 - **Withdrawal, preoccupation**
 - **Fixation of thinking**
 - **Loosening of associations**
 - **Addressing hallucinations**
- **Changes in sleep**
- **Impulsivity**
 - **Aggression; self-protection**

Presentation Symptoms, cont.

- **Loss of self-care**
 - **Often lose track of day/night cycle**
 - **Decrease bathing; resistance to change**
- **Appetite changes**
 - **Dietary idiosyncracies, beliefs**
- **Language/speech/communication**
 - **Neologisms, clang associations**
 - **Less distinct; poor modulation**
- **Paranoia**
 - **World is unsafe by their perception**
 - **Presence of paranoia alone doesn't identify paranoid schizophrenia**

Medications in brief

- **Antipsychotic**
 - Formerly “neuroleptic” – named for attaching to neurons.
- **Often produce extra-pyramidal symptoms (EPS)**
- **May produce involuntary movements**
 - Screen with Abnormal Involuntary Movement (disorder) Scale (AIMS), other scales
 - Treat symptomatically

Medications in brief

- **Typical antipsychotics**
 - **Haldol: pill, liquid, depot (IM)**
 - **Prolixin: pill, depot**
 - **Thorazine: pill, liquid**
 - **Navane: pill**
 - **Reglan – for stomach motility**

Medications in brief

- **Atypical antipsychotics**
 - **Zyprexa (olanzapine)**
 - **Geodon (ziprasadone)**
 - **Risperdal (risperidone)**
 - **Seroquel (quetiapine)**
 - **Abilify (aripiprazole)**
 - **Saphris (asenapine maleate)**
 - **Invega (paliperidone)**
 - **Symbyax (olanzapine/fluoxetine)**

Medications in brief

- **What is different about atypicals?**
 - **Metabolic syndrome**
- **And especially, clozapine?**
 - **Atypical that works when others haven't**
 - **Sedation, drooling, wt gain**
 - **Effect on WBC, RBC**

Circumstances/Conditions

- **Concomitant neurologic conditions**
 - Seizure disorders
 - Brain injury
 - Communication disorders
- **Medical conditions**
 - Endocrine: thyroid, DM
 - Cardiac/pulmonary: CVD, COPD, RAD
 - Hepatic & Renal
- **Medications**
 - Steroids
 - Protein binding properties

Integrating Information

- **Look for recent stressors**
- **Review medical conditions**
- **Age, time course, severity of symptoms & their meaning**
- **Consider cognitive functioning**
 - **“self-talk” is helpful and organizing**
 - **“criticism” is often demoralizing (depression; schizophrenia; AH)**

Cases...

- Questions?...
- Insert your cases here if not earlier!
- 49 yo male, CUS, I/DD, obesity, recurrent hypoxia, DM.
 - Zyprexa + Navane
- 31 yo female, non-verbal, loss ADL
 - Clozapine – excess drooling

Conclusions

- **Recognize and treat symptoms of psychosis**
- **Ask for comprehensive Dx eval**
- **Look for recovery; support stress-responses**

- **Next DDMI-TUG: July 9, 2012**
 - **12-1:30 p.m.**