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.