Psychosis in the Elderly
Handout Package
What is Psychosis?
- Impaired cognitive functioning, disorganized thinking and speech
- Presence of delusions or prominent hallucinations in the absence of insight
- In the elderly, underlying psychosis may present as a behavioural disturbance

Symptoms of Psychosis
- Cognitive or behavioural disturbances, often manifested as hallucinations or delusions
- Agitation or aggression are also associated with psychosis in the elderly
Hallucination

- A sensory perception without external basis
- Types include:
  - Auditory
  - Visual
  - Tactile
  - Somatic
  - Gustatory
  - Olfactory

Delusion

- A fixed, false belief...
- The belief is not one ordinarily accepted by other members of the person’s culture

Causes of Psychosis

Neurodegenerative Disorders
- Alzheimer Disease
- Lewy Body Dementia
- Parkinson’s Disease

Mood Disorders
- Depression
- Mania
Causes of Psychosis

- Delirium
- Schizophrenia
- Personality Disorders
- Medications

Alzheimer Disease:
- Among clients with dementia, Alzheimer disease is the most common
- Most common feature of dementia is memory loss
- Memory loss often leads to confusion

Vascular Dementia:
- Can range from multiple strokes to single strategic strokes
- Cognitive abnormalities vary depending on areas affected
**Causes of Psychosis**

**Lewy Body Dementia:**
- Fluctuating confusion
- Prone to hallucinations and delusions
- Parkinsonism
- Poor executive functioning, visuo-spatial skills
- REM sleep disorder
- Atonia (decreased muscle tone)

**Dementia in Parkinson's Disease:**
- Dementia is common in Parkinson’s Disease (occurs in 30-40%)
- Psychosis appears to be associated with depression and older age of onset of Parkinson’s Disease
- Common behavioural symptoms are hallucinations, delusions and apathy

**Dementia in Parkinson's Disease:**
- Hallucinations are well-formed, frightening and frequent
- They are often related to dopaminergic agents
Mood Disorders:
- Depression
- Mania

Causes of Psychosis

Delirium:
- Medical emergency, reversible
- First sign may be a sudden change in behaviour, or a functional or physical change
- Conditions that could cause delirium – “Bugs ‘n Drugs”

Schizophrenia:
- Mental illness that presents in early life and usually persists through life (chronic)
- Late onset is less common, but does occur (paraphrenia)
- Onset earlier in men than women
- May display delusions, hallucinations and misinterpretations of reality
Schizophrenia

Major Symptoms:
- Thought disturbances
- Disturbances in perception
- Disturbances in behaviour

Causes of Psychosis

Paranoia:
- A symptom, not a disorder
- Paranoia and psychosis have many causes
- May be due to delirium, secondary to a general medical problem
- Can be associated with depression, dementia and/or other neurological dysfunction

Personality Disorders:
- Rarely develop in the elderly
- In extreme situations, psychotic symptoms may be exhibited
Causes of Psychosis

Medications:
- Use of multiple medications
- Drug interactions/dosages
- Withdrawal of medications
- Overuse of medications

Assessment for Psychosis
- History of present illness
- History of past psychiatric illness
- Family history
- History of medical illness
- Drug and alcohol use

Assessment for Psychosis
- Cognitive Screen: MMSE
- Risk Assessment: Violence/suicide
- Physical Exam
- Laboratory Tests/Investigations
- Collateral Information: Partners in Care
Interventions for Psychosis

- Eliminate reversible causes
- Attend to visual and hearing deficits
- Medication review
- Remove external stressors
- Behavioural interventions

Summary

- Psychosis is the presence of delusions or prominent hallucinations in the absence of insight
- Psychosis may present as a behavioural disturbance in the elderly
Psychosis in the Elderly
Resource Package
# Symptoms of Psychosis

## Positive symptoms

<table>
<thead>
<tr>
<th>Delusions</th>
<th>Sensing things that aren't actually there</th>
<th>Being unable to “think straight”</th>
<th>Being emotionally disturbed or excited</th>
<th>Trying to seem very important</th>
<th>Grandiosity</th>
<th>Suspiciousness</th>
<th>Hostility</th>
</tr>
</thead>
</table>
| False personal beliefs that are not part of reality  
- Truly believes something that doesn’t make sense to others around them, and any reasoning and showing evidence that contradicts their belief doesn’t convince them that their belief is false  
- Includes the belief that they are being spied on, plotted against, harmed or tormented; many report receiving messages from the radio or television | Includes hearing, seeing, smelling, tasting or feeling things that others don’t perceive  
The most common hallucinations involve hearing voices usually saying negative, critical or frightening things to the person, warning of danger, or even giving orders | Organizing thoughts is difficult, making it impossible to communicate clearly with others  
- Unable to concentrate on one thought for very long; thoughts may come and go quickly  
- Unable to connect thoughts into logical sequences; thoughts are often blocked and become fragmented | Includes appearing disturbed, excited, restless or hyperactive | Believe that they are powerful, wealthy, very intelligent, famous or have special powers | Might think they are being watched, followed, persecuted or conspired against | Acting unfriendly and showing ill feelings towards others  
- Behaving in an abusive, sarcastic and difficult manner |

## Negative symptoms

<table>
<thead>
<tr>
<th>Lack of drive or initiative</th>
<th>Absorbed in own thoughts and senses</th>
<th>Lack of emotion or interest in things normally considered important</th>
<th>Lack of normal feelings</th>
<th>Slow speech and actions</th>
<th>Concrete thinking</th>
<th>Avoids eye contact and conversation</th>
<th>Poor communication skills</th>
</tr>
</thead>
</table>
| Lack of energy, desire or motivation to start or do anything – even simple things  
- Sleeps more than doing anything else and picks at meals | Absorbed in own thoughts and senses  
- Spends most of the time alone, avoids contact with others | Shows no interest in activities with family or friends and everyday activities such as personal hygiene, cooking, reading, watching TV | May feel less connected emotionally to what is going on around them  
- May appear less emotionally responsive to their surroundings  
- May feel very little pleasure doing things that are normally enjoyed | Movements may seem unnatural and slow | Cannot see the underlying meanings of things  
- Cannot move from the specific to the general | In conversation may appear bored, uninterested or cold  
- May speak in a monotonous voice, have few facial expressions and appear uninterested  
- Won’t say much unless spoken to directly | |

<table>
<thead>
<tr>
<th>Emotional unresponsiveness</th>
<th>Difficulty in abstract thinking and planning</th>
<th>Stereotyped thinking</th>
<th>Physical symptoms</th>
</tr>
</thead>
</table>
| Absorbed in own thoughts and senses | Shows no interest in activities with family or friends and everyday activities such as personal hygiene, cooking, reading, watching TV | Strong attitudes and beliefs that may seem unreasonable to others  
- Thoughts may be repetitive and pushy | May be unconcerned with grooming and hygiene |
| Lack of emotion or interest in things normally considered important | Shows no interest in activities with family or friends and everyday activities such as personal hygiene, cooking, reading, watching TV | Avoids eye contact and conversation  
- In conversation may appear bored, uninterested or cold  
- May speak in a monotonous voice, have few facial expressions and appear uninterested  
- Won’t say much unless spoken to directly | May be unconcerned with grooming and hygiene |