



Sheppard Pratt

# Psychosis in the Elderly

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- No conflicts of interest for this talk
  - No financial relationships in past 20 years
  - **Use of non-FDA approved pharmacologic agents** will be referenced

# Goals

- Learners will be able to identify and differentiate between dementia syndromes in the elderly



# Why Psychosis

- Psychotic symptoms are a frequently encountered in psychiatric evaluation of elderly patients
- Patients newly presenting with psychotic symptoms present important challenges
- There are many potential causes and a lack of reliable biomarkers
- There have been developments in our understanding of psychotic symptoms with discovery of new sources and development of new treatments.

# Song of the Summer

- 86-year-old woman reports being bothered by constant Polka Music
- In retrospect, pt had been bothered by a high-pitched tone for years
- Tone progressed to non-descript noise
- Noise progressed to music
- Voices are next

# Role of Sensory Deficits

- Hallucinations are normal-
- Hearing deficits: Auditory hallucinations
- Visual deficits: Visual hallucinations
- Olfactory hallucinations are less studied, but more data will emerge in the wake of COVID
- Hearing: vague noises, music, voices, associated delusions (often paranoid)

# Causes of Auditory Hallucinations

- Anxiety: very common
- Release Phenomenon: hypersensitivity in the auditory cortex secondary to sensory deprivation from hearing loss
- Multiple Psychiatric Syndromes
- Substance Intoxication
- Left Temporal lobe and Auditory Cortex, temporal lobe sz
- “Exploding Head Syndrome”: a sleep disorder: short, loud noises occur when waking or falling asleep

# Treatment

- Education
- White noise
- Cognitive Behavioral Therapy
- Neuroleptics

# The Devil is at the Door

- 72-year old woman admitted with new-onset psychosis
- Medical: mild htn
- Worked as a court stenographer, no friends, husband died shortly after marriage
- Friday evening until Saturday evening: FBI, Pope

# Schizophrenia

- ❑ At least 2 of 5 Core Symptoms: delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, and negative symptoms
  - ❑ The vast majority of older adults with Schizophrenia had an early onset. Milder symptoms favor survival to an older age
  - ❑ Late-Onset = onset after age 40
  - ❑ Very-Late Onset = onset after age 60
- } 25%

# Late-Onset Schizophrenia

- Relatively preserved psychosocial functioning
- Lower rate of family history
- Greater preponderance of females than males
- Lifetime prevalence: 0.3% in general population

## Unfaithful Wife

- 58-year-old married man with 8-month history of marital infidelity
- Otherwise, normal
- More fixated on fixing the problem, less focused on anger, but anger can be an important issue

# Delusional Disorder

- Mean onset: 49yo
- Age 40 demarcates Early-Onset from Late-Onset
- Age 60 demarcates Late-Onset from Very-Late Onset
- One or more delusions
- Otherwise functioning normally and not noticeably impaired
- Predominantly male
- Lifetime prevalence: 0.18%

# Type of Delusions

- **Erotomaniac:** Belief that another person, often someone important or famous, is in love with them..
- **Grandiose:** An exaggerated sense of self-worth, power, knowledge or identity.
- **Jealous:** Delusions of infidelity.
- **Persecutory:** Believe that others are intruding upon or attempting to harm them
- **Somatic:** Believe that they have a physical or medical problem, Delusional Parasitosis.
- **Mixed:**

# Characteristics

- Prevalence: 0.05% to 0.1% of general population
- Familial: More common with fam hx delusional d/o or schizophrenia
- Environmental: Socially isolated populations,
- Personality: Envious, distrustful, and suspicious prior to onset
- Alcohol or drug abuse may contribute

# Treatment

- Highly resistant to medication treatment alone
- Cognitive Behavioral Therapy
- Family Therapy: improve communication, find common ground, psychoeducation, shared problem-solving
- Of those that seek and comply with treatment:
  - 50% recover
  - 20% decreased symptoms
  - 20% minimal to no change

# Daughter-in-Law

- 82-year-old widowed woman
- Daughter-in-law is caregiver
- Money hidden; d-i-l knows where it is

# Alzheimer's Disease

- Mild cognitive deficits years before diagnosis of Major Neurocognitive disorder
- Memory, visuospatial, language, attention, orientation, problem solving, executive, perceptual, and motor skills are affected
- Neuronal loss in cerebral cortex and subcortical regions, particularly temporal and parietal lobes as well as portions of the frontal cortex and cingulate gyrus. Brainstem lesions in the locus coeruleus in the pons

# Delusions in AD

- Psychotic symptoms affect one-third to one-half of AD patients
- Decreased quality of life,
- Increased aggression,
- Higher frequency of hospitalization,
- Increased short-term mortality,
- Increased care-giver burden
- A distinct phenotype within AD: accelerated cognitive decline, greater reduction of specific grey matter regions, reduced regional glucose metabolism and blood flow, and accelerated accumulation of tau

- 'logical attempt to understand the environment'
- Memory retrieval deficits, combined with a 'lack of corrective judgements' (right frontal lobe), contribute to the development of content-specific delusions including misidentification.
- Dysfunction within limbic neuro-circuitry, and of the cholinergic/dopaminergic axis, may interfere with the assessment of environmental threats, leading to paranoia and delusions
- Hallucinations, Paranoid Delusions, and Delusional Misidentification are likely separate entities

# Treatments

- DICE
- Aripiprazole and Risperidone (by meta-analysis)
- Escitalopram
- Lithium
- Cholinesterase inhibitors
- Vitamin D
- Pimavanserin

# Unable to Consent to ECT

- 69-year-old widowed woman
- Multiple depressive symptoms attributed to GI complaints
- Difficulty swallowing progressed
- ECT recommended: like a worm

# Major Depressive Disorder

- Fundamentally a mood disorder, may be complicated by psychosis
- Delusions are typically nihilistic
- Guilt, Impoverishment, Somatic failure, Punishment
- Hallucinations, if present, are usually auditory and are consistent with delusions
- Age of onset: 51
- Lifetime prevalence: 0.35%
- Prevalence for patients hospitalized for depression: 20-45%

# Bipolar Disorder

- Fundamentally a mood disorder, may be compromised by psychotic sx
- Typically, delusions are mood-congruent: grandiose
- Auditory hallucinations, if present, are typically mood-congruent.
- Prevalence in elderly: 0.25-1%,
- Of elderly patients with Bipolar Disorder, 44% late-onset

# Missing

- 72-year-old separated man with moderately severe Parkinson's disease
- Missing for two weeks
- Difficult to recover
- Uncooperative due to paranoia

# Parkinson's Disease

- Dementia, present in >30% of PD, is a risk factor for psychosis
- Prevalence of psychosis in PD: 40%
- Prevalence of psychosis in PD with dementia: >50%
- Psychosis due to disease vs dopaminergic medication
- Severity of psychosis does not correlate with psychosis severity

# Aggressive after a Nap

- Suddenly awake from a nap, disorganized, un-engageable, very aggressive with redirection.
- Resolved in a chair

# Dementia with Lewy Bodies

- Prevalence of psychosis: up to 75%
- Dementia severity and severity of psychosis positively correlated

# Frontal Temporal Dementia

- Delusions, the most common symptom, are uncommon: 10%
- Somatic Obsessions

# Almost Dead

- 82-year-old cognitively intact widowed mother of 2, hospice d/t end stage lung disease
- Pt very aggressive in Hospice: 300mg haloperidol, 12mg lorazepam, 250mg diphenhydramine
- You brought me back to life

# Court is in Session

- 67-year-old married man with depression
- Complained only about the noise at night.
- One night it was quiet, but complaint persisted

# Delirium

- Prevalence in hospitalized patients: 23%
- Psychosis complicates 40%
- Vivid false experiences, easily missed
- Experiences resemble nightmares

# COVID-19

- Increased risk of psychosis
- Incidence of psychosis in COVID-19: 0.94-4%
- Unclear what portion of these are due to delirium vs brain infection

**Questions?**



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