

Management of acute psychosis

Plenary workshop
Psychiatry in the General Medicine Unit
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Key Objectives

- Describe the key features of various psychotic illnesses
- Select psychopharmacologic treatment for various psychotic illnesses
- Understand general principles on how to approach a patient with psychosis

Case 1

- 22 year old female, admin assistant
- Admitted from A&E for altered mental state
- 5 day history of odd behaviour, withdrawn, eating poorly, talking to herself, not been going to work

Case 1

- Mental state examination
 - Lying in bed with eyes closed, messy hair
 - Tense, eyelids occasionally flickering, mumbling to herself
 - One word answers, irrelevant replies
 - Indicates that she is afraid, that she is hearing voices

MCQ 1

- What would you do next
 - A. Transfer to IMH under the Mental Health and Treatment Act
 - B. Refer to psychiatry
 - C. Order blood investigations, brain scan
 - D. Order physical restraints in case of violence
 - E. Order chemical sedation

MCQ 2

- The following are medications to consider administering in this patient EXCEPT:
 - A. Haloperidol
 - B. Risperidone
 - C. Clozapine
 - D. Lorazepam
 - E. Diphenhydramine

MCQ 3

- Adverse effects of antipsychotic agents include all of the following EXCEPT
 - A. Orthostatic hypotension
 - B. Acute retention of urine
 - C. Hypothyroidism
 - D. Seizures
 - E. Orofacial dyskinesia

Symptoms of Psychosis

- Delusions
 - false belief based on incorrect inference about external reality that is firmly held despite what most everyone else believes and despite what constitutes incontrovertible and obvious proof as evidenced to the contrary
- Hallucinations
 - false sensory perceptions not associated with real external stimuli

Mood congruence

- Mood congruent
 - Delusions of guilt, persecution, disease, death, deserved punishment
 - Delusions of worth, power, knowledge, special relationship to a deity.
- Mood incongruent
 - Delusions of control
 - Thought broadcast
 - Thought insertion

Differential Diagnosis of psychotic disorders

- Mood disorder with psychotic symptoms
- Delusional disorder
- Brief psychotic disorder
- Schizophreniform disorder
- Schizophrenia
- Schizoaffective disorder
- Substance/Medication induced psychotic disorder
- Psychotic disorder due to GMC

Mood disorder with psychotic symptoms

- Major depressive disorder (MDD) with psychotic features
- Bipolar I disorder, manic or mixed with psychotic features

Brief psychotic disorder

- One or more of the following present for a significant portion of the time (1 day to 1 month)
 - A. Delusions
 - B. Hallucinations
 - C. Disorganized speech
 - D. Grossly disorganized or catatonic behaviour

Schizophrenia

- Two or more of the following present for a significant portion of the time
 - A. Delusions
 - B. Hallucinations
 - C. Disorganized speech
 - D. Grossly disorganized or catatonic behavior
 - E. Negative symptoms (affect flattening, alogia, avolition, apathy)

Other possible conditions

- Delirium
- Schizotypal personality disorder
- Borderline personality disorder
- Obsessive compulsive disorder

Substances associated with inducing psychosis

- Alcohol
- Amphetamines
- Cannabis
- Cocaine
- LSD, PCP
- NMDA, Ketamine
- Inhalants
- Opioids

Psychotic disorder due to GMC

- Brain tumors
- Seizure disorders
- Huntington's disease
- SLE
- HIV
- Steroids
- Antimalarial drugs
- Cushing's syndrome
- Thyroid disorders
- Vitamin deficiencies
- Electrolyte abnormalities
- Uremia

How to approach the psychotic patient

- Establish a good therapeutic rapport
- Do not challenge their beliefs but do not collude with the patient
- Acknowledge their symptoms
- Risk assessment

Management of psychosis

- Antipsychotics are the cornerstone of treatment in primary psychotic disorders
- Antidepressants or mood stabilizers may be necessary depending on diagnosis
- Secondary psychotic disorders require treatment of underlying cause, not necessarily require antipsychotics

Antipsychotics

- Typical

- Haloperidol
- Trifluoperazine
- Chlorpromazine
- Flupenthixol
- Fluphenazine
- Pipothiazine
- Zuclopenthixol
- Sulpiride

- Atypical

- Risperidone
- Paliperidone
- Olanzapine
- Quetiapine
- Aripiprazole
- Ziprasidone
- Amisulpride
- Asenapine
- Clozapine

Side effects of antipsychotics

- Motor
 - Acute dystonia
 - Extrapyrarnidal side effects
 - Tardive dyskinesia
 - NMS
- Metabolic
 - Weight gain
 - Elevated lipid levels
 - Elevated glucose levels
- Others
 - Prolonged QTc
 - Reduced seizure threshold
 - Blood dyscrasias
 - Transaminitis
 - Anticholinergic effects
 - Adrenergic effects

Case 1

- Investigations were unremarkable
- Diagnosis: Brief psychotic disorder
- She was started on Risperidone 1mg ON with remission in 1 week
- Upon follow up she remained asymptomatic
- She presented 4 years later with similar symptoms

Key Learning Points

- Psychotic disorders can be primary or secondary
- If primary psychotic illness
 - cornerstone of treatment is antipsychotics
- If secondary psychotic illness
 - treat underlying cause
 - may also require antipsychotic treatment