

Psychosis in Late Life

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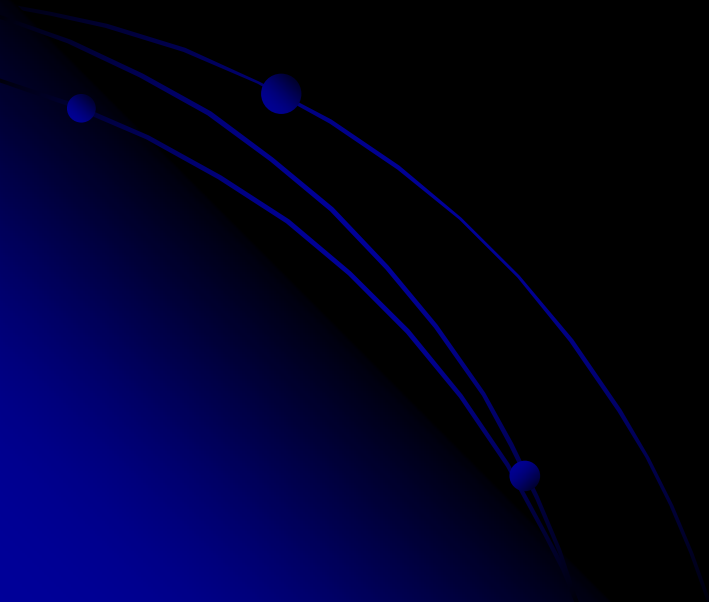
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MANCHESTER
1824

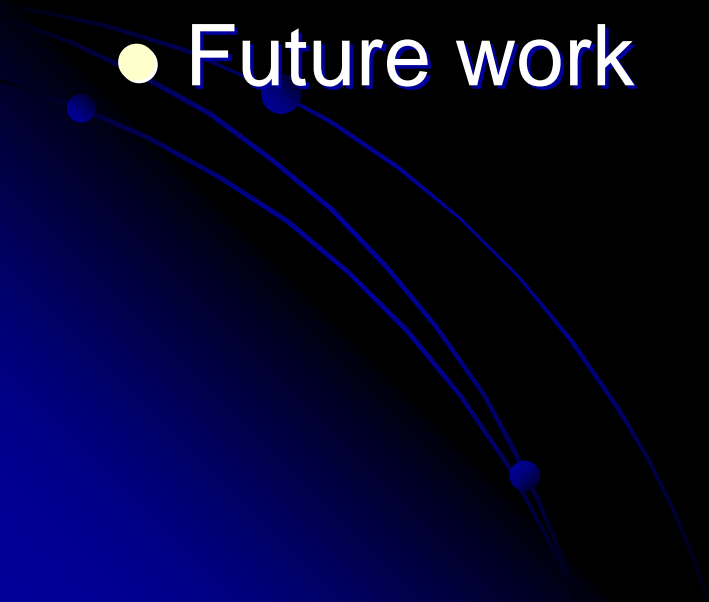
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Dedication

- This lecture is dedicated to the memory of Sir Martin Roth
- One of the founders of the Psychiatry of Old Age, who died on 26th of September 2006 aged 88 years



Outline

- Psychotic conditions in late life
 - History of “Schizophrenia” in late life
 - Similarities and differences early and late
 - Treatment
 - Future work
- 

PSYCHOSIS IN LATE LIFE – Differential Diagnosis

Delusional disorder

Hallucinosi

Dementia

Delirium

Organic Psychosis

Mood disorders

Psychosis substance related

“Schizophrenia”

“Schizophrenia” in late life-history-1



Karl Ludwig Kahlbaum 1828-1899

- Paraphrenia
- 1863- term used to describe insanity in transitional periods in the life cycle

Berrios GE (2003); The insanities of the third age: a conceptual history of paraphrenia. J Nutr Health Aging. 2003;7(6):394-9.

“Schizophrenia” in late life-history-2



Emil Kraepelin-1856-1926

- “Dementia Praecox”
- An organic aetiology-
- “...in dementia praecox, partial damage to, or destruction of, cells of the cerebral cortex must probably occur”
- “Paraphrenia”
- Not age related- paranoia without affective response

History-3



Manfred Bleuler-1928-1983

Bleuler M (1943):Fortschritte der Neurologie
Und Psychiatrie; 15:259-290.

- Late Onset Schizophrenia
- Age of onset > 40 years
(n=126)
- 4% age of onset > 60years
- 50% symptoms = Early onset

- 15% of his total case series

Howard et al 2000(International Consensus)
Am J Psych.157;172-178.
Modestin et al (2003); Am J Psychiatry :
160;2202-2208

History-4



Sir Martin Roth FRS- 1917-2006

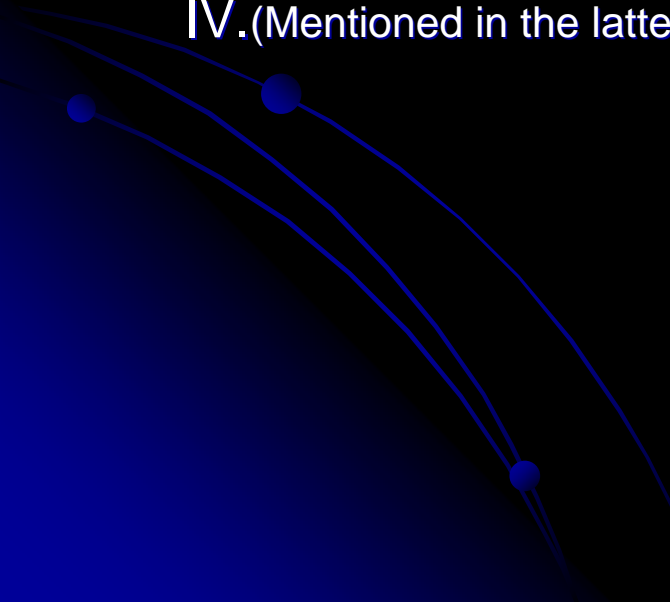
Roth & Morrisey (1952); Problems in the Diagnosis and classification of mental Disorders in Old Age; J. Ment Sci:98;66-80.

- Late Paraphrenia
- A “British “ concept ?
- Newcastle group suggest:- a distinct syndrome, with females > males, abnormal pre-morbid personality & social function, and deafness.

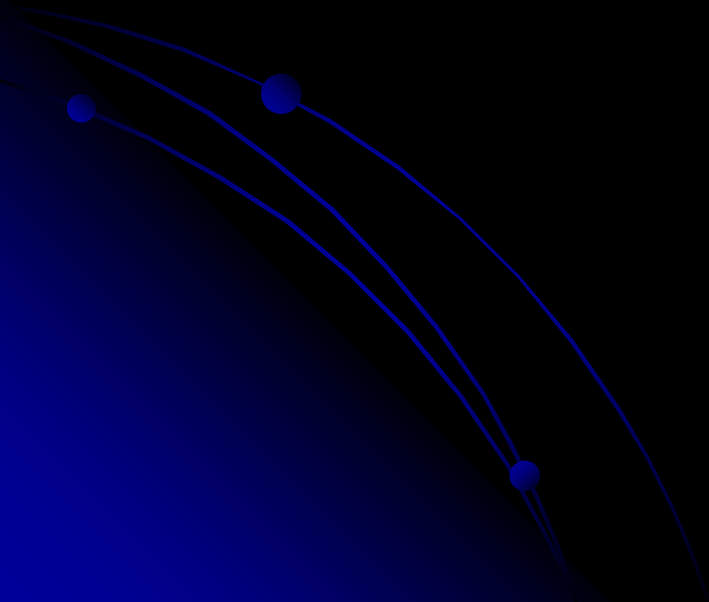
Howard et al (2000)

Almeida (1998); Late Paraphrenia. Chapter 10;
Seminars In Old Age Psychiatry: Eds Bultler R, Pitt B; RCPsych

Nosological Problems

- “Schizophrenia” is “Schizophrenia” at any age
 - Changing views over time - Late Onset Schizophrenia omitted from ICD-10 and DSM IV. (Mentioned in the latter)
 - “Schizophrenia” in Late Life differs from early onset
 - The role of aging; pathoplastic or difference?
 - Pragmatic approach to reconcile the debate in International Consensus
Howard et al 2000 (International Consensus)
Am J Psych. 157;172-178.
- 

The International Consensus (Howard et al 2000)

- Literature Review
 - MEDLINE search
 - Debate
 - Classification
 - Early Onset
Schizophrenia ; < 39
years of age -EOS
 - Late-Onset
Schizophrenia; 40-59
years of age.- LOS
 - Very-Late-Onset
Schizophrenia-Like
Psychosis; 60 + years of
age.-VLOSLP
- 

Prevalence Sx > 40 years of age

● LOS

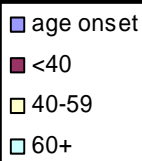
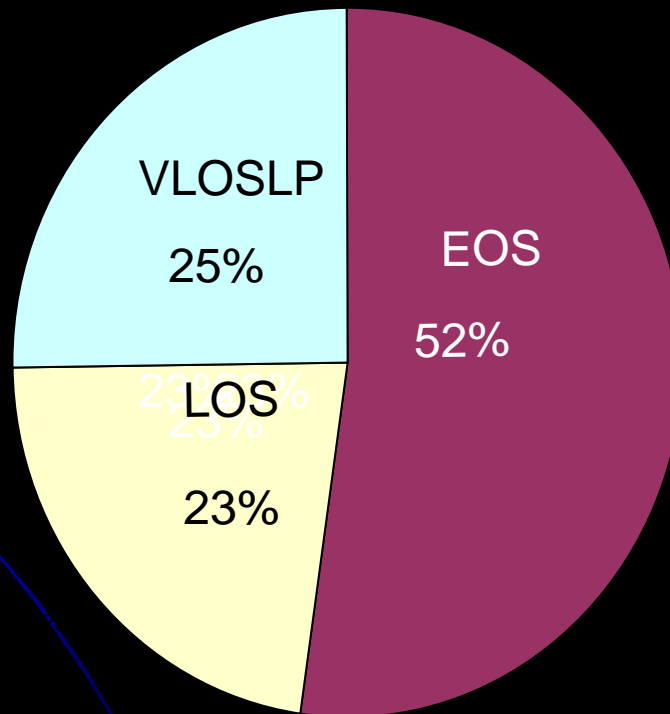
- Data is scarce!
- 1 year prevalence (45-64 yrs) is 0.6% (Keith et al 1991)
- 1 year prevalence (65 years or older) 4.4/1000 of population aged 65 yrs or older (McNulty et al 2003)

● VLOSLP

- Data is scarce!
- Prevalence from community studies of those aged > 65 years ranges between 0.1 % and 0.5% (Howard et al 2000)
- Oldest Case onset 100 years (Cervantes et al 2006)

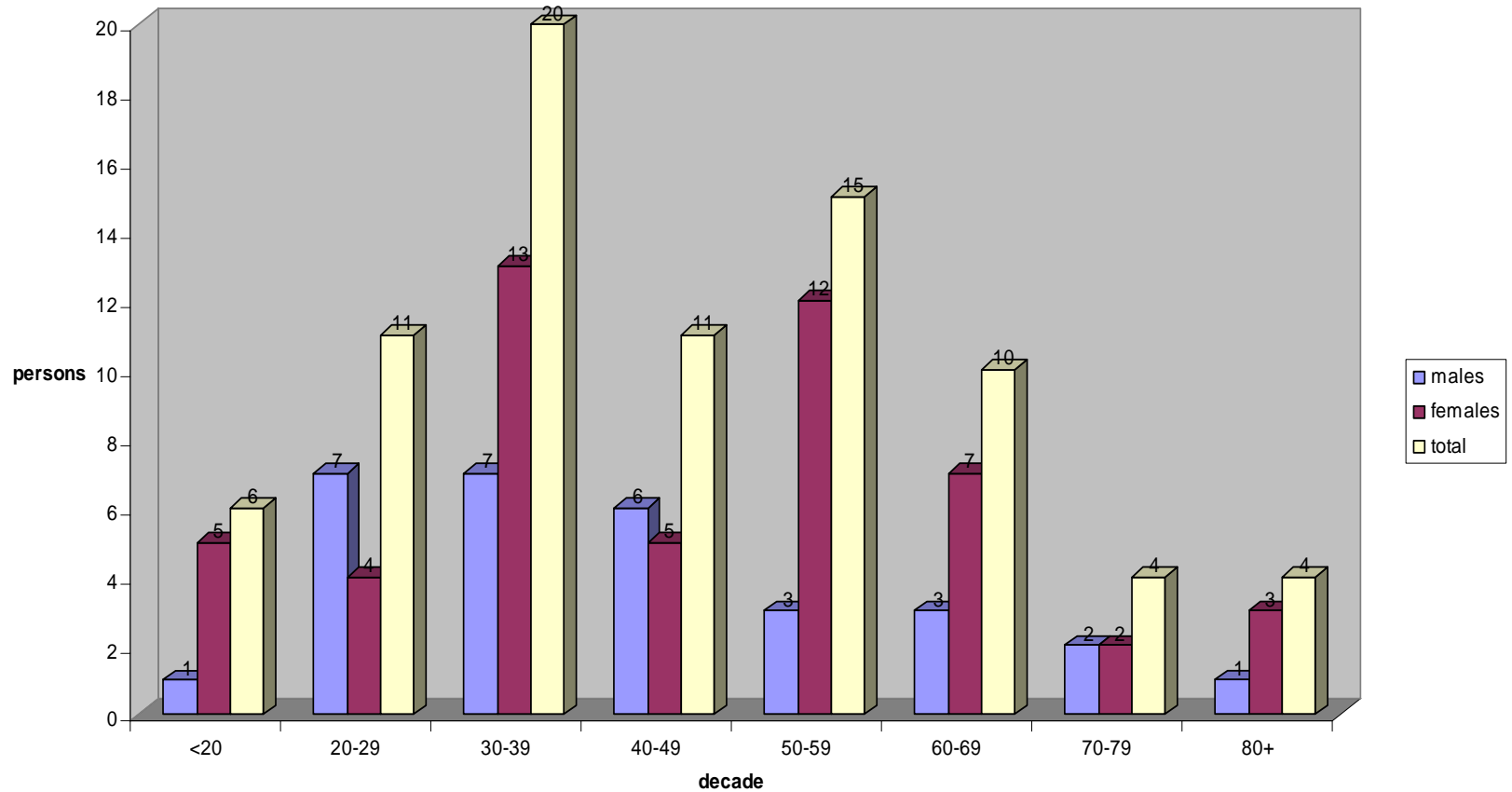
South Manchester Audit N=81

All Age > 65 years-Diagnosis SX/SA



Manchester Audit

Manchester OAP Schizophrenia audit; age of onset by decade and by gender



Clinical features 1; EOS v LOS & VLOSLP

● LOS

- More similarities than differences
- More likely;
- -Visual, Olfactory, Tactile Hallucinations.
- -3rd person, abusive, commentary auditory Hallucinations.
- -Persecutory and Partition delusions
- **Less Likely;**
- **Thought Disorder, Affective Blunting**
- **Poor pre-morbid function**

● VLOSLP

- Thought Disorder is rare
- Negative Symptoms are rare
- Lower risk for family members of Sx
- **Increased sensory impairment, especially deafness.**
- **Female preponderance.**
- **? Outcome better.**

Clinical Features-2. EOS v LOS & VLOSLP

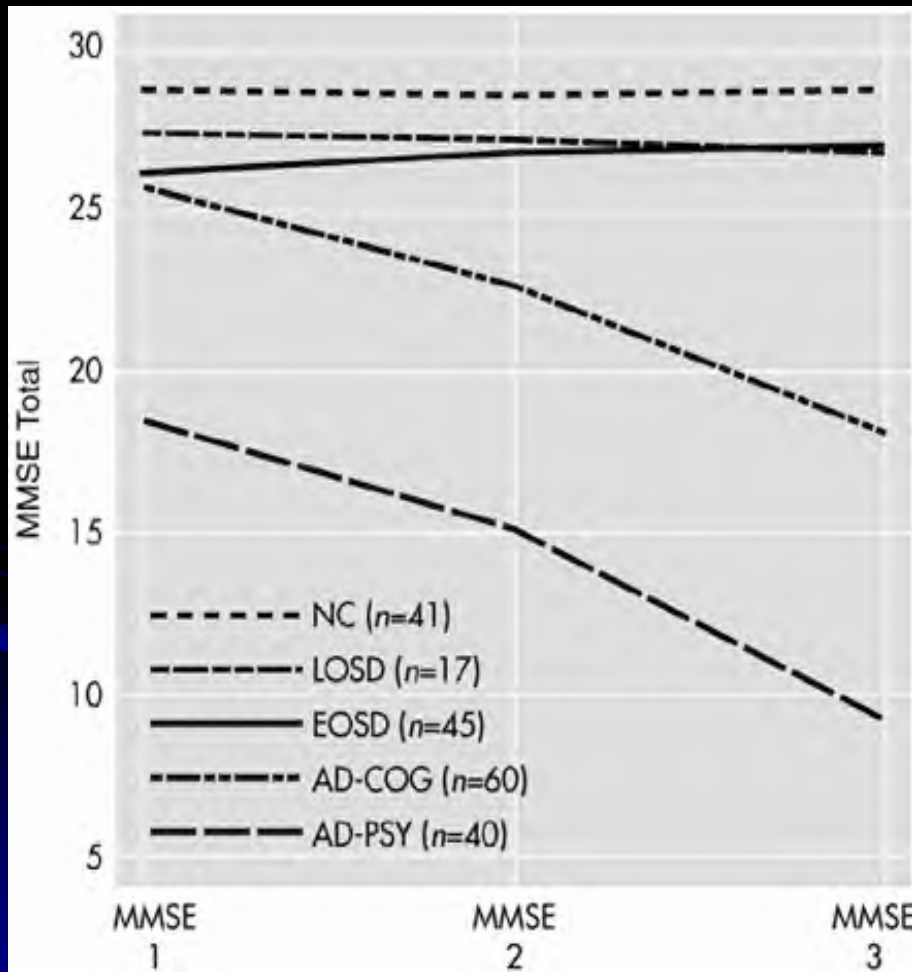
● Imaging Studies

- In contrast to EOS; LOS & VLOSLP show subtle/no differences with age matched controls.
- (Howard et al 1994, Jones et al 2005,)
- OR Increased periventricular hyperintensities (Sachdev & Brodaty (1999)

● Ethnicity & Cognition

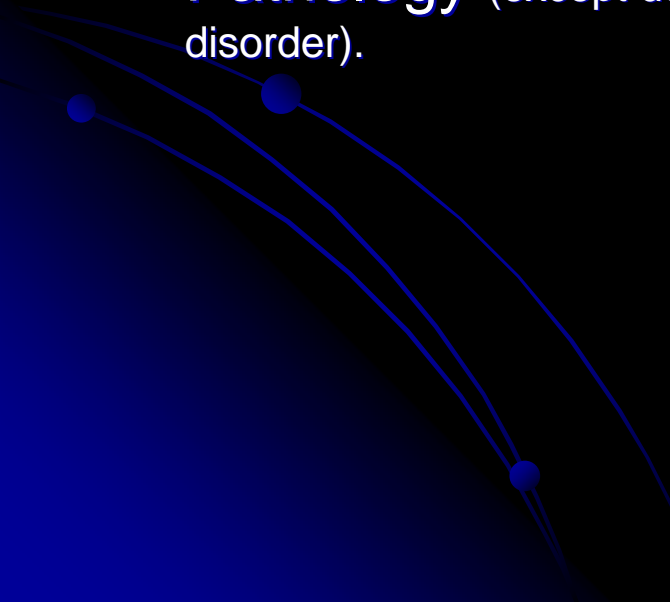
- Ethnicity; VLOSLP in Afro-Carib. People :- younger and more likely male than Caucasian population (Reeves et al 2003, Miller et al 2005).
- Cognition; Older people with Sx more likely than younger to have cognitive impairment (Kelly et al 2000).
- VLOSLP less likely to have cognitive impairment than EOS grown old (Mazeh et al 2005)

Longitudinal study of Cognition- EOS v LOS



- Method & Results
- LOSD = >45 years (n=37)
- EOSD = < 45 years (n=71)
- AD-COG = Mild no psych (n=72)
- AD-PSY = With Psych (n=62)
- Annual Testing (reduced Ns)
- Palmer et al (2003); J Neuropsychiatry Clin Neurosci 15:45-52.

LOS “Dementia”?

- NO
 - Most studies show no change in cognition or in function over time
 - No changes in Imaging or Pathology (except delusional disorder).
- YES
 - Little evidence; ? A tauopathy-
hyperphosphorilation of hippocampal afferent and efferent; in majority of LOS and 30% of EOS.
 - Casanova et al (2003)
- 

Treatment **LOS** - Limited data; Limited Options

- Fresh Air



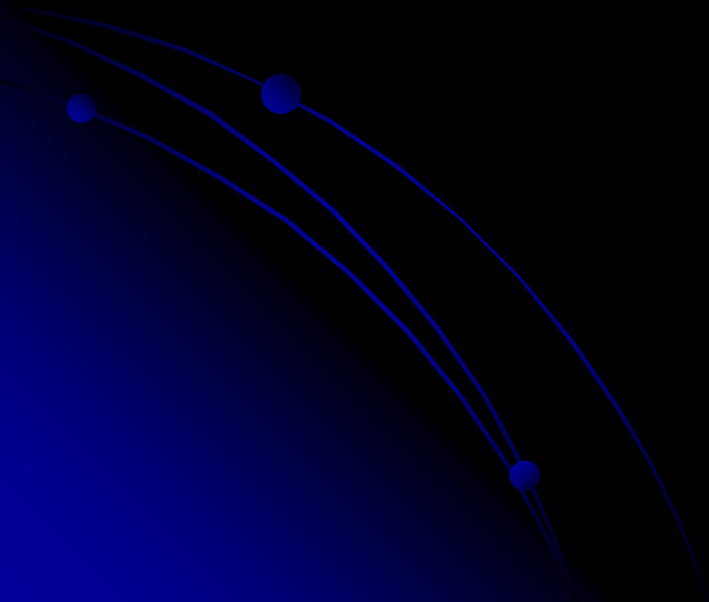
- Pharmacological; Little trial evidence; problems with atypicals.
- Non-Pharmacological; Little trial evidence.

Treatment LOS - Pharmacological

- All clinical randomised trials evaluating antipsychotic drugs for schizophrenia and schizophrenia-like psychoses in older people.
- 3 small RCTs (total n= 252)
- “ there are little robust data available to guide the clinician with respect to the most appropriate drug to prescribe.”
- Marriott et al (2006); *The Cochrane Database of Systematic Reviews* 2006 Issue 3

Treatment LOS Pharmacological

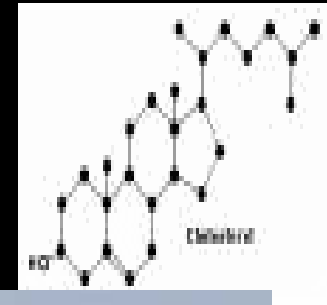
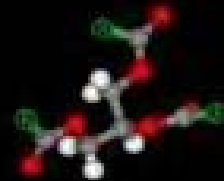
- Pragmatic!
- Low dose--- Very low dose !!
- Slow Titration
- Compliance aided by ; CPNs and Depot



Problems with Atypicals in LOS

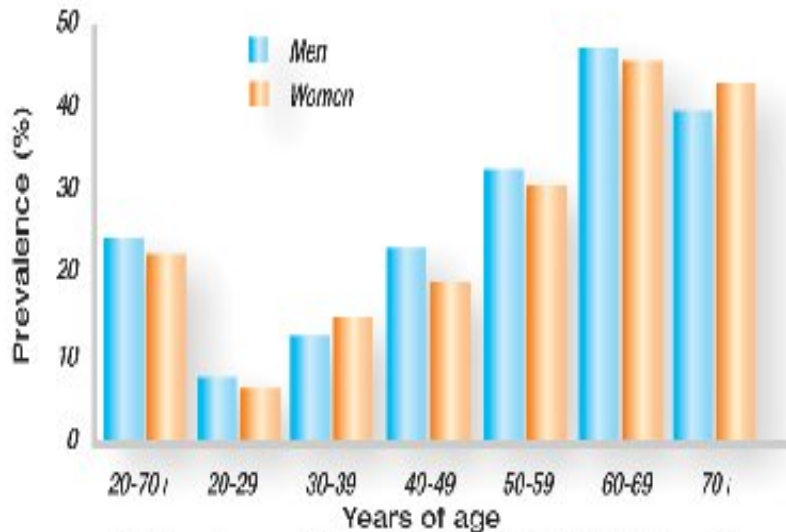
- Problems;
- Induce Metabolic Syndrome
- Increased EPS and TD

- Metabolic Syndrome



Metabolic Syndrome

- Prevalence by Age



Metabolic syndrome was defined according to NCEP ATP II criteria. Adapted from ref 9

Figure 5. Prevalence of the Metabolic Syndrome according to age.

- Treatable in LOS ?
- Screening vital
- Lifestyle possible; “Group-based lifestyle interventions are feasible and produce positive health changes in middle-aged and older patients with schizophrenia and diabetes mellitus.”
- McKibbin et al (2006) Schizophr Res.86(1-3):36-44.

Treatment LOS- Non-Pharmacological

- CBT- adapted for elderly (McQuaid et al 2000), Jones et al (2006)
- CBST (Granholtm et al 2005)
- Psychosocial-(Bartels et al 2004)
- ?CHEIs(with cognitive impairment)
- ECT (Tharyan&Adams (2006)
- ?Aripiprazole

Review:-Karim & Byrne (2005);APT;11,286-296.

LOS & VLOSLP- Conclusion & The Future

- **Conclusion**

- Late onset Psychosis is heterogeneous
- It is amenable to treatment
- Outcome is good- compared to EOS (with caveats)
- Research Group

- **The Future**

- “ Cinderella” condition
- More Data
- Multi-Centre Multi-Discipline
- Prevention ??
- High Tech equipment;

