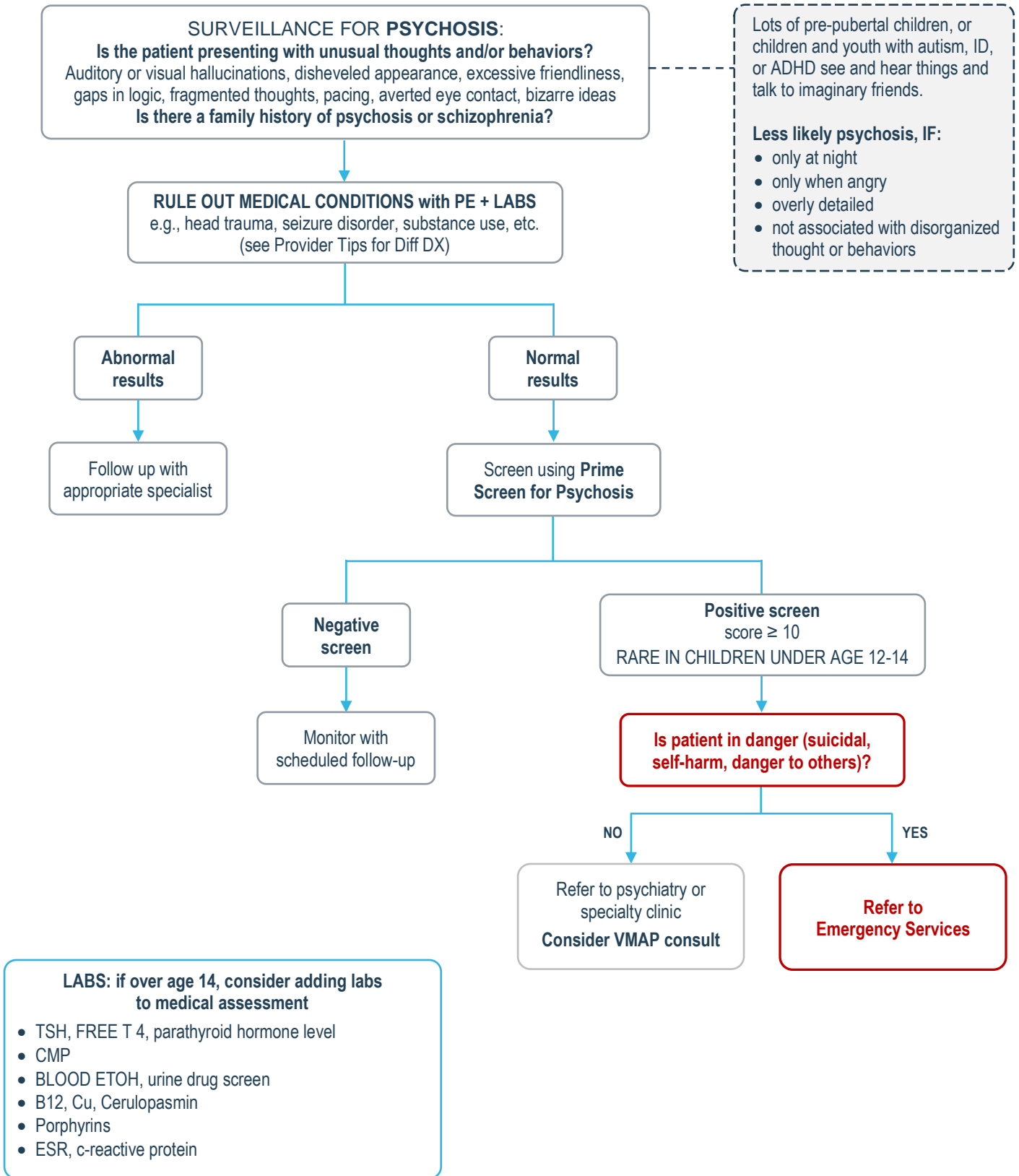


# 3.8 Psychosis



## PRIME-PC SCREEN

This survey is designed to provide a quick assessment of whether you show signs and symptoms of psychosis. However, no test is 100% accurate. No matter what your score is, you should seek help if you have any concerns about yourself or your loved ones.

Question	Not at all	Just a little	Somewhat	Moderately	Quite a lot	All the time
1. I feel that others control what I think and feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I hear or see things that others do not hear or see.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel it is very difficult for me to express myself in words that others can understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel I share absolutely nothing in common with others, including my friends and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I believe in more than one thing about reality and the world around me that nobody else seems to believe in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Others don't believe me when I tell them the things I see or hear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can't trust what I'm thinking because I don't know if it's real or not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have magical powers that nobody else has or can explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Others are plotting to get me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I find it difficult to get ahold of my thoughts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am treated unfairly because others are jealous of my special abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I talk to another person or other people inside my head that nobody else can hear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The questionnaire was developed by the PRIME Group at Yale University Medical School.

## SCORING THE PRIME-PC

	Not at all	Just a little	Somewhat	Moderately	Quite a lot	All the time
Each Positive Response =	0.0	1.0	2.0	3.0	4.0	5.0

- **Age 14+:** Suggestive of psychosis. See a health professional.
- **Ages 10-13:** Possible early psychosis. See a health professional.
- **Ages 0-9:** Unlikely to be psychosis. Given that a survey is not a replacement for a health professional, you should still see a health professional if you are worried.

## EVIDENCE-BASED BEHAVIORAL INTERVENTIONS FOR PSYCHOSIS

If the youth is determined to have psychosis through the PRIME screening tool and there is deterioration in functioning, they should be referred for treatment. Mild and transient symptoms suggest the youth may be at Clinical High Risk for Psychosis (CHR-P). If the youth presents with more severe and persistent symptoms with functional decline, they may be in a First Episode of Psychosis (FEP). The PCP does not need to diagnose the psychiatric condition but **should refer the individual to a mental health professional skilled in diagnosis immediately.**

### Clinical High Risk for Psychosis (CHR-P) treatment

The preferred treatment for children at high risk for psychosis is a specialty mental health program offering stepped care. Unfortunately, there is currently only one program in Virginia, in Fairfax, offering this treatment. The primary clinical component of the stepped care programs for CHR-P is Cognitive Behavioral Therapy for Psychosis (CBTp). There are many practitioners in Virginia providing CBT and a subset trained in CBTp. VMAP will help PCPs locate a practitioner in your community.

These services are based on evidenced-based practices and are very effective. They help the child manage symptoms and arrest the slide of diminishing functioning. There is evidence that these services also reduce conversion to a diagnosed psychosis.

### First Episode Psychosis (FEP) treatment

Once an individual has been first diagnosed with a psychotic disorder they are eligible for an evidence-based service known as Coordinated Specialty Care (CSC). There are currently 11 CSC programs in Virginia and VMAP will help PCPs locate a local program. These services have been highly researched and are proven effective in reducing the intensity of symptoms and improving functioning while managing the patient on low-dose medications.

If a CSC program is not available in the local community, seek out an outpatient psychiatrist who has treated FEP. Use VMAP Care Coordination resources.

## MEDICATION GUIDANCE

- Antipsychotic medications are not indicated for young people who are determined to be clinically high-risk for psychosis. If needed, medications can be prescribed for anxiety, depression, or sleep disorders. Please see those modules in the guidebook.
- If the individual has First Episode Psychosis (FEP), antipsychotic medications are indicated following a “low and slow” regimen. A Coordinated Specialty Care (CSC) program or outpatient psychiatrist trained in FEP will know how to provide proper medication management. The following medication table provides information on the top three recommended medications for FEP.

Class	Generic	Brand Name	Available Forms/Doses	Dosing Information	Other Information	Comments
Second generation antipsychotic (SGA)	risperidone	Risperdal	tabs, disintegrating tabs, oral suspension (1mg/ml), XR injection	<b>Initial:</b> 0.25-0.50mg	<b>For agitation or dysregulated mood, or psychosis:</b> EPS, weight gain, increased prolactin, sedation, metabolic syndrome  <b>Schedule:</b> usually once daily  <b>Peak effect:</b> 10-15 days	AIMS, weight monitoring, prolactin monitoring (levels if symptomatic), lipid/blood sugar monitoring
				<b>Max:</b> 6-8mg		
				<b>Titration:</b> q3-4 days		
				<b>Typical effective dose:</b> 1-2mg in child, 2-4mg in adolescent, 3-6mg psychosis		
SGA	aripiprazole	Abilify	tabs, disintegrating tabs, oral suspension (1mg/1ml), XR injections	<b>Initial:</b> 2.5-5mg	<b>For agitation or dysregulated mood, or psychosis:</b> EPS, weight gain, increased prolactin, sedation, metabolic syndrome  <b>Schedule:</b> daily  <b>Peak effect:</b> 7-10 days	AIMS, weight monitoring, prolactin monitoring (levels if symptomatic), lipid/blood sugar monitoring
				<b>Max:</b> 30mg		
				<b>Titration:</b> q2-7 days		
				<b>Typical effective dose:</b> 5-10mg in child, 5-15mg adolescent, 5-30mg psychosis		
SGA	olanzapine	Zyprexa	tabs, disintegrating tabs, injection, XR injections	<b>Initial:</b> 2.5-5.0mg	<b>For psychosis:</b> EPS, weight gain, increased prolactin, drowsiness, metabolic syndrome  <b>Schedule:</b> once a day	AIMS, weight monitoring, prolactin monitoring (levels if symptomatic), lipid/blood sugar monitoring
				<b>Max:</b> 20mg		
				<b>Titration:</b> 5mg/week		

*Note: all medication information should be verified using current PDR*

AIMS: Abnormal Involunter Movement Scale; see Section 1

## PROVIDER TIPS & CLINICAL PEARLS

### **Q** *How do I identify psychosis?*

- As a PCP treating children and adolescents you will see instances of unusual thinking and behaviors. You should be prepared to identify the symptoms of psychosis and rule out non-psychiatric causes.
- Under age 13, think twice! Psychosis is rare. 65% of kids under 7 have imaginary friends.
- Diagnosable illnesses of thought disorders often first present in adolescence and young adulthood and should be treated immediately.
- Symptoms of psychosis in children and adolescents may have many causes. See table on next page.

### **Q** *How should I ask about hallucinations?*

- Symptoms of psychosis may emerge as auditory or visual hallucinations. **Patients should be asked if they are hearing unusual sounds or voices that others do not hear.** This should be confirmed with the patient's caregivers. The patient may complain of voices or sounds occurring either internally or externally. Likewise, visual hallucinations may take the form of shapes, shadows, or fleeting colors. They may also consist of fully formed images.
- Less common manifestations of hallucinations may be somatic or tactile. Patients should be asked if they are experiencing unusual feelings within their body (like a cancer or parasite) or if they feel something "under or on" their skin. Again, this should be confirmed with caregivers.

### **Q** *How can I identify delusional thinking?*

- Delusions are thoughts, often well formed, that are unusual and have no basis in reality. You may find that patients are reticent about sharing unusual thoughts.
  - **Paranoid** delusions are most common and consist of thoughts that the patient is being watched or monitored, and appears guarded or suspicious. Caregivers may be able to provide additional information.
  - A patient may also have **grandiose** delusions. They may share that they have special powers, or have been chosen for a special mission, or are being controlled by another being.

### **Q** *Is there a tool that will screen for psychosis?*

- The PRIME PC Screen should be administered by the PCP by asking each question as written.
- If there is one response rated "6" or three responses rated "5" the child can be considered at clinically high-risk for psychosis. This does not mean that the child will develop a psychotic illness. Generally, only 25% of children with early symptoms of psychosis develop a schizophrenia spectrum disorder.
- Changes in functioning can be best determined through dialogue with the youth and caregivers about specific CHANGES IN ACTIVITIES OF DAILY LIVING.

**You do not need to diagnose the psychiatric condition but you should refer the individual as soon as possible to a mental health professional skilled in diagnosis.**

### **Q** *What should I say to the parents/family?*

- They should be informed that very few individuals with symptoms of psychosis develop a psychotic disorder.
- They should also be assured that there is highly effective treatment available for individuals who are at clinical high-risk as well as those who have experienced a first episode of psychosis.

## Some medical causes associated with psychosis-like episodes

Cause	Tests to Consider
Neurologic (migraine, seizures, tumor, autoimmune or infectious encephalitis, head injury)	MRI, EEG, LP
Metabolic (thyroid, para-thyroid, adrenal, thiamine def, electrolyte)	CMP, TFT, PTH, etc.
Genetic (including metabolic, Wilson D)	CMA, blood and urine tests, ceruloplasmin, urine porphyrins, eye exam
Other nutritional deficiencies	CBC, Magnesium, Vit A, D, Bs
Sleep disorders	Polysomnogram
Medication (steroids, stimulants)	Overdose?
Drug use and abuse (substances, alcohol)	Urine drug screen
Toxins (carbon monoxide, heavy metal)	CarboxyHgb, mercury or lead levels

*From the American Academy of Pediatrics June 2021 Clinical Report: "Collaborative Care in Identification and Management of Psychosis in Adolescents and Young Adults"*

[publications.aap.org/pediatrics/article/147/6/e2021051486/180278/Collaborative-Care-in-the-Identification-and](https://publications.aap.org/pediatrics/article/147/6/e2021051486/180278/Collaborative-Care-in-the-Identification-and)

## PSYCHOSIS FACT SHEET FOR FAMILIES

Your health care provider has determined that your child may have symptoms of psychosis. This sheet will provide basic information of what this is and your options for treatment.

### **Q** *What is psychosis?*

Psychosis refers to an array of symptoms and is not a diagnosis. For example, when someone is told they have a fever they are informed of the presence of a symptom. Fever usually indicates the presence of an illness. Sometimes it can be treated and goes away without a condition being diagnosed. The same can be true of psychosis.

Psychotic symptoms refer to disorders in thinking. These may emerge as hallucinations such as hearing voices or sounds that others do not hear. Other times they may be seeing shapes or images that, likewise, are not seen by others. Often these can be frightening and disruptive. Another type of psychotic thinking is having delusions, or thoughts that are unusual or not connected to actual events. This includes paranoia, thoughts that others have plans to do harm to the individual or others. Thoughts may be grandiose, believing that the individual has special powers. These thoughts may also include that the person has a special relationship with another. At times, delusions may involve perceptions of the body. This includes thoughts that there is something wrong with the body, such as an undiagnosed illness or parasite within the body. These beliefs are often accompanied by unusual sensations or pain.

### **Q** *What causes psychosis?*

Symptoms of psychosis can have many causes. They may emerge under stress or from lack of sleep. Resolving these causes will usually resolve the symptoms. At other times they could emerge due to another condition. This includes use of illegal substances or even prescribed medications. Again, stopping the use of substances or adjusting medications will resolve or diminish the symptoms.

Sometimes psychosis will occur in relation to another medical condition, such as a head trauma or seizure disorder. In these instances your physician will treat the psychotic symptoms in conjunction with treatment for the medical condition.

Psychosis may be related to an emerging mental health condition. These include schizophrenia, bipolar disorder, and some types of depression. Posttraumatic stress disorder will often include some symptoms of psychosis. These conditions require specialist psychiatric treatment. Your health care provider will discuss options with you.

### **Q** *What are treatment options for psychosis?*

Psychotic symptoms may be mild or fleeting. Your child may be distressed but the symptoms do not result in a significant disruption in your child's life. In this instance, your health care provider will want to monitor the symptoms to determine whether they are resolving or worsening.

If, however, there is a decrease in your child's functioning or a significant change in behavior your doctor will want to refer your child to specialized treatment. A change in functioning may be related to school performance, worsening sleep or eating habits, a decrease in concentration or attention, worsening personal hygiene, or increasing isolation and decreasing interaction with family and friends.

The emergence of mild symptoms of psychosis accompanied by a decrease in functioning may indicate that your child is at a clinical high-risk for psychosis. This can only be determined by a specialist mental health provider. Early identification and treatment provide effective outcomes for this condition. If your health care provider suspects that your child may be at clinical high-risk for psychosis, they will discuss treatment options with you. The most effective treatment is Cognitive Behavioral Therapy for Psychosis (CBTp).

If the psychotic symptoms are more severe and functioning is significantly impaired, your child may be experiencing a first episode of psychosis. This generally means that there is an emerging, diagnosed psychiatric illness, such as schizophrenia, bipolar disorder, or major depression. It is essential that your child receives early treatment for these



conditions. Specialized programs, known as Coordinated Specialty Care for First Episode Psychosis, are in many communities in Virginia. Ask your health care provider if one of these programs is available for your child. They are very effective in reducing symptoms and in addressing the deterioration in functioning. If one of these programs is not available, your child should be seen by a psychiatrist as soon as possible. If your child makes suicidal or self-harm statements or threatens others with violence they should be evaluated at the emergency room or at local mental health emergency services immediately.

### Medications for psychosis

If your child is determined to be at clinical high-risk for psychosis, antipsychotic medications are generally not indicated. Symptoms are generally mild and can be effectively managed with CBT. Your doctor may want to prescribe medications for associated symptoms, such as depression, anxiety, or sleep disturbances. Discuss all options with your health care provider.

If it is determined that your child is having a first episode of psychosis, antipsychotic medications will likely be needed. There is a specific protocol for prescribing medication to these individuals. Psychiatrists in a Coordinated Specialty Care program will know how to medicate your child. If you see a psychiatrist not affiliated with a Coordinated Specialty Care program, discuss the approved protocols for medicating an individual with first episode psychosis.

### Additional resources

- [“Watching for Signs of Psychosis in Teens”](http://childmind.org) (childmind.org)
- [“Psychosis \(Schizophrenia\) in Children and Youth”](http://mhanational.org) (mhanational.org)
- National Institute of Mental Health [Understanding Psychosis](http://nimh.nih.gov) patient and family resources (nimh.nih.gov)