Mental Health Care Guide
For Primary Care Clinicians

Psychosis

OPAL-K
Oregon Psychiatric Access Line about Kids
# K. OPAL-K Psychosis Care Guide

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</table>
Considering the diagnosis of schizophrenia or other psychotic disorder

Delineate target symptoms for intervention:

Positive symptoms: florid hallucinations (commonly auditory or visual, but can be olfactory, tactile, or in some cases masqueraders), delusions, paranoia, disorganized thinking and behavior. Negative symptoms: social withdrawal and isolation, flattened or blunted affect, low motivation, low energy, paucity of thought or speech

Rule out other reasons for psychotic symptoms

Environmental causes:
- Sleep deprivation
- Severe or catastrophic abuse or psychic trauma
- Chaotic home situation with or without domestic violence

Psychiatric disorders:
- Trauma disorders
- Bipolar disorders
- Mood disorder
- Substance use disorders
- PDD NOS
- OCD
- Conduct disorder or malingering
- Personality disorder

Medical masqueraders:
- Substance intoxication
- Seizure disorder
- Medication side effects
- Delirium
- Brain tumor
- Head Injury
- Meningitis
- Metabolic disorders
- Migraine

Psychosis ruled in

Psychosocial Interventions:
- Psychoeducation for all members so they understand the nature of psychotic symptoms
- Behavior based family therapy (decrease over-protectiveness, expressed emotion levels, family problem solving skills development)
- Cognitive behavioral therapy in higher functioning psychotics
- Social skills training
- Basic life skills training

Pharmacotherapy Indicated: Second-generation antipsychotics, which are also known as SGAs

If second SGA trial ineffective or side effects: Consider using a first-generation (FGA) antipsychotic medication such as perphenazine or haloperidol

If first SGA trial ineffective or side effects: Try a different SGA

First med trial with an antipsychotic: risperidone, quetiapine, olanzapine, and aripiprazole are FDA approved for youth ages 12 and older
K2: OPAL-K Assessment Guidelines for Psychosis

- Obtain a systematic psychiatric history focusing on a longitudinal understanding of the patient’s current and past symptoms.

- Obtain a thorough psychosocial history including current and past academic and interpersonal functioning and current and past abuse.

- Conduct a comprehensive physical examination to rule out organic causes of psychotic symptoms.

- Include multiple historical informants (e.g., child, parents, teachers, past treatment providers) in the evaluation process.

- There are no specific laboratory tests, neuroimaging procedures, rating scales or psychological tests that have been established to be individually diagnostic of early-onset schizophrenia (EOS). These tests are used primarily to rule out other disorders such as organic psychoses.

- Baseline and follow-up rating scales that assess positive and negative symptoms and psychosocial functioning are helpful in monitoring the effectiveness of treatment interventions.
# K3: Primary Care Checklist for Referral to Early Intervention for Psychosis

**Primary care checklist for referral to Early Interventionist (EI)**

Please go through this checklist with the referrer to help decide if a referral is appropriate.

<table>
<thead>
<tr>
<th>PSYCHOSIS CHECKLIST</th>
<th>SCORE</th>
<th>SUGGESTED QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Score 1 point each</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spending more time alone</td>
<td></td>
<td>• Do you feel you have turned into a loner or become less talkative?</td>
</tr>
<tr>
<td>Arguing with friends and family</td>
<td></td>
<td>• Do you prefer to spend time alone? Have you started to withdraw from your group of friends?</td>
</tr>
<tr>
<td>The family is concerned</td>
<td></td>
<td>• Have you stopped doing things with others?</td>
</tr>
<tr>
<td>Excess use of alcohol</td>
<td></td>
<td>• Has anyone said they are worried about you?</td>
</tr>
<tr>
<td>Use of street drugs (including cannabis)</td>
<td></td>
<td>• Are you unusually irritable or angry or do you find yourself involved in arguments with relatives and friends?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Have you been drinking heavily recently?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Have you used any drugs recently? If so, could you give details of the type of drug and when you last used the drug?</td>
</tr>
<tr>
<td><strong>Score 2 points each</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep difficulties</td>
<td></td>
<td>• How have you been sleeping recently?</td>
</tr>
<tr>
<td>Poor Appetite</td>
<td></td>
<td>• How have you been eating?</td>
</tr>
<tr>
<td>Depressive Mood</td>
<td></td>
<td>• Have you felt less like eating than usual? How long for?</td>
</tr>
<tr>
<td>Poor Concentration</td>
<td></td>
<td>• Have you been feeling low?</td>
</tr>
<tr>
<td>Restlessness</td>
<td></td>
<td>• Have you been feeling anxious or panicky? How long for?</td>
</tr>
<tr>
<td>Tension or nervousness</td>
<td></td>
<td>• Does it happen that different thoughts get mixed up in your mind; do you find it difficult to structure your thoughts?</td>
</tr>
<tr>
<td>Less pleasure for things</td>
<td></td>
<td>• Do you feel nervous, restless or tense?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Do you feel jumpy, edgy or do others think you appear this way and have remarked on it?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Have you felt less interested in work, study or everyday activities, socialising?</td>
</tr>
<tr>
<td><strong>Score 3 points each</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feel people are watching you*</td>
<td></td>
<td>• Do you have the impression that people are watching you or are trying to take advantage of you?</td>
</tr>
<tr>
<td>Feeling or hearing things others cannot*</td>
<td></td>
<td>• At any time could you see, hear, or taste things others could not? Did you sometimes hear noises or voices while on your own?</td>
</tr>
<tr>
<td><strong>Score 5 points each</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ideas of reference*</td>
<td></td>
<td>• Do you ever feel that events or other people’s actions have a special meaning for you?</td>
</tr>
<tr>
<td>Odd beliefs*</td>
<td></td>
<td>• Do you have the feeling others laugh or talk about you? Or do you receive messages?</td>
</tr>
<tr>
<td>Odd manner of thinking or speech</td>
<td></td>
<td>• Do you believe anything that other people have found unusual or strange? (odd beliefs)</td>
</tr>
<tr>
<td>Inappropriate affect</td>
<td></td>
<td>• At any time, did you ever experience that people or things in your environment appeared to be changed?</td>
</tr>
<tr>
<td>Odd behaviour or appearance</td>
<td></td>
<td>• Has anyone commented recently that you have said unusual or confusing things?</td>
</tr>
<tr>
<td>First degree family history of psychosis plus increased stress or deterioration in functioning*</td>
<td></td>
<td>• Has anyone in your family had mental illness?</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>20 points or more, please consider referral for assessment. If * item endorsed, please consider referral even if score is less than 20.</td>
</tr>
</tbody>
</table>

**Launer & Mackean (2000)**

Is there evidence of psychosis?  Definite / Suspicion / No

Is this episode the first presentation of psychosis?  Yes / No / Don’t Know

How long has the problem been present?  ___________________________
K4: OPAL-K Treatment Guidelines for Psychosis

- Antipsychotic medications are the front line treatment for psychosis, with second-generation antipsychotic (SGA) medications generally considered the drugs of first choice.

- A trial of antipsychotic medication should be implemented for at least 4-6 weeks before any judgment about effectiveness can be made. After 4-6 weeks, if significant improvement is not apparent and/or side effects are unmanageable, then try a different antipsychotic.

- You can use other medications, such as antidepressants, mood stabilizers and/or benzodiazepines to manage mood and anxiety symptoms once antipsychotic medications have been given the appropriate time to exert effects.

- Some form of adjunctive psychosocial treatment (e.g., psychoeducation, family therapy, cognitive behavioral therapy) is always indicated in the treatment of early-onset schizophrenia (EOS).

- It is important to educate and collaborate with the child’s teachers and school counselors to formulate appropriate expectations and goals to ensure academic success.
K5 - OPAL-K Medication Treatment Algorithm for Psychosis

Premedication Stage

Psychotic symptoms are prominent. Consult with OPAL-K child psychiatrist before starting antipsychotic

Meds are indicated

Start with second-generation antipsychotic (SGA) trial: Consider using risperidone first. Lowest cost second generation antipsychotic (SGA) with the longest hX of use and longest history of being used to treat youth.

Meds work

Continue treatment regimen

Meds don’t work/not tolerated

Second SGA trial: If insomnia prominent, consider quetiapine and olanzapine. If weight gain is a problem, consider using aripiprazole.

Meds work

Continue treatment regimen

Meds don’t work/not tolerated

Obtain OPAL-K child psychiatry consultation to use meds below or refer to child psychiatrist for care

In consultation with child psychiatrist consider the following

Consider using first-generation antipsychotic (FGA): perphenazine or haloperidol. May also consider using one of the SGAs not used in trials #1 and #2 aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), or risperidone (Risperdal)

Meds work

Continue treatment regimen

Referral to child psychiatrist or more work with OPAL-K if patient unable to travel to closest child psychiatrist

Meds work

Continue treatment Regimen

Psychosis from organic etiology such as infection, endocrine, metabolic, medication side effect, etc. Treat underlying organic cause.
**K6 – OPAL-K Medication Table: Second-Generation Antipsychotics (SGA) and First-Generation (FGA) Antipsychotics**

Medication information from www.epocrates.com

<table>
<thead>
<tr>
<th>Drug/Category</th>
<th>Dosing</th>
<th>FDA Approval</th>
<th>Monitoring</th>
<th>Comments/Precautions</th>
<th>Cost for Monthly Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risperidone (Risperdal)</strong></td>
<td><strong>Initial dosing:</strong> Children: 0.25 mg/day; Adolescents: 0.5 mg/day</td>
<td>Approved for treatment of youth with: 1) schizophrenia 13 years and older 2) bipolar 10 years and older 3) autism 5-16 years</td>
<td>1) CBC as indicated by guidelines approved by the FDA in the product labeling. 2) Pregnancy test if clinically indicated 3) Weight and BMI monitoring – at initiation of treatment, monthly for 6 months then quarterly when the antipsychotic dose is stable. 4) Fasting plasma glucose level or hemoglobin A1c – before initiating a new antipsychotic, then yearly. If a patient has significant risk factors for diabetes and for those that are gaining weight 4 months after starting an antipsychotic, and then yearly. 5) Lipid Screening - every 2 years or more often if lipid levels are in the normal range, every 6 months 6) Sexual Function ROS - ask about any problems with galactorrhea, menstrual problems, gynecomastia, libido disturbance, erectile dysfunction. 7) Before and after initiation of treatment EPS evaluation each visit weekly until dose titration is complete. 8) Tardive dyskinesia eval - AIMS every 6-12 months</td>
<td></td>
<td><strong>Generic</strong></td>
</tr>
<tr>
<td><strong>Forms available:</strong> tablets, oral disintegration tabs, liquid and depot injection</td>
<td><strong>Maximum dosing:</strong> Children: 3 mg/day; Adolescents: 6 mg/day</td>
<td></td>
<td></td>
<td><strong>Risperdal Tabs</strong> 0.25 mg - $$$$$ 0.5 mg - $$$$$ 1 mg - $$$$$ 2 mg - $$$$$ 3 mg - $$$$$ 4 mg - $$$$$ <strong>Risperdal Solution</strong> 1 mg/ml - $$$$ <strong>Oral Disintegrating Tabs</strong> 0.5 mg - $$$$$ 1 mg - $$$$$ 4 mg - $$$$$$</td>
<td></td>
</tr>
<tr>
<td><strong>Antipsychotic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aripiprazole (Abilify)</strong></td>
<td><strong>Initial dosing:</strong> Children: 2 mg/day; Adolescents: 5 mg/day</td>
<td>Approved for treatment of youth with: 1) schizophrenia 13 years and older 2) bipolar 10 years and older 3) autism 6 years and older</td>
<td></td>
<td></td>
<td><strong>Abilify</strong> 2 mg - $$$$$ 5 mg - $$$$$ 10 mg - $$$$$ 15 mg - $$$$$ 20 mg - $$$$$ 30 mg - $$$$$ <strong>Dissolvable Tablet</strong> 10 mg - $$$$$$</td>
</tr>
<tr>
<td>Drug/Category</td>
<td>Dosing</td>
<td>FDA Approval</td>
<td>Comments/Monitoring</td>
<td>Warning/Precaution</td>
<td>Cost for Monthly Supply</td>
</tr>
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<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>First-Generation Antipsychotics (FGA)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Perphenazine (Trilafon)</td>
<td>Initial dosing: Children 2 mg/day, Adolescents 4-8 mg/day</td>
<td>Approved for the treatment of psychosis in youth 12 years and older</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maximum dosing: Children 32 mg/day, Adolescents 64 mg/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Olanzapine (Zyprexa)</td>
<td>Initial dosing: Children 2.5 mg/day, Adolescents 2.5-5 mg/day</td>
<td>Approved for treatment of youth with: 1) schizophrenia 13 years and older 2) bipolar 13 years and older</td>
<td></td>
<td>Some concerns about prolonged QT. While not required by the FDA, baseline EKG and annual monitoring probably prudent</td>
<td>Zyprexa 2.5 mg - $$$$ 5 mg - $$$$ 7.5 - $$$$ 10 mg - $$$$ 15 mg - $$$$ 20 mg - $$$$ Zyprexa Zydis 5 mg - $$$$ 10 mg - $$$$</td>
</tr>
<tr>
<td></td>
<td>Maximum dosing: Children 12.5 mg/day, Adolescents 30 mg/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ziprasidone (Geodon)</td>
<td>Initial dosing: Children 10 mg/day, Adolescents 20 mg/day</td>
<td>Not approved for youth less than 18 years</td>
<td>Weight gain rare, better absorbed when taken with food</td>
<td></td>
<td>Geodon 20 mg - $$$$$ (per 60) 40 mg - $$$$$ (per 60) 60 mg - $$$$$ (per 60) 80 mg - $$$$$ (per 60)</td>
</tr>
<tr>
<td></td>
<td>Maximum dosing: Children not known, Adolescents 160 mg/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quetiapine (Seroquel)</td>
<td>Initial dosing: Children 12.5 mg/day, Adolescents 25 mg/day</td>
<td>Approved for treatment of youth with: 1) schizophrenia 13 years and older 2) bipolar 10 years and older</td>
<td>Monitor EKG for QT prolongation, Ocular evaluations every 6-12 months for cataracts</td>
<td></td>
<td>Seroquel 25 mg - $ 50 mg - $ 100 mg - $ 200 mg - $ 300 mg – $ 400 mg - $</td>
</tr>
<tr>
<td></td>
<td>Maximum dosing: Children 300 mg/day, Adolescents 600 mg/day</td>
<td></td>
<td></td>
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</tbody>
</table>
Haloperidol (Haldol)
Forms available:
Tablets, fast-acting injectable IV or IM, and long-acting decanoate IM
First-generation antipsychotic (FGA) high potency
Initial dosing:
<35 kg: 0.25 mg/kg
>=35 kg: 1.0 mg/day
Maximum dosing:
<35 kg: 3-4 mg/day
>=35 kg: 10 mg/day
Use in divided doses 1-3 times a day
FDA approved for the treatment of psychosis, Tourette’s Syndrome and severe agitation and behavioral dysregulation in children 3 years and older

| Cost Code: |
| $ -- $10 or less | $2 -- $11 to $49 | $$$ -- $50 to $99 | $$$$ -- $100 to $499 | $$$$$ -- $500 or more |

Chlorpromazine (Thorazine)
Forms available: tablets, IM
First-generation antipsychotic (FGA) low potency
Initial dosing:
Children 0.275 mg/kg
Adolescents 12.5 mg
Maximum dosing:
Children <5 years 40 mg/day 5-12 years 75 mg/day
Adolescents 800 mg/day
Children <5 years 40 mg/day 5-12 years 75 mg/day
Adolescents 800 mg/day

Chlorpromazine
0.5 mg - $1 mg - $2 mg - $5 mg - $$
Decanoate
100 mg/ml - $$$$

K9: Psychosis Intervention Checklist For Families and Their Psychotic Child

Living with a psychotic family member is confusing, frustrating and at times scary. The following checklist can help families become more effective in managing the behavior issues associated with psychotic illness.

Checklist for parents:
- All guns and weapons should be removed from the house or securely locked up
- Other potentially harmful items such as ropes, cords, sharp knives, alcohol, prescription drugs and poisons should be removed from easy access
- Keep expressed emotions at a low level. Eliminate emotionally charged responses or scolding (try to stay positive)
- Help your child set up a written schedule for home and activities in the community
- Watch for signs of drinking or use of other drugs. Use of substances increase suicide risk or unsafe behaviors particularly in psychotic youth
- Develop an emergency safety plan. The family should decide how to proceed if a child feels unsafe or is dangerous. Be specific with your plan and provide family members with accurate names, phone numbers and addresses for crisis resources

Checklist for siblings:
- Make sure you understand what clinical psychosis is and what to expect from your psychotic sibling
- Don’t feel responsible for your sibling’s behavior
- Don’t hesitate to communicate worries to your parents about your sibling’s bizarre thoughts or behaviors
- Don’t hesitate to ask your parents for attention when you need it
- Do be patient if they are unable to meet your needs immediately
- Have a plan of how to handle bizarre or unsafe behaviors from your psychotic sibling

Checklist for schools:
- Assist parents in getting leave of absence for student who is acutely ill or requires hospitalization
- Help parents in getting home schooling or transfer to special education classes or day treatment if student is too fragile to go to regular school
- Check in with student about work load and adjust as needed (late arrival or early dismissal, decreased number of classes and assignment requirements)
- Be aware of multiple truancies or absences and communicate this to parents
- Report excessive bizarre behaviors or difficulties functioning to parents
- Assist in evaluation for IEP or 504 accommodations when indicated

Checklist for child:
- Try to keep a daily schedule of activities. Have a consistent sleep schedule and exercise program
- Eat balanced meals. Keep away from caffeine and other foods that can cause sleep problems.
- Make sure to tell your doctor if your medicine is bothering you.
- Spend time with people who can support you
- Schedule time for relaxation and rest
- Tell your parents if your symptoms are becoming overwhelming
Suggested Readings


“Schizophrenia Revealed: From Neurons to Social Interactions” (2003) by M. Foster, Ph.D. (For sophisticated families and clinicians seeking information about the neurocognitive aspects of schizophrenia).

“Brave New Brain: Conquering Mental Illness in the Era of the Genome” (2001) by N.C. Andreason, M.D., Ph.D. (Information about schizophrenia and other psychiatric illnesses written in a style that is accessible for families wanting more technical information)

Suggested Websites
A 25-page pamphlet in pdf file on schizophrenia written for families.

The National Alliance on Mental Illness (NAMI) provides an excellent support network for individuals and families struggling with severe mental illness.
http://www.nami.org

National Alliance for Research in Schizophrenia and Affective Disorders (NARSAD) funds psychiatric research for mental illness such as schizophrenia, bipolar disorder, depression and anxiety disorders. Their website provides up to date research findings and patient and family guides with information about how to cope with these illnesses.
http://www.narsad.org
K11 – K12: Psychosis Resources for Clinicians

Suggested Reading

“A Physician Handbook for Metabolic Monitoring for Youth with Mental Illness treated with Second-Generation Antipsychotics” (2010) by Constandina Panagiotopoulou, M.D.,
http://www.bcchildrens.ca/NR/rdonlyres/45697169-42E2-45E6-B870-0C1A8EC3C164/46605/metmonhb.pdf

http://focus.psychiatryonline.org/data/journals/focus/1835/foc00308000368.pdf


“First- and Second- Generation Antipsychotics for Children and Young Adults” AHRQ Publication No. 11(12)-EHC077-EF; February 2012


“Practice Parameter for the Assessment and Treatment of Children and Adolescents With Schizophrenia” by Jon McClelland MD, Saundra Stock MD J Am Acad Child Adolesc Psychiatry (For clinicians who want to know current professional standard for assessment and treatment of schizophrenia in children)Volume 52, Number 9, September 2013

or
K12: Psychosis Resources for Clinicians (continued)


**Suggested Websites**

For clinicians interested in having their patients enrolled in an NIMH study on Childhood Onset Schizophrenia

[http://www.clinicaltrials.gov/ct2/results?term=schizophrenia+OR+dementia+praecox+OR+psychotic+disorders+OR+schizophrenia+disorders+OR+schizoaffective+disorder+OR+catalepsy+OR+schizoid+personality+disorder+OR+schizotypical+personality+disorder&recr=Open&no_unk=Y&fund=0](http://www.clinicaltrials.gov/ct2/results?term=schizophrenia+OR+dementia+praecox+OR+psychotic+disorders+OR+schizophrenia+disorders+OR+schizoaffective+disorder+OR+catalepsy+OR+schizoid+personality+disorder+OR+schizotypical+personality+disorder&recr=Open&no_unk=Y&fund=0)


