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>
</tbody>
</table>

| **Score 2 points each** |       |                     |
| Sleep difficulties |       | • How have you been sleeping recently? |
| Poor Appetite |       | • How have you been eating? |
| Depressive Mood |       | • Have you felt less like eating than usual? How long for? |
| Poor Concentration |       | • Have you been feeling low? |
| Restlessness |       | • Have you been feeling anxious or panicky? How long for? |
| Tension or nervousness |       | • Does it happen that different thoughts get mixed up in your mind; do you find it difficult to structure your thoughts? |
| Less pleasure for things |       | • Do you feel nervous, restless or tense? |
| Feeling or hearing things others cannot* |       | • Do you feel jumpy, edgy or do others think you appear this way and have remarked on it? |

| **Score 3 points each** |       |                     |
| Feel people are watching you* |       | • Have you felt less interested in work, study or everyday activities, socialising? |

| **Score 5 points each** |       |                     |
| Ideas of reference* |       | • Do you have the impression that people are watching you or are trying to take advantage of you? |
| Odd beliefs* |       | • At any time could you see, hear, or taste things others could not? Did you sometimes hear noises or voices while on your own? |
| Odd manner of thinking or speech |       | • Do you ever feel that events or other people’s actions have a special meaning for you? |
| Inappropriate affect |       | • Do you have the feeling others laugh or talk about you? Or do you receive messages? |
| Odd behaviour or appearance |       | • Do you believe anything that other people have found unusual or strange? (odd beliefs) |
| First degree family history of psychosis plus increased stress or deterioration in functioning* |       | • At any time, did you ever experience that people or things in your environment appeared to be changed? |
| TOTAL |       | • Has anyone commented recently that you have said unusual or confusing things? |

Launer & Mackean (2000)

**TOTAL**

20 points or more, please consider referral for assessment. If * item endorsed, please consider referral even if score is less than 20.

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**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 history 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**

- **Psychosis from organic etiology such as infection, endocrine, metabolic, medication side effect, etc. Treat underlying organic cause.**

- Referral to child psychiatrist or more work with OPAL-K if patient unable to travel to closest child psychiatrist.
### K6 – K8: OPAL-K Medication Table: Second-Generation Antipsychotics (SGA) and First-Generation (FGA) Antipsychotics

*Medication information from [www.epocrates.com](http://www.epocrates.com)*

<table>
<thead>
<tr>
<th>Drug/Category Second-Generation Antipsychotics (SGA)</th>
<th>Dosing</th>
<th>FDA Approval</th>
<th>Monitoring</th>
<th>Comments/Precautions</th>
<th>Cost for Monthly Supply</th>
</tr>
</thead>
</table>
| Risperidone (Risperdal)                             | Initial dosing:  
  Children 0.25 mg/day  
  Adolescents 0.5 mg/day | Approved for treatment of youth with:  
  1) schizophrenia 13 years and older  
  2) bipolar 10 years and older  
  3) autism 5-16 years | 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 | Generic  
  0.25 mg - $$$$  
  0.5 mg - $$$$  
  1 mg - $$$$  
  2 mg - $$$$$  
  3 mg - $$$$  
  4 mg - $$$$  
  Risperdal Tabs  
  0.25 mg - $$$$  
  0.5 mg - $$$$  
  1 mg - $$$$  
  2 mg - $$$$  
  3 mg - $$$$  
  4 mg - $$$$  
  Risperdal Solution  
  1 mg/ml - $$$$  
  Oral Disintegrating Tabs  
  0.5 mg - $$$$  
  1 mg - $$$$  
  4 mg - $$$$$ |
| Aripiprazole (Abilify)                              | Initial dosing:  
  Children 2 mg/day  
  Adolescents 5 mg/day | Approved for treatment of youth with:  
  1) schizophrenia 13 years and older  
  2) bipolar 10 years and older  
  3) autism 6 years and older | Abilify  
  2 mg - $$$$$  
  5 mg - $$$$$  
  10 mg - $$$$$  
  15 mg - $$$$$  
  20 mg - $$$$$  
  30 mg - $$$$$  
  Dissolvable Tablet  
  10 mg - $$$$$ |
<table>
<thead>
<tr>
<th>Drug/Category</th>
<th>Dosing</th>
<th>FDA Approval</th>
<th>Comments/Monitoring</th>
<th>Warning/Precaution</th>
<th>Cost for Monthly Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First-Generation Antipsychotics (FGA)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perphenazine (Trilafon)</td>
<td>Initial dosing: Children 2 mg/day Adolescents 4-8 mg/day</td>
<td>Approved for the treatment of psychosis in youth 12 years and older</td>
<td></td>
<td>Generic</td>
<td>2 mg - $</td>
</tr>
<tr>
<td></td>
<td>Maximum dosing: Children 32 mg/day Adolescents 64 mg/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Olanzapine (Zyprexa)</td>
<td>Initial dosing: Children 2.5 mg/day Adolescents 2.5-5mg/day</td>
<td>Approved for treatment of youth with: 1) schizophrenia 13 years and older 2) bipolar 13 years and older</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maximum dosing: Children 12.5mg/day Adolescents 30 mg/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ziprasidone (Geodon)</td>
<td>Initial dosing: Children 10 mg/day Adolescents 20 mg/day</td>
<td>Not approved for youth less than 18 years</td>
<td>Weight gain rare, better absorbed when taken with food</td>
<td>Some concerns about prolonged QT. While not required by the FDA, baseline EKG and annual monitoring probably prudent</td>
<td>Geodon 20 mg - $$$$ (per 60) 40 mg - $$$$$ (per 60) 60 mg - $$$$$$ (per 60) 80 mg - $$$$$$ (per 60)</td>
</tr>
<tr>
<td></td>
<td>Maximum dosing: Children not known Adolescents 160mg/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Haloperidol</strong> <em>(Haldol)</em></td>
<td><strong>Initial dosing:</strong></td>
<td><strong>FDA approved for the treatment of:</strong></td>
<td><strong>Haloperidol</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Forms available:</strong></td>
<td>&lt;35 kg: 0.25 mg/kg</td>
<td>psychosis, Tourette’s Syndrome and severe agitation and behavioral dysregulation in children 3 years and older</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tablets, fast-acting</td>
<td>&gt;=35 kg: 1.0 mg/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>injectable IV or IM, and long-acting decanoate IM</td>
<td>Maximum dosing: &lt;35 kg: 3-4 mg/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>First-generation antipsychotic (FGA) high potency</strong></td>
<td>&gt;=35 kg: 10 mg/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use in divided doses 1-3 times a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Maximum dosing:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;35 kg: 3-4 mg/day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;=35 kg: 10 mg/day</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Chlorpromazine</strong> <em>(Thorazine)</em></th>
<th><strong>Initial dosing</strong></th>
<th><strong>Children</strong></th>
<th><strong>Chlorpromazine</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Forms available:</strong></td>
<td>Children</td>
<td>&lt;5 years 40 mg/day</td>
<td>10 mg - $$$ (per 60)</td>
</tr>
<tr>
<td>tablets, IM</td>
<td>0.275 mg/kg</td>
<td>5-12 years 75 mg/day</td>
<td>25 mg - $$$ (per 60)</td>
</tr>
<tr>
<td><strong>First-generation antipsychotic (FGA) low potency</strong></td>
<td>Adolescents 12.5 mg</td>
<td>Adolescents 800 mg/day</td>
<td>100 mg - $$$ (per 60)</td>
</tr>
<tr>
<td>Maximum dosing:</td>
<td>Adolescents</td>
<td>Adolescents 800 mg/day</td>
<td>200 mg - $$$ (per 60)</td>
</tr>
<tr>
<td>Children</td>
<td>&lt;5 years 40 mg/day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum dosing:</td>
<td>5-12 years 75 mg/day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>5-12 years 75 mg/day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Cost Code:</strong></th>
<th><strong>Haloperidol</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ -- $10 or less</td>
<td>0.5 mg - $</td>
</tr>
<tr>
<td>$ -- $11 to $49</td>
<td>1 mg - $</td>
</tr>
<tr>
<td>$$$ -- $50 to $99</td>
<td>2 mg - $</td>
</tr>
<tr>
<td>$$$$ -- $100 to $499</td>
<td>5 mg - $$$</td>
</tr>
<tr>
<td>$$$$$ -- $500 or more</td>
<td>Decanoate 100 mg/ml - $$$$$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Cost Code:</strong></th>
<th><strong>Chlorpromazine</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ -- $10 or less</td>
<td>10 mg - $$$ (per 60)</td>
</tr>
<tr>
<td>$ -- $11 to $49</td>
<td>25 mg - $$$ (per 60)</td>
</tr>
<tr>
<td>$$$ -- $50 to $99</td>
<td>100 mg - $$$ (per 60)</td>
</tr>
<tr>
<td>$$$$ -- $100 to $499</td>
<td>200 mg - $$$ (per 60)</td>
</tr>
</tbody>
</table>
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
K10: Psychosis Care Resources For Patients, Families and Teachers

**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**

Early Assessment and Support Alliance (EASA)
http://www.easacommunity.org

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
Suggested Reading

“A Physician Handbook for Metabolic Monitoring for Youth with Mental Illness treated with Second-Generation Antipsychotics” (2010) by Constadina Panagiotopoulo, M.D.,


“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
K12: Psychosis Resources for Clinicians (continued)


**Suggested Websites**

Practice Guidelines for Oregon Early Assessment and Support Alliance (EASA)
https://multco.us/file/10529/download

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+schizophreniform+disorder+OR+schizoaffective+disorder+OR+catalepsy+OR+schizoid+personality+disorder+OR+schizotypal+personality+disorder&recr=Open&no_unk=Y&fund=0


