

Psychosis

Mental Health Care Guide for Providers

OPAL-K

Oregon Psychiatric Access Line about Kids



DOERNBECHER
CHILDREN'S
Hospital



Oregon Council of Child & Adolescent Psychiatry

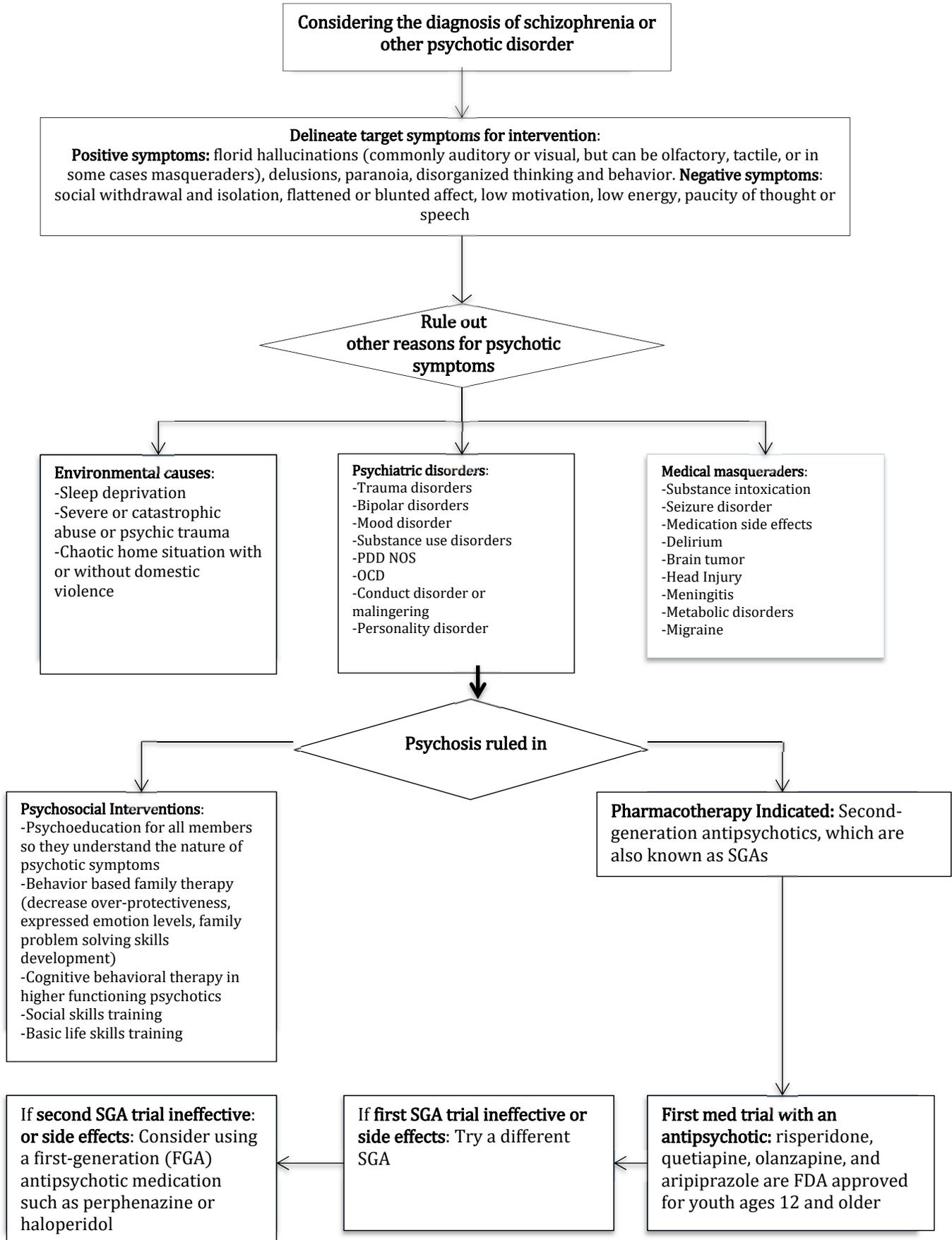


OPAL-K Psychosis Care Guide

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1: OPAL-K Assessment & Treatment Flow Chart for Psychosis



2: 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.

3: 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.		
PSYCHOSIS CHECKLIST	SCORE	SUGGESTED QUESTIONS
Score 1 point each		
Spending more time alone		<ul style="list-style-type: none"> Do you feel you have turned into a loner or become less talkative? Do you prefer to spend time alone? Have you started to withdraw from your group of friends? Have you stopped doing things with others? Has anyone said they are worried about you? Are you unusually irritable or angry or do you find yourself involved in arguments with relatives and friends? Have you been drinking heavily recently? Have you used any drugs recently? If so, could you give details of the type of drug and when you last used the drug?
Arguing with friends and family		
The family is concerned		
Excess use of alcohol		
Use of street drugs (including cannabis)		
Score 2 points each		
Sleep difficulties		<ul style="list-style-type: none"> How have you been sleeping recently? How have you been eating? Have you felt less like eating than usual? How long for? Have you been feeling low? Have you been feeling anxious or panicky? How long for? Does it happen that different thoughts get mixed up in your mind; do you find it difficult to structure your thoughts? Do you feel nervous, restless or tense? Do you feel jumpy, edgy or do others think you appear this way and have remarked on it? Have you felt less interested in work, study or everyday activities, socialising?
Poor Appetite		
Depressive Mood		
Poor Concentration		
Restlessness		
Tension or nervousness		
Less pleasure for things		
Score 3 points each		
Feel people are watching you*		<ul style="list-style-type: none"> Do you have the impression that people are watching you or are trying to take advantage of you? At any time could you see, hear, or taste things others could not? Did you sometimes hear noises or voices while on your own?
Feeling or hearing things others cannot*		
Score 5 points each		
Ideas of reference*		<ul style="list-style-type: none"> Do you ever feel that events or other people's actions have a special meaning for you? Do you have the feeling others laugh or talk about you? Or do you receive messages? Do you believe anything that other people have found unusual or strange? (odd beliefs) At any time, did you ever experience that people or things in your environment appeared to be changed? Has anyone commented recently that you have said unusual or confusing things? Has anyone in your family had mental illness?
Odd beliefs*		
Odd manner of thinking or speech		
Inappropriate affect		
Odd behaviour or appearance		
First degree family history of psychosis plus increased stress or deterioration in functioning*		
TOTAL Launer & Mackean (2000)		20 points or more, please consider referral for assessment. If * item endorsed, please consider referral even if score is less than 20.

Is there evidence of psychosis? Definite / Suspicion / No

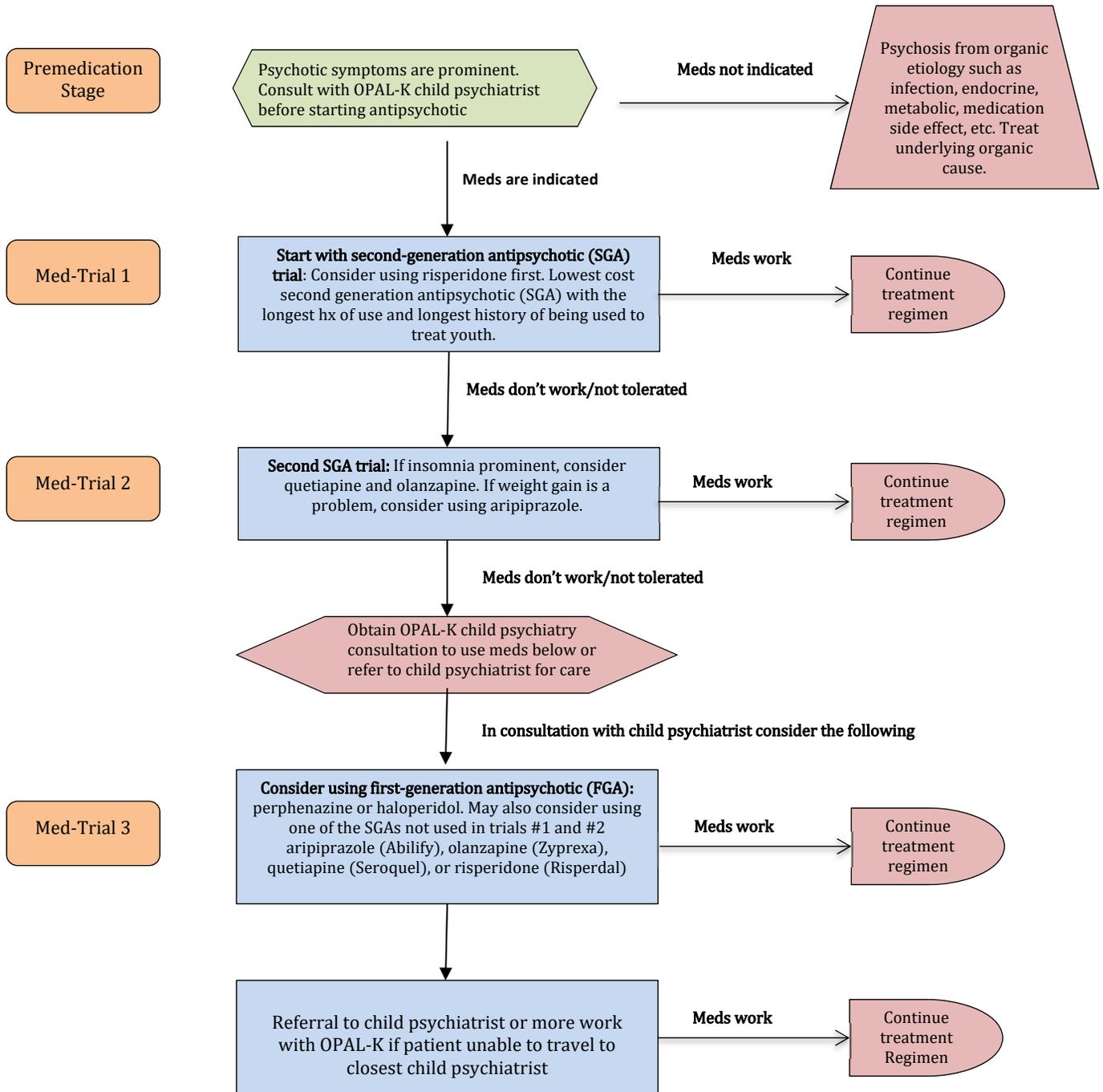
Is this episode the first presentation of psychosis? Yes / No / Don't Know

How long has the problem been present? _____

4: 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.

5: OPAL-K Medication Treatment Algorithm for Psychosis



6 – 8: OPAL-K Medication Table: Second-Generation Antipsychotics (SGA) and First-Generation (FGA) Antipsychotics

(Medication information based on www.epocrates.com)

Drug/Category Second- Generation Antipsychotics (SGA)	Dosing	FDA Approval	Monitoring	Warnings/ Precautions	Cost for Monthly Supply
<p>Risperidone (Risperdal)</p> <p>Forms available: tablets, oral disintegration tabs, liquid and depot injection</p> <p>Antipsychotic</p>	<p><u>Initial dosing:</u> Children 0.25 mg/day</p> <p>Adolescents 0.5m g/day</p> <p><u>Maximum dosing:</u> Children 3mg/day</p> <p>Adolescents 6 mg/day</p>	<p>Approved for treatment of youth with:</p> <p>1) schizophrenia 13 years and older 2) bipolar 10 years and older 3) autism 5-16 years</p>	<p>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 or 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</p>		<p><u>Generic</u> 0.25 mg - \$\$\$\$ 0.5 mg - \$\$\$\$ 1 mg - \$\$\$\$ 2 mg - \$\$\$\$ 3 mg - \$\$\$\$ 4 mg - \$\$\$\$</p> <p><u>Risperdal Tabs</u> 0.25 mg - \$\$\$\$ 0.5 mg - \$\$\$\$ 1 mg - \$\$\$\$ 2 mg - \$\$\$\$ 3 mg - \$\$\$\$ 4 mg - \$\$\$\$</p> <p><u>Risperdal Solution</u> 1 mg/ml - \$\$\$\$</p> <p><u>Oral Disintegrating Tabs</u> 0.5 mg - \$\$\$\$ 1 mg - \$\$\$\$ 4 mg - \$\$\$\$</p>
<p>Aripiprazole (Abilify)</p> <p>Forms available: tablets and liquid</p> <p>Antipsychotic</p>	<p><u>Initial dosing:</u> Children 2 mg/day Adolescents 5 mg/day <u>Maximum dosing:</u> Children 15 mg/day</p> <p>Adolescents30 mg/day</p>	<p>Approved for treatment of youth with:</p> <p>1) schizophrenia 13 years and older 2) bipolar 10 years and older 3) autism 6 years and older</p>			<p><u>Abilify</u> 2 mg - \$\$\$\$ 5 mg - \$\$\$\$ 10 mg - \$\$\$\$ 15 mg - \$\$\$\$ 20 mg - \$\$\$\$ 30 mg - \$\$\$\$</p> <p><u>Dissolvable Tablet</u> 10 mg - \$\$\$\$</p>

Cost code: \$ - \$10 or less \$\$ - \$11 to \$49 \$\$\$ - \$50 to \$99 \$\$\$\$ - \$100 to \$499 \$\$\$\$\$ - \$500 or more

6 – 8: OPAL-K Medication Table: Second-Generation Antipsychotics (SGA) and First-Generation (FGA) Antipsychotics

(Medication information based on www.epocrates.com)

Drug/Category Second- Generation Antipsychotics (SGA)	Dosing	FDA Approval	Monitoring	Warnings/ Precautions	Cost for Monthly Supply
<p>Quetiapine (Seroquel)</p> <p>Forms available: tablets and liquid</p>	<p><u>Initial dosing:</u> Children 12.5mg/day</p> <p>Adolescents 25mg/day</p> <p><u>Maximum dosing:</u> Children 300mg/day</p> <p>Adolescents 600mg/day</p>	<p>Approved for treatment of youth with: 1) schizophrenia 13 years and older 2) bipolar 10 years and older</p>		<p>Monitor EKG for QT prolongation</p> <p>Ocular evaluations every 6-12 months for cataracts</p>	<p><u>Seroquel</u> 25 mg - \$\$ 50 mg - \$\$ 100 mg - \$\$ 200 mg - \$\$ 300 mg - \$\$ 400 mg - \$\$</p> <p><u>Seroquel XR</u> 50 mg - \$\$\$\$ 150 mg - \$\$\$\$ 200 mg - \$\$\$\$ 300 mg - \$\$\$\$ 400 mg - \$\$\$\$</p>
<p>Olanzapine (Zyprexa)</p> <p>Forms available: tablets, oral disintegrating</p>	<p><u>Initial dosing:</u> Children 2.5 mg/day</p> <p>Adolescents 2.5-5mg/day</p> <p><u>Maximum dosing:</u> Children 12.5mg/day</p> <p>Adolescents 30 mg/day</p>	<p>Approved for treatment of youth with: 1) schizophrenia 13 years and older 2) bipolar 13 years and older</p>			<p><u>Zyprexa</u> 2.5 mg - \$\$\$\$ 5 mg - \$\$\$\$ 7.5 - \$\$\$\$ 10 mg - \$\$\$\$\$ 15 mg - \$\$\$\$\$ 20 mg - \$\$\$\$\$</p> <p><u>Zyprexa Zydys</u> 5 mg - \$\$\$\$ 10 mg - \$\$\$\$\$</p>
<p>Ziprasidone (Geodon)</p> <p>Forms available: Capsules and IM</p>	<p><u>Initial dosing:</u> Children 10 mg/day</p> <p>Adolescents 20 mg/day</p> <p><u>Maximum dosing:</u> Children not known</p> <p>Adolescents 160mg/day</p>	<p>Not approved for youth less than 18 years</p>	<p>Weight gain rare, better absorbed when taken with food</p>	<p>Some concerns about prolonged QT. While not required by the FDA, baseline EKG and annual monitoring probably prudent</p>	<p><u>Geodon</u> 20 mg - \$\$\$\$\$ (per 60) 40 mg - \$\$\$\$\$ (per 60) 60 mg - \$\$\$\$\$ (per 60) 80 mg - \$\$\$\$\$ (per 60)</p>

Cost code: \$ - \$10 or less \$\$ - \$11 to \$49 \$\$\$ - \$50 to \$99 \$\$\$\$ - \$100 to \$499 \$\$\$\$\$ - \$500 or more

6 – 8: OPAL-K Medication Table: Second-Generation Antipsychotics (SGA) and First-Generation (FGA) Antipsychotics

(Medication information based on www.epocrates.com)

Drug/Category First- Generation Antipsychotics (FGA)	Dosing	FDA Approval	Monitoring	Warnings/ Precautions	Cost for Monthly Supply
<p>Perphenazine (Trilafon)</p> <p>Forms available: Tablets</p> <p>First-generation antipsychotic (FGA) mid potency</p>	<p><u>Initial dosing:</u> Children 2 mg/day</p> <p>Adolescents 4-8 mg/day</p> <p><u>Maximum dosing:</u> Children 32 mg/day</p> <p>Adolescents 64 mg/day</p>	<p>Approved for the treatment of psychosis in youth 12 years and older</p>			<p><u>Generic</u> 2 mg - \$\$ 4 mg - \$\$ 8 mg - \$\$ 16 mg - \$\$\$</p>
<p>Haloperidol (Haldol)</p> <p>Forms available: Tablets, fast-acting injectable IV or IM, and long-acting decanoate IM</p> <p>First-generation antipsychotic (FGA) high potency</p>	<p><u>Initial dosing:</u> <35 kg: 0.025 mg/kg</p> <p>>=35 kg: 1.0 mg/day</p> <p><u>Maximum dosing:</u> <35 kg: 3-4 mg/day</p> <p>>=35 kg: 10mg/day</p> <p>Use in divided doses 1-3 times a day</p>	<p>FDA approved for the treatment of psychosis, Tourette's Syndrome and severe agitation and behavioral dysregulation in children 3 years and older</p>			<p><u>Haloperidol</u> 0.5 mg - \$ 1 mg - \$ 2 mg - \$ 5 mg - \$\$</p> <p><u>Decanoate</u> 100 mg/ml - \$\$\$\$</p>
<p>Chlorpromazine (Thorazine)</p> <p>Forms available: tablets, IM</p> <p>First-generation antipsychotic (FGA) low potency</p>	<p><u>Initial dosing</u> Children 0.275 mg/kg</p> <p>Adolescents 12.5 mg</p> <p><u>Maximum dosing:</u> Children <5years 40 mg/day 5-12 years 75 mg/day</p> <p>Adolescents 800mg/day</p>	<p>Children <5years 40 mg/day</p> <p>5-12 years 75 mg/day</p> <p>Adolescents 800mg/day</p>			<p><u>Chlorpromazine</u> 10 mg - \$\$\$ (per 60) 25 mg - \$\$\$ (per 60) 100 mg - \$\$\$\$ (per 60) 200 mg - \$\$\$\$ (per 60)</p>

Cost code: \$ - \$10 or less \$\$ - \$11 to \$49 \$\$\$ - \$50 to \$99 \$\$\$\$ - \$100 to \$499 \$\$\$\$\$ - \$500 or more

9: 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

10: Psychosis Care Resources for Patients, Families and Teachers

Suggested Readings

“Surviving Schizophrenia: A Manual for Families Consumers and Providers, 5th Edition” (2006) by E. F. Torrey, M.D. (Award winning basic reference for families)

“The Complete Family Guide to Schizophrenia: Helping Your Loved One Get the Most Out of Life” (2006) by K. T. Mueser, Ph.D., S. Gingerich, M.S.W. (A practical, user-friendly resource for families).

“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. Andreasen, 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.

<http://www.nimh.nih.gov/health/publications/schizophrenia/complete-index.shtml>

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>

11: Psychosis Resources for Clinicians

Suggested Reading

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

“Antipsychotic Use in Children and Adolescents: Minimizing Adverse Effects to Maximize Outcomes” (2008) by Christoph Correll. *J Am Acad Child and Adolesc Psychiatry*, 47(1):9-20

“Diagnostic Challenges in Children and Adolescents With Psychotic Disorders” (2004) by J. Philip Reimherr, MD and Jon M McClellan MD. *J Clin Psychiatry* 65[suppl 6]:5–11

“Differentiating Childhood-Onset Schizophrenia from Psychotic Mood Disorders” (2001) by Calderoni, D, et al. *J. Am. Acad Child Adolesc Psychiatry*, Oct;40(10):1190-6.

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

“Hallucinations in Children and Adolescents: Considerations in the Emergency Setting” (May 2006) by Gail A. Edelson, MD. *Am. J. Psychiatry* 163:5

“Practice Guideline for the Treatment of Patients With Schizophrenia, Second Ed.” (2010) by Anthony F. Lehman et al., APA Guidelines

“Practice Parameter for the Assessment and Treatment of Children and Adolescents With Schizophrenia” by Jon McClelland MD, Sandra 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

“Strategies for Dosing and Switching Antipsychotics for Optimal Clinical Management” (2008) by Peter F. Buckley, MD, Christoph U. Correll, MD. *J Clin Psychiatry*, 69(suppl 1):4-17.

12: 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

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Findling RL, McNamara NK, Youngstrom EA, Branicky LA, Demeter CA, Schulz SC (2003), A prospective, open-label trial of olanzapine in adolescents with schizophrenia. *J Am Acad Child Adolesc Psychiatry* 42:170-175

Frazier JA, Gordon CT, McKenna K, Lenane MC, Jih D, Rapoport JL (1994), An open trial of clozapine in 11 adolescents with childhood-onset schizophrenia. *J Am Acad Child Adolesc Psychiatry*. 33 :658-663

Nicholson R, Lenane M, Singaracharlu S, Malaspina D et al (2002), Premorbid speech and language impairments in childhood-onset schizophrenia: Association with risk factors. *Am J Psychiatry* 157:794-800

Owen MJ, O'Donovan M, Gottesman II (2003), *Psychiatric genetics and genomics*. Oxford: Oxford University Press, pp 247-266

Pavuluri MN, Herbener ES, Sweeney JA (2004), Psychotic symptoms in pediatric bipolar disorder. *J Affect Disord* 80:19-28.

Rector NA, Beck AT (2001), Cognitive behavioral therapy for schizophrenia: an empirical review. *J Nerv Ment Dis* 189:278-287

Shaw JA, Lewis JE, Pascal S, Sharma RK, Rodriguez RA, Guillen R, Pupo-Guillen M (2001), A study of quetiapine: efficacy and tolerability in psychotic adolescents. *J Child Adolesc Psychopharmacol* 11:415-424