80 AND PREGNANT?

VERY LATE-ONSET SCHIZOPHRENIA-LIKE PSYCHOSIS – CASE REPORT AND NON-SYSTEMATIC REVIEW OF THE LITERATURE

M. Melo¹, R. Fernandes², P. Costa¹, T. Queirós³, V. Nogueira⁴, I. Pinto², P. Branco¹

¹Centro Hospitalar Psiquiátrico de Lisboa, Psychogeriatric Unit, Lisboa, Portugal

²Centro Hospitalar Psiquiátrico de Lisboa, Clínica 1, Lisboa, Portugal

³Centro Hospitalar Universitário Lisboa Norte, Serviço de Psiquiatria e Saúde Mental, Lisboa, Portugal

⁴Centro Hospitalar Psiquiátrico de Lisboa, Clínica 4, Lisboa, Portugal

INTRODUCTION

Although schizophrenia is usually regarded as an illness with onset in late adolescence or early adult life, a considerable minority of patients first become ill in middle or old age, creating a diagnostic and therapeutic dilemma. Late-onset delusions and hallucinations tend to be associated with cognitive impairment or medical conditions, but in some cases the origin of the psychosis is not conclusive and, when the patient is above 60 years, Very Late-Onset Schizophrenia-Like Psychosis (VLOSLP) is proposed as the diagnosis.

METHODS

A case report and a non-systematic review of the literature from Pubmed-NCBI database, using the key words: “very late-onset schizophrenia like psychosis” and “schizophrenia spectrum”.

CLINICAL CASE

A 80-year-old woman, with no previous psychiatric history, presented at the Emergency Department complaining of dyspepsia. Routine laboratory tests and the MMSE were within the normal range, but the abdominal CT-Scan revealed a volumous periumbilical hernia. When confronted with these findings, the patient denied having an hernia, saying she was pregnant instead. She was sure the baby’s father was her neighbour, with whom she had never spoken, but who, according to her, would walk into her room at night and have sexual intercourse with her, without anyone else noticing. She added that her neighbour would also go around the city with a megaphone, saying injurious things about her. She had never seen him doing this, but she was sure it was him because she could recognize his voice. A Psychiatric evaluation was requested, which revealed the presence of pregnancy and persecutory delusions, associated with cenestestic and auditory hallucinations. She was voluntarily admitted to an acute Psychiatric ward. Antipsychotic treatment (risperidone) was initiated and slowly titulated, following which significant improvement was noted – the dynamism of the psychotic symptoms decreased and she slowly developed insight into her condition.

VERY LATE-ONSET SCHIZOPHRENIA-LIKE PSYCHOSIS: A NON-SYSTEMATIC LITERATURE REVIEW

The International Late-Onset Schizophrenia Group consensus (2000):

Very Late-Onset Schizophrenia-Like Psychosis - Schizophrenia-like psychoses, which cannot be attributed either to an affective disorder or focal or progressive structural brain abnormality, whose onset was after the age of 60 years

EPIDEMIOLOGICAL DATA prevalence 0.3%; >60 years old, the risk increases by 11% every 5 years; ++ ♀

RISK FACTORS

- ✓ female sex
- ✓ sensory deficits
- ✓ social isolation
- ✓ premorbid schizoid or paranoid personality traits
- ✓ family history of schizophrenia

CLINICAL FEATURES

- ✓ persecutory delusions
 - ✓ predominantly multimodal hallucinations
 - ✓ lack of insight
 - ↓ negative symptoms
 - ↓ formal thought disorders
 - ↑ premorbid functioning
- } *versus Early-Onset Schizophrenia*

PROGNOSIS ✓ less affective flattening and deterioration ; ✓ more favorable prognosis than earlier-onset patients

TREATMENT ✓ keep in mind the polypathology, polypharmacy, age-dependent pharmacokinetics and pharmacodynamic changes in the elderly
✓ atypical antipsychotics are preferred in this population → fewer adverse effects and ↓ risk of extrapyramidal syndromes
✓ usually respond to smaller doses than those used in young adults

CONCLUSIONS

A wide variety of medical conditions in elderly patients can present with psychotic symptoms, and a thorough evaluation to exclude an underlying cause is mandatory before diagnosing VLOSLP. It remains a controversial entity – it’s not clear yet whether it is related with neurodevelopmental abnormalities or neurodegenerative mechanisms. Atypical antipsychotics are preferred. More research involving individuals with VLOSLP is required to increase the evidence base for diagnosis, treatment and improve outcomes of care.

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