

Psychoses

Session outline

- Introduction to psychoses.
- Assessment of psychoses.
- Management of psychoses.
- Follow-up.
- Review.

Activity 1: Person's story

- Present the person's story of what it feels like to live with psychoses.
- First thoughts.

What do local people believe?

- What are the local names for people with psychoses?
- How are individuals with psychoses treated in the local community? How are their family treated?
- Where can the individual and their family seek help?

Symptoms

PSYCHOSES

The psychoses module covers management of two severe mental health conditions, psychosis and bipolar disorder. People with psychosis or bipolar disorder are at high risk of exposure to stigma, discrimination and violation of their right to live with dignity.

Psychosis is characterised by distorted thoughts and perceptions, as well as disturbed emotions and behaviours. Incoherent or irrelevant speech may also be present. Symptoms such as hallucinations – hearing voices, or seeing things that are not there; delusions – fixed, false beliefs; severe abnormalities of behaviour – disorganised behaviour, agitation, excitement, inactivity, or hyperactivity; disturbances of emotion – marked apathy, or disconnect between reported emotion and observed affect, such as facial expression and body language, may also be detected.

Bipolar disorder is characterized by episodes in which the person's mood and activity levels are significantly disturbed. This disturbance consists on some occasions of an elevation of mood and increased energy and activity (mania), and on others of a lowering of mood and decreased energy and activity (depression). Characteristically, recovery is complete between episodes. People who experience only manic episodes are also classified as having bipolar disorder.

Symptoms of psychosis

Disturbed perceptions:

Hallucinations

- *Altered perception*, i.e. hearing voices, seeing or feeling things that are not there.

Disturbed thinking:

Delusions:

- *False belief that the person is sure is true*, i.e. person believes family are poisoning her. Or person believes he is royalty. Or person may believe his family are aliens in disguise.

Disturbed behaviours and emotions:

- Disturbances of behaviour: social withdrawal, agitation, disorganized behaviour, inactivity or hyperactivity, self-neglect, loss of interest and motivation.
- Disturbances of emotions: marked apathy, poor speech, one word answers, slowed speech, thoughts may be disorganized and hard to follow, disconnect between reported emotion and facial expressions or body language.

Symptoms of bipolar disorder

Disturbed mood:

- Person has episodes where they are manic and other episodes where they are depressed
- Characteristically recovery between the episodes is complete.

Manic episode:

Increased activity levels, elevation of mood (potentially very happy and very agitated).

They may talk very rapidly, have lots of different ideas and increased levels of self-worth and self-importance.

They may have hallucinations and delusions, i.e. hear voices and/or believe that they are powerful, that their ideas can change the world.

Engage in risk taking behaviours (gambling, spending money, promiscuity etc.).

Natural history of psychosis

- First onset typically between age 15 and 29 years.
- There are three possible clinical courses:
 - The person recovers completely or partially with some symptoms.
 - The person recovers but has a future episode (relapse).
 - Symptoms continue for a longer period.

Natural history of bipolar disorder

- First onset typically between the ages of 15–29 years.
- The pattern of mood swings can vary widely between people:
 - Some will have a couple of bipolar episodes in their life time and stay stable in between.
 - Others will have many episodes.
 - Some will only experience manic episodes.
 - Some will experience more depressed episodes than manic episodes.

Impact of psychoses

Impact on the individual:

- Break up of relationships
- Negative and at times scary experience of symptoms.
- Loss of employment, studies, opportunities.
- Financial consequences.
- Stigma and rejection by community.

Impact on the family:

- Medical costs.
- Time and energy looking after the person (carer burden).
- Emotional distress.

Impact of psychoses

Impact on society:

- Loss of workforce.
- Costly medical interventions and (unnecessarily) lengthy hospitalizations.

Human rights violations:

- People with psychoses maybe chained and confined.
- They may be beaten as punishment or treatment.
- They may receive treatments that are ineffective and dangerous due to misunderstanding the causes of psychoses.

Human rights violations

Asdila is a young woman who hears voices. As she was wandering on the street and talking out loud, the police arrested her. She had not committed any offence but while in custody she was told that she would be transferred to a psychiatric hospital.

In the hospital she was forced to take high doses of psychotropic drugs which made her extremely unwell. She was bullied and attacked by staff and other male patients. She has no way to challenge her detention.

Discussion

- What stigma and discrimination do people with psychoses face in your community?
- What can you do to reduce the stigma?

What you can do to decrease stigma, discrimination and human rights violations

- Treat people with respect and dignity.
- Avoid making assumptions, e.g. The person is dangerous or the person lacks capacity.
- Do not assume that the person is unable to make choices or decisions concerning treatment. Involve the person in the development of their treatment plan.
- Avoid involuntary admission and treatment, seclusions and restraints and other coercive practices.
- Treat psychoses at the non-specialist level which is less stigmatizing, more acceptable and accessible for people.

What you can do to decrease stigma, discrimination and human rights violations

- Provide accurate and supportive information to the person concerned and their family:
 - About psychoses as well as treatment and recovery options.
 - Dispel myths about psychoses.
 - Raise awareness on the rights of people with mental disorders including psychoses.
- Raise awareness among other health professionals and colleagues, family members and the wider community in order to dispel the stigma, myths and misconceptions about psychoses.
- Involve people with mental disabilities and their carers in any awareness raising activities. Empower them to speak for themselves.

Global impact of psychoses

- Affects 21 million people globally (more common among men – 12 million than women – 9 million).
- Has an early onset in many (15–29 years old).
- People with psychoses are two and a half times more likely to die early than the general population, due to physical illness such as cardiovascular, metabolic and infectious diseases.

Why it is important to treat in non-specialized health settings

- Psychoses is treatable.
- Medicines and psychosocial interventions are effective at treating psychoses.
- People with psychoses can be cared for outside of hospitals – in non-specialized health settings and the community.
- Engaging the family and community in the care of people with psychoses is important.

Activity 2: Exploring the symptoms of psychoses

1. Identify whether the person is experiencing a hallucination or delusions? Explain your decisions.
2. Identify how the hallucination or delusion impact on the person's life? Explain your decisions.

PSY » Quick Overview



ASSESSMENT

» Explore other explanations for the symptoms

- **EVALUATE FOR MEDICAL CONDITIONS**
e.g. rule out delirium, medications and metabolic abnormalities
- **EVALUATE FOR OTHER RELEVANT MNS CONDITIONS**

» Assess for acute manic episode

» Evaluate if the person has psychosis



MANAGEMENT

» Management Protocols

1. Bipolar disorder – manic episode
2. Psychosis
3. Special populations: women who are pregnant or breast-feeding, adolescents, and older adults

» Psychosocial Interventions

» Pharmacological Interventions

1. Psychosis: initiation of antipsychotics
2. Manic episode: initiation of mood stabilizer or antipsychotic; avoid antidepressants



FOLLOW-UP

Factors influencing communication

- The person's thoughts might be disorganized and unclear.
- The person might be sharing unusual beliefs.
- The person might refuse to speak.
- The person might avoid any eye contact.
- The person may not feel that they need medical care.
- Often the family will report the issue, not the person.

Now we will discuss how these issues affect your interaction with the person.

Establish communication and build trust

- Treat the person with respect and dignity.
- Try to understand the person's perspective.
- Introduce your questions in a respectful way.
- Do not rush; it may take several sessions to build trust.
- Do not challenge false beliefs or mock the person.
- Ask how the person's life has been affected.
- Advocate on the person's behalf.

Activity 3:

Video demonstration: Assessment

Show the mhGAP-IG psychoses assessment video.

<https://www.youtube.com/watch?v=tPy5NBFmIJY&index=4&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v>



PSY 1 » Assessment

COMMON PRESENTATIONS OF PSYCHOSES

- *Marked behavioural changes, neglecting usual responsibilities related to work, school, domestic or social activities.*
- *Agitated, aggressive behaviour, decreased or increased activity.*
- *Fixed false beliefs not shared by others in the person's culture.*
- *Hearing voices or seeing things that are not there.*
- *Lack of realization that one is having mental health problems.*

1

Are there any other explanations for the symptoms?

» EVALUATE FOR MEDICAL CONDITIONS

By history, clinical examination, or laboratory findings, are there signs and symptoms suggesting **delirium** due to an acute physical condition, e.g. infection, cerebral malaria, dehydration, metabolic abnormalities (such as hypoglycaemia or hyponatraemia); **or medication side effects**, e.g. due to some antimalarial medication or steroids?

YES

NO

» **Assess and manage** the acute physical condition, and **refer to emergency services/ specialist as needed.**

» If symptoms persist after management of the acute cause, go to **STEP 2**



Delirium

An organic brain syndrome characterized by acute onset of:

- Confusion (person appears confused, struggles to understand surroundings).
- Difficulty in focusing, shifting or maintaining attention.
- Changes in feeling (sensations and perceptions).
- Changes in level of consciousness or awareness.
- Disturbance in orientation to time, place and sometimes person.
- Disorganized thinking – speech does not make sense.
- Changes in mood – anger, agitation, anxiety, irritability, anxiety to apathy and depression.

Management of delirium

If you think that a person has delirium:

- Try to identify and manage underlying cause.
- Assess for dehydration and give fluid.
- Ensure that the person is safe and comfortable .
- Continue to reassess and monitor the person after initiating management.
- Refer the person to a specialist (e.g. neurologist, psychiatrist, or internal medicine specialist).

» EVALUATE FOR DEMENTIA, DEPRESSION, DRUG/ALCOHOL INTOXICATION OR WITHDRAWAL.



» Consider consultation with a mental health specialist for management of concurrent conditions.

» Manage concurrent conditions. Go to relevant modules.

MANAGEMENT OF ACUTE AGITATION AND/OR AGRESSION

If the person presents with either acute agitation and/or acute aggression

» Go to "Management of persons with agitated and/or aggressive behaviour" (Table 5) in this module before continuing.



2

Is the person having an acute manic episode?

Have several of the following symptoms occurred simultaneously, lasting for at least 1 week, and severely enough to interfere significantly with work and social activities or requiring confinement or hospitalization:

- Elevated or irritable mood
- Decreased need for sleep
- Increased activity, feeling of increased energy, increased talkativeness or rapid speech
- Loss of normal social inhibitions such as sexual indiscretion
- Impulsive or reckless behaviours such as excessive spending, making important decisions without planning
- Being easily distracted
- Unrealistically inflated self-esteem



Suspect BIPOLAR DISORDER Manic Episode

CLINICAL TIP Persons with bipolar disorder can experience manic episodes only or a combination of manic and depressive episodes in their lifetime.

» To learn how to assess and manage depressive episode of bipolar disorder, go to »DEP.

! IF THERE IS IMMINENT RISK OF SUICIDE, ASSESS AND MANAGE before continuing. Go to »SUI.



» Go to **PROTOCOL 1**

Managing concurrent MNS conditions and psychoses

Psychoses can occur with:

- Depressive episodes – people can experience hallucinations and delusions when depressed.
- Post-partum psychosis – in the days and weeks after giving birth women can experience changes in mood (including mania and depression). They can experience hallucinations and delusions and significant confusion in their thinking and behaviour.
- Substance use disorders – **intoxication** due to substance use can produce significant disturbances in mood and changes in levels of consciousness, confusions and erratic behaviour. **Withdrawal** from substances can also cause confusion, erratic behaviour, changes in consciousness and perception.
- Dementia – people living with dementia can report experiencing changes in perceptions (hallucinations and delusions).

» EVALUATE FOR DEMENTIA, DEPRESSION, DRUG/ALCOHOL INTOXICATION OR WITHDRAWAL.

YES

NO


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» Manage concurrent conditions. Go to relevant modules.

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TABLE 5: Management of Persons with Agitated and/or Aggressive Behaviour !



ASSESSMENT

- » Attempt to communicate with the person.
- » Evaluate for underlying cause:
 - **Check Blood Glucose.** If low, give glucose.
 - **Check vital signs,** including temperature and oxygen saturation. Give oxygen if needed.
 - **Rule out delirium and medical causes** including poisoning.
 - **Rule out drug and alcohol use.** Specifically consider **stimulant intoxication** and/or **alcohol/sedative withdrawal.** Go to » SUB.
 - **Rule out agitation due to psychosis or manic episode in bipolar disorder.** Go to **Assessment,** » PSY 1.

COMMUNICATION

- » Safety is first!
- » Remain calm and encourage the patient to talk about his or her concerns.
- » Use a calm voice and try to address the concerns if possible.
- » Listen attentively. Devote time to the person.
- » Never laugh at the person.
- » Do not be aggressive back.
- » Try to find the source of the problem and solutions for the person.
- » Involve carers and other staff members.
- » Remove from the situation anyone who may be a trigger for the aggression.
- » If all possibilities have been exhausted and the person is still aggressive, it may be necessary to use medication (if available) to prevent injury.

SEDATION AND USE OF MEDICATION

- » Sedate as appropriate to prevent injury.
- » For agitation due to psychosis or mania, consider use of haloperidol 2mg p.o./i.m. hourly up to 5 doses (maximum 10 mg). *Caution: high doses of haloperidol can cause dystonic reactions. Use biperiden to treat acute reactions.*
- » For agitation due to ingestion of substances, such as alcohol/sedative withdrawal or stimulant intoxication, use diazepam 10-20 mg p.o. and repeat as needed. **Go to » SUB.**
 - In cases of extreme violence**
 - Seek help from police or staff
 - Use haloperidol 5mg i.m., repeat in 15-30mins if needed (maximum 15 mg)
 - Consult a specialist. 
- » **if the person remains agitated,** recheck oxygen saturation, vital signs and glucose. Consider pain. Refer to hospital. **+**
- » **Once agitation subsides, refer to the master chart (MC) and select relevant modules for assessment.**
- ! Special Populations:** Consult a specialist for treatment. 

Case scenario

- A 22-year-old woman is brought to the clinic by her parents. They are concerned about her bizarre behaviour and strange speech. They explain the young woman keeps getting very agitated and angry and states that she wishes to “escape from a terrible monster taking the shape of her father”. Today she violently attacked her father.

Case scenario continued

- Her father has multiple cuts and bruises on his face and body from where he was attacked.
- The young woman is obviously still agitated and restless. She cannot stay still and keeps trying to get away from her father. She is shouting at him to “go away” “get out” “leave me”.
- What can you do to manage the situation?

» EVALUATE FOR DEMENTIA, DEPRESSION, DRUG/ALCOHOL INTOXICATION OR WITHDRAWAL.

» Consider consultation with a mental health specialist for management of concurrent conditions. 

» Manage concurrent conditions. Go to relevant modules.

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» Go to **PROTOCOL 1**



3

Does the person have psychosis?

Does the person have at least two of the following:

- Delusions, fixed false beliefs not shared by others in the person's culture
- Hallucinations, hearing voices or seeing things that are not there
- Disorganized speech and/or behaviour, e.g. incoherent/irrelevant speech such as mumbling or laughing to self, strange appearance, signs of self-neglect or appearing unkempt

NO

YES

» Consider consultation with specialist to review other possible causes of psychoses. 

Suspect
PSYCHOSIS

» Go to **PROTOCOL 2**

! IF THERE IS IMMINENT RISK OF SUICIDE, ASSESS AND MANAGE before continuing. Go to »SUI.

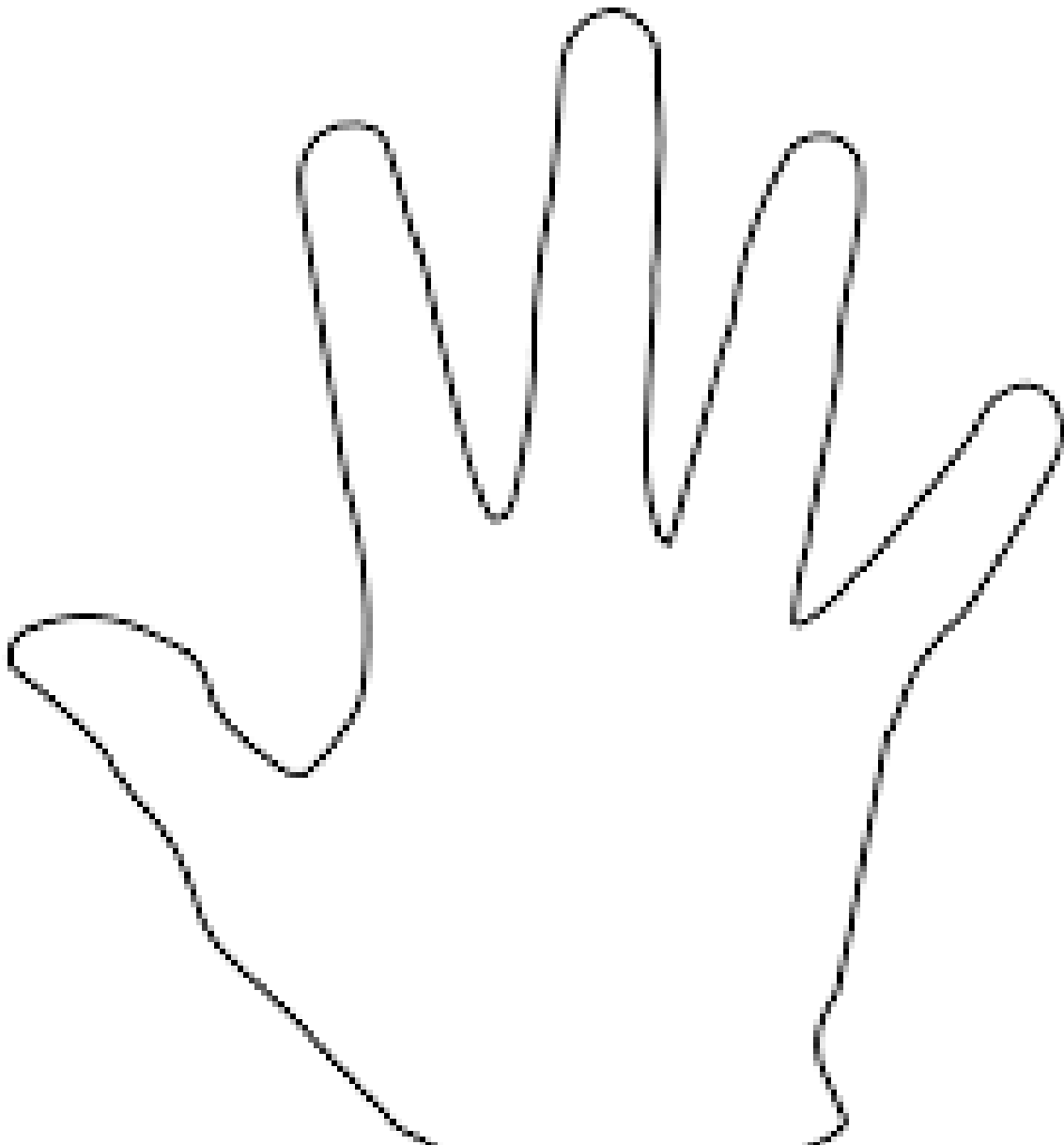


How to ask about hallucinations and delusions?

Symptoms	Person	Family
Hallucinations	e.g. Do you hear voices or see things that no one else can?	e.g. Do you see the person talking to someone else when alone? As if the person is talking to someone?
Delusions	e.g. Do you believe that someone is planning to hurt you? Do you feel that you are under surveillance?	e.g. Did the person share any ideas that you found strange and unlikely to be true?

Activity 4: Role play: Assessment

- A man who is well known to you is homeless and lives under the tree opposite your practice. He has been seen talking to himself and laughing to himself, is unkempt and ungroomed.
- Assess him according to the psychoses assessment algorithm on page 35 mhGAP-IG.



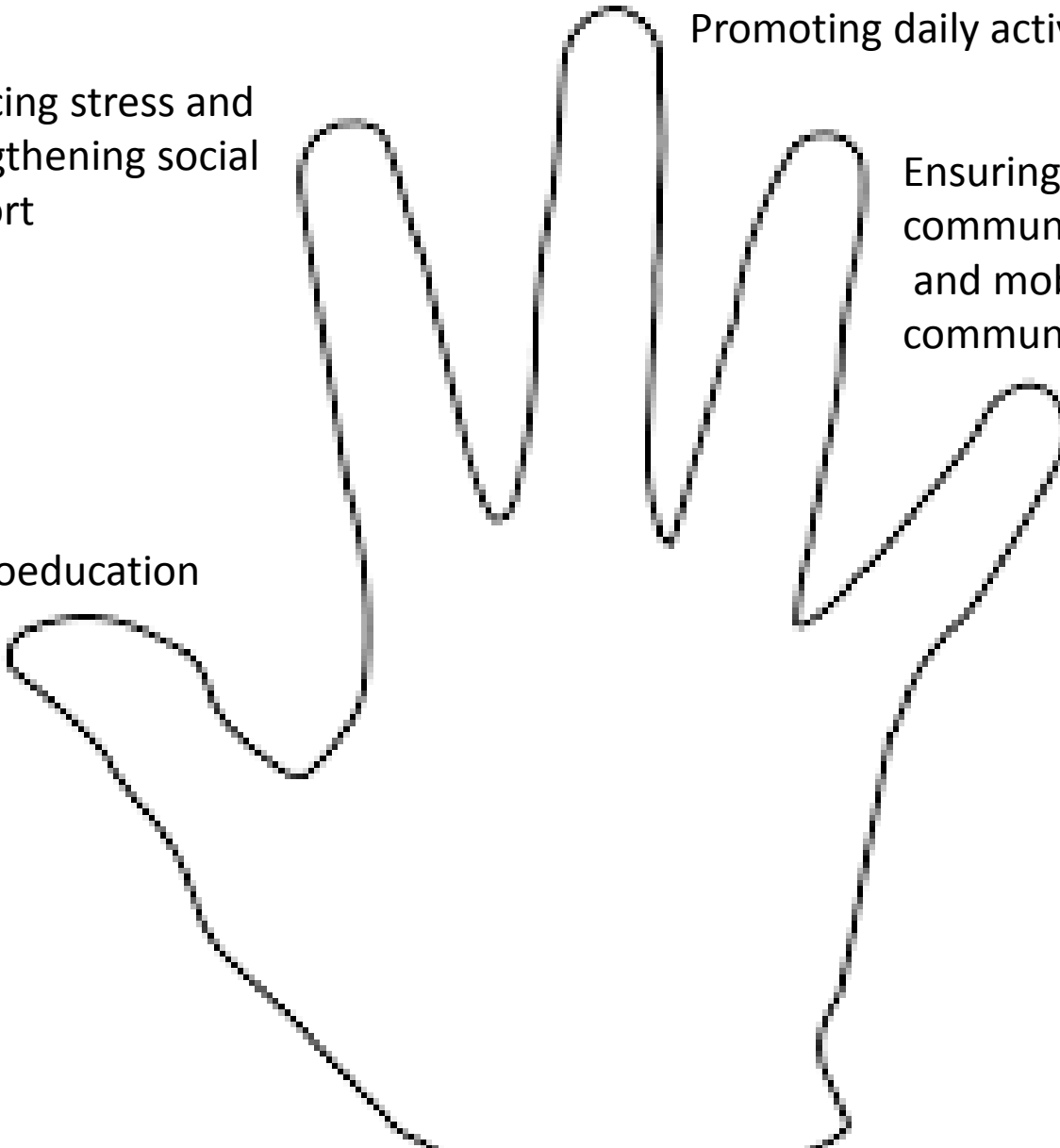
Reducing stress and strengthening social support

Promoting daily activities

Ensuring safety in the community and mobility community support

Pharmacology

Psychoeducation





PSY 2 » Management

PROTOCOL

1

Manic Episode in Bipolar Disorder

- » Provide **psychoeducation** to the person and carers. (2.1)
- » **Pharmacological Intervention.** (2.6)
- !** **If patient is on antidepressants – DISCONTINUE** to prevent further risk of mania.
 - **Begin treatment** with lithium, valproate, carbamazepine, or with antipsychotics. Consider a short term (2-4 weeks maximum) benzodiazepine for behavioural disturbance or agitation.
- » Promote functioning in daily activities. (2.3)
- » Ensure safety of the person and safety of others.
- » Provide regular follow-up.
- » Support rehabilitation in the community.
- » Reduce stress and strengthen social supports. (2.2)

PROTOCOL

2

Psychosis

- » Provide **psychoeducation** to the person and carers. (2.1)
- » **Begin antipsychotic medication.** (2.5)
- Start with a low dose within the therapeutic range and increase slowly to the lowest effective dose, in order to reduce the risk of side-effects.
- » Promote functioning in daily activities. (2.3)
- » Ensure safety of the person and safety of others.
- » Provide regular follow-up.
- » Support rehabilitation in the community.
- » Reduce stress and strengthen social supports. (2.2)

Activity 5 Video demonstration: Managing psychoses


- How did the health-care provider explain the treatment options?
- Were the risks and benefits of medication explained?
- Were the benefits of psychosocial interventions explained?

<https://www.youtube.com/watch?v=Ybn401R2gl4&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v&index=5>

PSYCHOSOCIAL INTERVENTIONS

2.1 Psychoeducation

Key messages for the person and their carers:

- » Explain that the symptoms are due to a mental health condition, that psychosis and bipolar disorders can be treated, and that the person can recover. Clarify common misconceptions about psychosis and bipolar disorder.
- »  Do not blame the person or their family or accuse them of being the cause of the symptoms.
- » Educate the person and the family that the person needs to take the prescribed medications and return for follow-up regularly.
- » Explain that return and/or worsening of symptoms are common and that it is important to recognize these early and visit to the health facility as soon as possible.
- » Plan a regular work or school schedule that **avoids sleep deprivation and stress** for both the person and the carers. Encourage the person to solicit advice about major decisions especially ones involving money or major commitments.



CLINICAL TIP

Build rapport with the person.

Mutual trust between the person and the health-care provider is critical to ensure treatment adherence and long-term outcomes.

- » Recommend **avoiding alcohol, cannabis or other non-prescription drugs**, as they can worsen the psychotic or bipolar symptoms.
- » Advise them about maintaining a healthy lifestyle, e.g. a balanced diet, physical activity, regular sleep, good personal hygiene, and no stressors. Stress can worsen psychotic symptoms. *Note: Lifestyle changes should be continued as long as needed, potentially indefinitely. These changes should be planned and developed for sustainability.*

2.2 Reduce stress and strengthen social supports

- » Coordinate with available health and social resources to meet the family's physical, social, and mental health needs.
- » Identify the person's prior social activities that, if reinitiated, would have the potential to provide direct or indirect psychological and social support, e.g. family gatherings, outings with friends, visiting neighbors, social activities at work sites, sports, and community activities. Encourage the person to resume these social activities and advise family members about this.
- » Encourage the person and carers to improve social support systems.





CLINICAL TIP

Ensure persons with psychosis are treated with respect and dignity. For further details go to **»ECP**.

2.3 Promote functioning in daily living activities

- » Continue regular social, educational and occupational activities as much as possible. It is best for the person to have a job or to be otherwise meaningfully occupied.
- » Facilitate inclusion in economic activities, including culturally appropriate supported employment.
- » Offer life skills training and/or social skills training to enhance independent living skills for people with psychosis and bipolar disorders and for their families and/or carers.
- » Facilitate, if available and needed, independent living and supported housing that is culturally and contextually appropriate in the community.

2.4 General advice for carers

- »  Do not try to convince the person that his or her beliefs or experiences are false or not real. Try to be neutral and supportive, even when the person shows unusual behaviour.
- »  Avoid expressing constant or severe criticism or hostility towards the person with psychosis.
- » Give the person freedom of movement. Avoid restraining the person, while also ensuring that their basic security and that of others is met.
- » In general it is better for the person to live with family or community members in a supportive environment outside of the hospital setting. Long-term hospitalization should be avoided.

Activity 6: Psychoeducation

- Group 1: Key messages in psychoeducation for psychosis.
- Group 2: Key messages in psychoeducation for bipolar disorder.

Activity 7: Promoting functioning in daily living activities

Promoting functioning in daily living activities is a crucial step in their journey to recovery. It will:

- Help a person cope with and manage their symptoms.
- Reconnect the person with their community.
- Empower the person to take back some control of their life.
- Give the person the opportunity to learn and/or earn an income so they can live independently in the future.
- Give the person hope that they will recover and have a better future.

Initiating antipsychotic medication

Are antipsychotics better started early or late?

Early!

For prompt control of psychotic symptoms, health-care providers should begin antipsychotic medication immediately after assessment. The sooner the better.

Initiating antipsychotic medication

Is it better to start with a low dose or a high dose?

Low!

Start with a low dose within the therapeutic range and increase slowly to the lowest effective dose in order to reduce the risk of side-effects. Start low, go slow.

Initiating antipsychotic medication

Which route is preferable?

- oral
- intramuscular.

Oral!

Consider intramuscular treatment only if oral treatment is not feasible. Do not prescribe long-term injections (depot) for control of acute psychotic symptoms.

Initiating antipsychotic medication

How many antipsychotic medications should we prescribe at a time?

- one
- more than one.


One!

Try the first medication at an optimum dose for at least four to six weeks before considering it ineffective.

PHARMACOLOGICAL INTERVENTIONS

! **FOR SPECIAL POPULATIONS**, (women who are pregnant or breastfeeding, children/adolescents, and older adults), see detailed recommendations.

2.5 Psychosis

- » Antipsychotics should routinely be offered to a person with psychosis.
- » **Start antipsychotic medication immediately.** See **Table 1**.
- » Prescribe one antipsychotic at a time.
- » Start at lowest dose and titrate up slowly to reduce risk of side effects.
- » Try the medication at a **typically effective dose for at least 4-6 weeks** before considering it ineffective.
- » Continue to monitor at that dose as frequently as possible and as required for the first 4-6 weeks of therapy. If there is no improvement, see **Follow-up** and **Table 4**. 
- » Monitor weight, blood pressure, fasting sugar, cholesterol and ECG for persons on antipsychotics if possible (see below).

! CAUTION!

» Side effects to look for:

- **Extrapyramidal side effects (EPS):** akathisia, acute dystonic reactions, tremor, cog- wheeling, muscular rigidity, and tardive dyskinesia. Treat with anticholinergic medications when indicated and available (see **Table 2**).
- **Metabolic changes:** weight gain, high blood pressure, increased blood sugar and cholesterol.
- **ECG changes (prolonged QT interval):** monitor ECG if possible.
- **Neuroleptic malignant syndrome (NMS):** a rare, potentially life-threatening disorder characterized by muscular rigidity, elevated temperature, and high blood pressure.

2.6 Manic Episode in Bipolar Disorder

If patient is on antidepressants:


- » **DISCONTINUE ANTIDEPRESSANTS** to prevent further risk of mania.
- » **Begin treatment with lithium, valproate, carbamazepine, or with antipsychotics** (see **Table 3**).

Lithium: consider using lithium as first line treatment of bipolar disorder only if clinical and laboratory monitoring are available, and prescribe only under specialist supervision. If laboratory examinations are not available or feasible, lithium should be avoided and valproate or carbamazepine should be considered. Erratic compliance or stopping lithium treatment suddenly may increase the risk of relapse. Do not prescribe lithium where the lithium supply may be frequently interrupted. Obtain kidney and thyroid function, complete blood count, ECG, and pregnancy tests before beginning treatment if possible.

Valproate and Carbamazepine: Consider these medications if clinical or laboratory monitoring for lithium is not available or if specialist is not available to supervise lithium prescription.

Haloperidol and risperidone: consider haloperidol and risperidone only if no clinical or laboratory monitoring is available to start lithium or valproate. Risperidone can be used as an alternative to haloperidol in individuals with bipolar mania if availability can be assured, and cost is not a constraint.

! CAUTION

 For women who are pregnant or breastfeeding, avoid valproate, lithium and carbamazepine. Use of **low-dose haloperidol** is recommended with caution and under the care of a specialist, if available.

» Consider a short term (2-4 weeks maximum) benzodiazepine for behavioural disturbances or agitation:

- Persons with mania who are experiencing agitation may benefit from short-term (2-4 weeks maximum) use of a benzodiazepine such as diazepam.
- Benzodiazepines should be discontinued gradually as soon as symptoms improve, as tolerance can develop.


» Continue maintenance treatment for at least 2 years after the last bipolar episode.

- Lithium or valproate can be offered for the maintenance treatment of bipolar disorder. *If treatment with one of these agents is not feasible, haloperidol, chlorpromazine or carbamazepine may be used. Offer maintenance treatment in primary care settings under specialist supervision.*

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- » **DISCONTINUE ANTIDEPRESSANTS** to prevent further risk of mania.
- » **Begin treatment with lithium, valproate, carbamazepine, or with antipsychotics** (see **Table 3**).

Lithium: consider using lithium as first line treatment of bipolar disorder only if clinical and laboratory monitoring are available, and prescribe only under specialist supervision. If laboratory examinations are not available or feasible, lithium should be avoided and valproate or carbamazepine should be considered. Erratic compliance or stopping lithium treatment suddenly may increase the risk of relapse. Do not prescribe lithium where the lithium supply may be frequently interrupted. Obtain kidney and thyroid function, complete blood count, ECG, and pregnancy tests before beginning treatment if possible.

Valproate and Carbamazepine: Consider these medications if clinical or laboratory monitoring for lithium is not available or if specialist is not available to supervise lithium prescription.

Haloperidol and risperidone: consider haloperidol and risperidone only if no clinical or laboratory monitoring is available to start lithium or valproate. Risperidone can be used as an alternative to haloperidol in individuals with bipolar mania if availability can be assured, and cost is not a constraint.

! CAUTION

 For women who are pregnant or breastfeeding, avoid valproate, lithium and carbamazepine. Use of **low-dose haloperidol** is recommended with caution and under the care of a specialist, if available.

» Consider a short term (2-4 weeks maximum) benzodiazepine for behavioural disturbances or agitation:

- Persons with mania who are experiencing agitation may benefit from short-term (2-4 weeks maximum) use of a benzodiazepine such as diazepam.
- Benzodiazepines should be discontinued gradually as soon as symptoms improve, as tolerance can develop.

» Continue maintenance treatment for at least 2 years after the last bipolar episode.

- Lithium or valproate can be offered for the maintenance treatment of bipolar disorder. *If treatment with one of these agents is not feasible, haloperidol, chlorpromazine or carbamazepine may be used. Offer maintenance treatment in primary care settings under specialist supervision.*

Case scenario

Yosef is 21 years old has been brought to you by his mother. His mother says that recently Yosef "is not the same." He is no longer studying and prefers to stay home doing nothing. You notice that Yosef is wearing summer clothes although it is cold and raining. He looks like he has not washed for weeks. When you talk to him, Yosef avoids eye contact. He gazes at the ceiling as if looking at someone. He mumbles and gestures as if he is talking to someone.

He does not want to see his friends, he seems disconnected from his family and has no energy. He is refusing to eat food in the home as he believes his mother is trying to poison him. You assess Yosef and decide to start him on antipsychotic medication to see if that improves his symptoms.

Antipsychotic medications

- What are the starting doses for haloperidol, chlorpromazine and risperidone ?
- What are the effective doses?
- What are the side-effects for each drug?

Case scenario

Maria is a 35-year-old woman. She is married and has two children (10 and 8 years old). For the last five years she has held a management level position in a local bank and has been enjoying her career. In the last two months she has been experiencing changes in her mood. She has been arguing with people at work and her family at home. She is getting frustrated as she does not feel people are listening to her or understanding her. Her speech is very fast and confusing as she is having so many ideas at the same time. She is spending a lot of money and that is causing arguments with her husband. She is active all the time and is not sleeping well.

After a thorough assessment you decide she is experiencing a manic episode.

Mood stabilizers

- What are the starting doses for lithium, sodium valproate and carbamazepine?
- When should you not use lithium?
- What are the effective doses?
- What are the side-effects of each drug?

Review and adherence

- What should you do if Yosef complains of muscle rigidity and stiffness, and you notice that he has involuntary repetitive lip smacking?
- What could you do if a person who has started to take risperidone complains that they feel it is not doing anything to help them?
- How would you help someone who stopped taking sodium valproate because they were gaining too much weight and felt uncomfortable?

Case scenario

A 28-year-old woman called Fatima gave birth to her second child two weeks ago. Her husband explains that she is not sleeping at all and she is struggling to feed the baby. She believes that her baby is in danger but she does not know how to protect it. Sometimes she thinks it would be better if she and the baby were both dead. On one occasion the husband has stopped her from being violent towards the baby.

Special populations

Note that interventions may differ for PSYCHOSES in these populations



WOMEN WHO ARE PREGNANT OR BREASTFEEDING

- » Liaise with maternal health specialists to organize care.
- » Consider consultation with mental health specialist if available.
- » Explain the risk of adverse consequences for the mother and her baby, including obstetric complications and psychotic relapses, particularly if medication stopped.
- » Consider pharmacological intervention when appropriate and available. See below.

Pharmacological Interventions

PSYCHOSIS

- » In women with psychosis who are planning a pregnancy or pregnant or breastfeeding, low-dose oral haloperidol, or chlorpromazine may be considered.
- » Anticholinergics should **NOT** be prescribed to women who are pregnant due to extrapyramidal side-effects of antipsychotic medications, except in cases of acute, short-term use.
- » Depot antipsychotics should not be routinely prescribed to women with psychotic disorders who are planning a pregnancy, pregnant, or breastfeeding because there is relatively little information on their safety in this population.

MANIC EPISODE IN BIPOLAR DISORDER

- » **AVOID VALPROATE, LITHIUM and CARBAMAZEPINE** during pregnancy and breastfeeding due to the risk of birth defects.
- » Consider **low-dose haloperidol** with caution and in consultation with a specialist, if available.
- » Weigh the risks and benefits of medications in women of childbearing age.
- » If a pregnant woman develops acute mania while taking mood stabilizers, consider switching to low dose haloperidol.



ADOLESCENTS

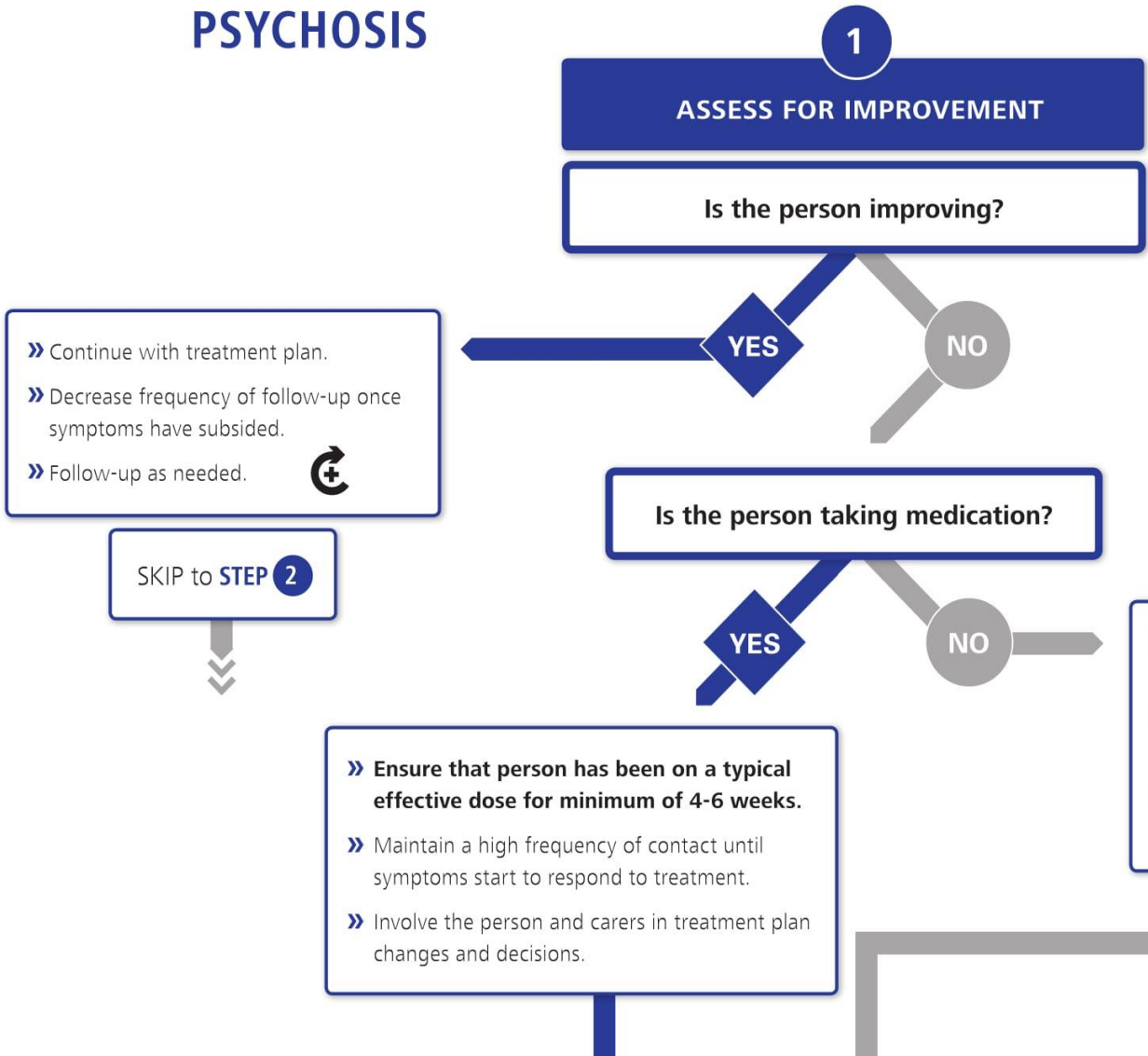
- » Consider consultation with mental health specialist.
- » In adolescents with psychotic or bipolar disorder, **risperidone** can be offered as a treatment option only under supervision of a specialist.
- » If treatment with risperidone is not feasible, **haloperidol** or **chlorpromazine** may be used only under supervision of a specialist.



OLDER ADULTS

- » Use **lower** doses of medication.
- » Anticipate an increased risk of drug-drug interactions.
- » **CAUTION**
Antipsychotics carry an increased risk of cerebrovascular events and death in older adults with dementia-related psychosis.

**PSY 3 » Follow-up
PSYCHOSIS**



RECOMMENDATIONS ON FREQUENCY OF CONTACT

- » Initial follow-up should be as frequent as possible, even daily, until acute symptoms respond to treatment.
- » Regular follow-up is needed. Once symptoms respond, monthly to quarterly follow-up is recommended (based on clinical need and feasibility factors such as staff availability, distance from clinic, etc.)



2

ROUTINELY MONITOR TREATMENT

- » Review psychosocial interventions.
- » If on medication, review **adherence, side effects and dosing (Table 4)**. Check weight, blood pressure, and blood glucose.
- » If the person starts to use any other medications with potential drug-drug interactions, consider reviewing the medication dose.
- » Ask regarding the onset of symptoms, prior episodes, and details of any previous or current treatment.

3


DISCONTINUE MEDICATIONS

Person with first episode, relapse, or worsening of psychosis symptoms:

- » Consider discontinuation of medications **12 MONTHS after symptoms have resolved.**

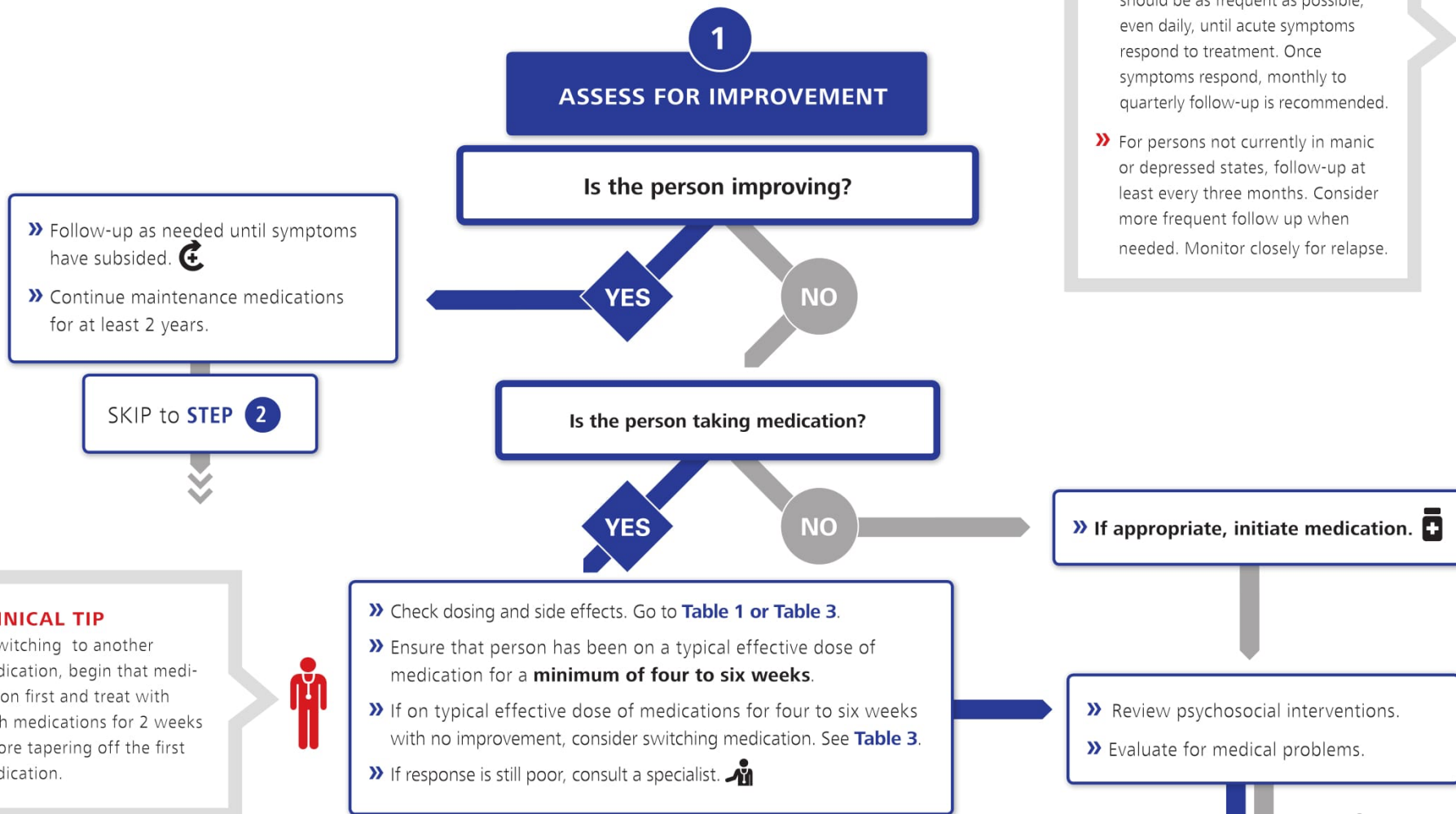
Person with psychotic symptoms persisting more than 3 months:

- » Consider discontinuation of medications **if person is in FULL REMISSION of symptoms for several years.**

- » Discuss risks of relapse against long-term medication side-effects with person and family.
- » If possible, consult a specialist. 
- » Gradually and slowly reduce the medication dose. When medications are withdrawn, individuals and family members need to be educated to detect early symptoms of relapse. Close clinical monitoring is recommended.



PSY 3 » Follow-up MANIC EPISODE IN BIPOLAR DISORDER



2

ROUTINELY MONITOR TREATMENT

- » Review and provide psychosocial interventions.
- » If on medication, review **adherence, side effects and dosing**. See **Table 4**.
- » If the person starts any other medications with the potential for drug-drug interactions, consider reviewing the medication dose.


3

DISCONTINUE MEDICATIONS

Has the person been in full remission of symptoms with no episodes of bipolar disorder for *at least two years*?

YES

» Consider discontinuation of medications

- Discuss with person/carer the risk of discontinuation.
- Consult a specialist regarding the decision to discontinue maintenance treatment after 2 years. 
- Reduce gradually over period of weeks or months.

NO

» Routinely follow up and monitor treatment. 

Activity 8: Role play: Follow-up

- Follow-up with a person with psychosis.
- Focus on reassessment of the symptoms.
- Assessment of side-effects of medication.
- Assessment of psychosocial interventions specifically strengthening social support, reducing stress and life skills.

Review

- MCQs