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Putting Mental Health and Substance Use Connection and Consultation in Your Hands

Compass Lunch & Learn
Presenter: Dr. Sandra Westcott
Moderator: Dr. Jennifer Russel

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Territory Acknowledgment

We would like to acknowledge that we are conducting our business today on the shared, unceded homelands of the Musqueam, Squamish, and Tsleil-Waututh people and thankful for this opportunity.

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COMPASS Lunch & Learn

Is it Psychosis?

An approach to psychotic experiences in primary care for youth

June 13, 2022

Dr. Sandra Westcott, MD

PGY5 Child and Adolescent Psychiatry

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Housekeeping

- Please mute yourselves during the presentation but we welcome you to keep your cameras on
- Questions will be answered at the end of the presentation. Please submit questions through the chat function or raise your hand to ask your questions out loud.
- The lunch & learn will be recorded and made available at compassbc.ca
- While this lunch & learn is not accredited, you may submit the activity as a Personal Learning Project under MOC Section 2.

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About Compass

Compass connects community care providers across B.C. to the information, advice, and resources they need to provide evidence-based and timely mental health and substance use care to children and youth (up to 25 years) close to home.

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Disclosures

- Dr. Russel has a private consulting business
- Dr. Westcott has no disclosures or conflicts of interest to declare

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Speaker Introduction

Dr. Sandra Westcott

Where are you joining from today?

- Vancouver Coastal Health
- Island Health
- Fraser Health
- Interior Health
- Northern Health

What is your profession?

- Family medicine
- Pediatrics
- Psychiatrist
- MD - Other
- Nurse practitioner
- Counsellor / therapist
- Social worker
- Nurse
- Psychologist
- Other

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What is psychosis?

Is it psychosis?

An approach to psychotic experiences in primary care for youth

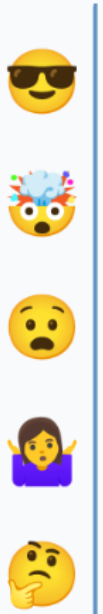
1. Hallucinations*
2. Delusions
3. Disorganized thinking / speech
4. Disorganized or abnormal behaviour
5. Negative symptoms

Why are we here?

1. Psychotic experiences are relatively common in youth – up to 10% in community based samples!
2. Broad differential including developmentally and culturally normal
3. Duration of untreated psychosis is associated with long term outcomes in primary psychotic illnesses

Healy C, Brannigan R, Dooley N, et al. Childhood and adolescent psychotic experiences and risk of mental disorder: a systematic review and meta-analysis. Psychol Med 2019;49(10):1589–99.

How do you feel when approached by a youth with psychotic experiences in your office?



Objectives

1. Develop a differential for psychotic experiences in youth
2. Apply an approach to history taking, examination, and investigations for youth with psychotic experiences
3. Feel more confident in knowing when to worry and when to wait

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Elena

Elena is a 15 year old female presenting to clinic with their father after disclosing they have been hearing voices for the last three weeks. She describes hearing three voices that comment on her activities, ranging from benign (ie “she’s eating applesauce again”) to disparaging comments (ie “you’re so stupid”). She has a sense of being watched at home and for one week has kept the blinds closed during the day as well. They’ve been trying to distract themselves from these experiences by watching TV and listening to music.

What is on your differential diagnosis?

Top

What else do you want to know?

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Elena - HPI

There has been a 3 month history of gradual functional decline. They find it harder to focus at school and their grades are slipping. They are spending more time in their room alone, not doing much of anything. They don't seem particularly bothered by this. They still seem to enjoy going out with family or friends when asked. They don't feel sad or depressed, just flat. No suicidal thoughts. Sleep and appetite are unchanged.

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Elena – Background

Psych Hx	None	**Meds**	None
PMHx	None	**Substances**	None
Dev Hx	Met all milestones	**Fam Hx**	Dad bipolar
Soc Hx	Lives with Mom, Dad, and older brother. Generally gets along well with family. No concerns during elementary school years. Always had a few close friends. She enjoys reading and dance. Her grandfather died last year and she was quite close with him. No other significant stressors.		

What is your preferred diagnosis?

- Schizophrenia spectrum disorder
- Affective disorder with psychosis
- Trauma or stressor related disorder
- Personality disorder
- Developmentally normative
- Substance induced psychosis
- Psychosis due to another medical condition

Approach to hallucinations - OPQRSTU

- **Onset** – when did it start?
- **Precipitating** – does anything make it better or worse?
- **Quality** – what does it look/sound/feel like?
- **"Radiation"** = Review of Systems
- **Severity** – how distressing? Functional impact?
- **Timing** – how often? How long?
- **Understanding** – how do they understand experience?

ROS for hallucinations:

- Other hallucinations and delusions
- Mood (mania, depression)
  - Sleep
- Negative symptoms – A's
  - Avolition, affective blunting, anhedonia, asociality, alogia
  - Functional decline!
- Trauma and stressors
- Substance use
- Neurological symptoms

Approach to assessment – context is key!

ID	Age – developmentally normative? Culture – culturally normative?	**Meds**	Recent changes? Delirium?
Psych Hx	Neurodevelopmental? Mood disorder? PTSD?	**Substances**	CANNABIS!!
PMHx	Seizures? Head injuries? Genetic?	**Fam Hx**	Schizophrenia? Bipolar?
Dev Hx	Intrauterine exposures? Birth trauma? Milestones?	**Soc Hx (HEADSS)**	Home & environment – stressors? Education & employment – stressors? Functional decline? Activities – functional decline? Drugs – see above Sexuality – stressors? Suicide / depression – risk?

Approach to assessment

Mental status exam

Neurological exam

Investigations: CBC, lytes, Cr, TSH, fasting glucose or HbA1c, lipids

Consider: tox screen, HIV / syphilis, neuroimaging

Elena – Summary

- Diagnosis: Schizophrenia spectrum disorder
- Management: atypical antipsychotic, recommend follow up with EPI program

Perceptual disturbances PLUS cognitive or functional decline is concerning for schizophrenia spectrum disorders

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Adam

Adam is a 14 year old male with autism and mild intellectual disability. He lives with his parents and two younger siblings. He is currently attending high school completing life skills programming. He was brought to clinic today because for the last three months he has reported hearing voices whisper mean things.

What else do you want to know?

What is on your differential?

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Adam - HPI

- He hears non-distinct voices saying that he is worthless, no good, a loser. This has been happening for the last 3 months, usually when he is at school.
- He will sometimes randomly say “be quiet!”. Teacher is alarmed by this, but parents are less concerned, reporting he has always engaged in self-talk although when he was younger it seemed to be more positive.
- He has a hard time describing his feelings. He will rarely (1-2x/month) hit his head with his fists when upset. No SI.
- He is bullied at school, worse this year in high school.
- No changes in sleep or appetite

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Adam – Background

Psych Hx	Autism spectrum disorder – working with behaviour therapist	**Meds**	Melatonin 3mg PO qhs prn PEG daily prn
PMHx	Constipation	**Substances**	None
Dev Hx	Delayed speech and social emotional development	**Fam Hx**	Mom depression, cousin autism
Soc Hx	He loves hockey and is a big Leafs fan. He has two friends, one who grew up across the street and another who he met online and bonds with over hockey. He generally gets along well with his family.		

What is your preferred diagnosis?

- Schizophrenia spectrum disorder
- Affective disorder with psychosis
- Trauma or stressor related disorder
- Personality disorder
- Developmentally normative
- Substance induced psychosis
- Psychosis due to another medical condition

Adam – Summary

Diagnosis: Developmentally normative in context stressors

Management: Psychoeducation, therapy to help with understanding and expressing feelings, activities to build self-esteem, social skills training

Psychotic experiences are more common and usually non-pathological in children with younger developmental age

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Chantelle

Chantelle is a 17 y/o female presenting with auditory and visual hallucinations, as well as panic attacks.

Panic attacks occur 2-3 x/day, usually while in public but sometimes out of the blue. When these happen, she hears a voice telling her that she is worthless, ugly, and that she kill herself by various means ("You should just jump in front of a car" or "Stab yourself with that knife").

NSSI 2-3 times a week for the last month. No prior suicide attempts.

She is using cannabis daily to try and cope with anxiety.

What else do you want to know?

What is on your differential?

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Chantelle – HPI

- She also sometimes hears another voice that is more positive. This voice tries to protect her, and is comforting even. She has heard this voice on and off over the last 2 years.
- She reports seeing shadow figures as well for the last 4 months. This usually happens when she is out in public places, out of the corner of her eye, and lasts no more than a few seconds before it's gone. She feels like she is being watched sometimes.
- She describes her mood as predominantly "depressed", though does note that her emotions often feel "all over the place". She reports poor sleep, nightmares, feeling fatigued, poor concentration.
- She has a history of early childhood trauma. She recalls her biological father as being angry and abusive.

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Chantelle - Background

Psych Hx	Depression, anxiety	**Meds**	Fluoxetine 30mg PO daily
PMHx	Head injury 2018	**Substances**	Cannabis – 1g daily x4 months
Dev Hx	Met all milestones	**Fam Hx**	Mom has MH challenges, Dad EtOH

Soc Hx Mom fled abusive relationship with father when Chantelle was young. She has no ongoing contact with him. Three other men have lived with them over years. Mom is on disability due to chronic pain.
Chantelle skips 2-3 classes a week to hang out with friends, but is still passing courses.
She loves music and sings with a local band.
She is not currently in a relationship following breakup two months ago.

What is your preferred diagnosis?

- Schizophrenia spectrum disorder
- Affective disorder with psychosis
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Chantelle - Summary

Diagnosis: complex trauma, emerging borderline personality traits, cannabis use r/o disorder

Management: psychoeducation, psychotherapy

Trauma is linked to higher rates of psychosis, and complex trauma/BPD can present with psychotic experiences.

Not "JUST" cannabis induced

Cannabis use in youth increases risk of psychosis, dose dependent relationship

In first episode psychosis clinics in Canada, about **30-40%** of individuals with index cannabis induced psychosis convert to a primary psychotic disorder

Starzer MSK, Nordentoft M, Hjorthøj C. Rates and predictors of conversion to schizophrenia or bipolar disorder following substance-induced psychosis. Am J Psychiatry 2018;175(4):343–50.

Screening tools

BPRS	Brief Psychiatric Rating Scale	Measures constructs related to psychosis and other psychiatric conditions
PANSS	Positive and Negative Symptom Scale	Clinician interview, about 45 minutes
PHQ-9	Patient Health Questionnaire	Self-report screen for depression
SCARED	Screen for childhood anxiety and emotional disorders	Self-report (parent or child) screen for anxiety
CRAFFT 2.1+N		Self-report or clinician report substance use including cannabis, alcohol, nicotine

Monitoring antipsychotic medications

CAMESA guidelines for metabolic monitoring

AIMS or ESRS for monitoring extrapyramidal symptoms

Kelty Mental Health > Medication Monitoring Forms
https://keltymentalhealth.ca/collection/medication-monitoring-forms-parent-info-sheets

Summary

1. The "big picture" is important when assessing PEs and clarifying differential
2. PEs + cognitive or functional decline = worrisome
3. PEs can be normative for people with younger developmental age or in certain cultural backgrounds / situations
4. Youth with PEs are at higher risk for mental health disorders, including schizophrenia spectrum
5. Cannabis induced psychosis needs to be monitored as high rate of conversion

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Reflect

Questions

Call us!