

Family Guide to Psychosis in Persons with Mental Retardation and Developmental Disabilities (MR/DD)

Definition of Psychosis

Psychosis is a medical term that means that the patient is hearing or seeing things that do not exist (hallucinations), or the patient believes false ideas (delusions). Many patients with moderate or severe mental retardation hear voices, see things, or have false beliefs. Paranoia means that the patient has false fears or worries (See **DDMED 6**).

Causes of Psychosis

Many conditions can produce psychotic symptoms. These mental health problems usually develop over a period of weeks to months. When a person with mental retardation rapidly develops hallucinations, delusions or paranoia, the doctor should evaluate the patient for health problems or medications that produce these symptoms. Persons with mild mental retardation may have the opportunity to take street drugs that can produce psychotic symptoms such as amphetamines, alcohol, etc. Psychosis can occur with mood problems such as depression or mania.

Persons with intact communication can explain psychotic symptoms. Persons with poor communication may seem distracted or bothered by these false sensory messages. The patient who is “talking to himself” may experience hallucinations or there may be an explanation, such as boredom. Persons with delusions may refuse to eat or take medications for no clear reason but they are actually suspicious about possible harm or being poisoned by caregivers or staff.

Patients with seizure disorders are more likely to have hallucinations than persons who do not have epilepsy. No specific type of mental retardation carries a greater risk of developing hallucinations or delusions.

Patients who hear voices, see things or have false beliefs are convinced that the experience is real. Families are encouraged to change the subject or distract the patient when they discuss these false experiences. The patient will often become more distressed when you argue with them or try to convince them that

the experiences are false. The best plan is to change the subject and move to a different issue.

Treatment of Psychosis

The treatment of hallucinations and delusions depends upon the severity of the symptoms and the level of distress for the patient or the caregiver. Patients who are not bothered by symptoms of psychosis do not need to be treated with medications. Patients with severe symptoms that cause distress or produce behavioral problems may be improved with medication. Two kinds of antipsychotic medications are available -- old and new (**See DDMED 58**). Family members should be familiar with side effects of these medications. Newer medications have fewer side effects than old drugs; older drugs are usually cheaper than newer medications.

Health insurance and pharmacy benefit managers may restrict the number of medications available to treat psychosis. In general, patients should not have abrupt discontinuation of a medication but rather a cross-titration to another similar medication that is available through the prescription benefit program. Cross-titration means that the doctor slowly decreases one medicine while slowly building up the other medicine with assessment of how well the patient is responding to the new drug. This process may take several weeks to several months for completion. Abrupt discontinuation of medication or abrupt change to a different medication may cause significant behavioral relapse. The family or staff should monitor the patient for subtle re-emergence of symptoms during any medication change.

Families should understand which symptoms may improve with medications and possible side effects for the prescribed drugs. Families should make regular observations of behaviors or symptoms, keep notes, and report to the doctor.