



**North West
School of Psychiatry**

Across the Ages Module Handbook Session 1: Psychosis

MRCPsych Course

2020 – 2022

A Psychiatry Medical Education Collaboration between North West Trusts and Health Education North West



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Introduction to Across the Ages: Psychosis

The aim of the Across the Ages sessions was for trainees to understand the similarities and differences in the presentation, assessment and management of mental disorder at different ages. We have selected Psychosis, Depression, Liaison, and mental ill health and impact on the wider family, as topics for these 4 sessions.

These sessions are being re-written by current Module Leads and the MRCPsych course team, following feedback from MRCPsych leads in each Trust. This is an iterative process and we hope to provide an outline for sessions that will work well with online teaching platforms during the Covid-19 pandemic. At this stage our focus has been on developing the session on Psychosis below.

Local Education Providers have the flexibility on how they run these sessions as far as they can meet the learning objectives of the day. However we suggest that the extended Expert Led session (incorporating case discussion) is used. This requires advance planning with an experienced Chair and 3 experts for the session (Consultants, specialty trainees, or senior specialty doctors) from each of these specialties: General Adult, Old Age, and Child and Adolescent Psychiatry.

Three case scenarios of patients presenting with the psychiatric difficulties have been written and provided to MRCPsych Trust Leads along with copies of the expert-led presentation. We suggest that this presentation is followed, which includes 7 exercises for group discussion. We anticipate that these exercises will take at least 90 minutes to cover with an engaged audience.

The trainees could be divided into 3 groups, each group having an expert facilitating the discussion. Each exercise could be discussed in these groups and fed back to the wider audience. However discussion in a single group could also be done if there are technical issues with dividing the audience.

We would suggest a break following these exercises before an expert-led panel discussion of the issues and themes arising. The Chair should aim to draw out the similarities and differences in the presentation, assessment and management of the same disorder in the three age groups. This panel discussion can also include a Q&A and could last 30-60 minutes. There should then be time for a summary and the group completion of related MCQs.

LEP's could also use the model of journal clubs, 555 and case presentations for this session but we must stress that Chairs should then ensure the learning objectives of the day are covered.

Session 1: Psychosis Across the Ages

Learning Objectives

- The overall aim is for the trainee to gain an overview into the similarities and differences of psychosis across the different age ranges.
- By the end of the session, trainees should understand the commonality and differences in presentation of psychosis in different age groups.
- By the end of the session, trainees should understand the aetiology of psychosis in different age groups.
- By the end of the session, trainees should understand the assessment and treatment process for psychosis in the different age groups.

Curriculum Links

1b: Recognise how the stage of cognitive and emotional development may influence the aetiology, presentation and management of mental health problems

2a: Be familiar with contemporary ICD or DSM diagnostic systems with the ability to discuss the advantages and limitations of each

2a: State the typical signs and symptoms of psychiatric disorders as they manifest across the age range, including affective disorder; anxiety disorders; disorders of cognitive impairment; **psychotic disorders**; personality disorders; substance misuse disorders; organic disorders; developmental disorders; and common disorders in childhood

2a: Use the diagnostic system accurately in identifying specific signs and symptoms that comprise syndromes and disorders across the age range

2b: Describe the various biological, psychological and social factors involved in the predisposition to, the onset of and the maintenance of psychiatric disorders across the age range, including trauma

3a: Develop an individualised assessment and treatment plan for each patient and in collaboration with each patient

3a: Be able to explain to patients, families, carers and colleagues the process and outcome of assessment, investigation and treatment or therapeutic plan

3c: Accurately assess the individual patient's needs and whenever possible in agreement with the patient, formulate a realistic treatment plan for each patient for adult patients with common presenting problems.

3c: Be able to do the above with psychiatric problems as they present across the age range

3c: Consider the impact of the mental illness in an adult patient directly and indirectly on children and young people in the adult's care or who are likely to come into contact with the adult.

7a: Define the clinical presentations and natural history of patients with severe and enduring mental illness

Extended Expert Led Session (incorporating case discussion)

- A Consultant-led presentation based on the learning objectives above focusing on psychosis across the ages. Session co-ordinated by Trust MRCPsych Lead, with panel of 3 experts, representing Child and Adolescent, Old Age and General Adult Psychiatry
Local Education Providers have flexibility on how to run this session

Journal Club articles (if used)

Child and Adolescent:

- Etiological and Clinical Features of Childhood Psychotic Symptoms: Results From a Birth Cohort. Polanczyk, Moffit, Arseneault, Cannon, Ambler, Keefe, Houts, Odgers, Caspi. 2010. Arch Gen Psychiatry/Vol 67 (4)

General Adult:

- Care Transition from Child/Adolescents to Adult Services, Tuomainen H., Appleton R., Singh S.P., 2020. Mental Health and Illness of Children and Adolescents. Mental Health and Illness Worldwide. Springer, Singapore. https://doi.org/10.1007/978-981-10-0753-8_50-1

Older Adult:

- Brunelle, S., Cole, M. G., & Elie, M. (2012). Risk factors for the late-onset psychoses: a systematic review of cohort studies. International journal of geriatric psychiatry, 27(3), 240-252.

'555' Topics (if used)

Choose one:

- Choice of anti-psychotic treatment in the three age groups
- Differences in psychological and social interventions for psychosis in the three age groups

MCQs

- 1) Following adolescent onset psychosis, the worst outcome with chronic course is associated with:
- A. A Bipolar Disorder
 - B. B Personality Disorder
 - C. C Severe depression with psychosis
 - D. D Schizophrenia
 - E. E Drug induced psychosis
- 2) If you are working with a 15-year-old boy who is presenting with auditory hallucinations and a belief that they are being followed, which 4 question areas are most relevant?
- A. Family history of psychosis
 - B. Recent drug use, including cannabis
 - C. Recent decline in motivation, academic performance and self-care
 - D. Recent change in affect
 - E. Recent change in concentration and energy levels
- 3) A long duration of untreated psychosis is most strongly associated with:
- A. Urban Living
 - B. Living alone
 - C. Ethnicity
 - D. Level of education
 - E. Insidious onset
- 4) Which of the following statements is FALSE with regards to cognitive impairment in schizophrenia:
- A. It is consistent with the neurodevelopmental theory of schizophrenia
 - B. It is present in drug-naïve patients
 - C. It is present in the majority of patients with schizophrenia
 - D. It is not clearly related to specific symptoms
 - E. It is only found in chronic elderly patients
- 5) Schizophrenia in those over the age of 60 is most accurately described by the term:
- A. Late-onset schizophrenia
 - B. Very-late onset schizophrenia
 - C. Paraphrenia
 - D. Dementia praecox
 - E. Delusional disorder
- 6) All but the following are described as risk factors for late-onset psychosis:
- A. Sensory impairment
 - B. Social isolation
 - C. Polypharmacy
 - D. Male gender
 - E. Age-related deterioration of frontal and temporal lobes

- 7) Late onset psychosis is less frequently accompanied by which of the following:
- A. Delusions of misidentification
 - B. Partition delusions
 - C. Thought disorder
 - D. Visual hallucinations
 - E. Jealousy

Additional Resources / Reading Materials

Child and Adolescent:

- Emerging psychiatric syndromes associated with antivoltage-gated potassium channel complex antibodies Prüss H, Lennox BR. J Neurol Neurosurg Psychiatry 2016;0:1–6. doi:10.1136/jnnp-2015-313000
- Datta SS, Daruvala R, Kumar A. Psychological interventions for psychosis in adolescents. Cochrane Database of Systematic Reviews 2020, Issue 7. Art. No.: CD009533. <https://doi.org/10.1002/14651858.CD009533.pub2>
- https://www.aacap.org/App_Themes/AACAP/docs/resources_for_primary_care/cap_resources_for_medical_student_educators/Pediatric%20Psychosis.ppt

Old Age

Karim S, & Byrne EJ. (2005). Treatment of psychosis in elderly people. *Advances in Psychiatric Treatment*, 11(4), 286-296.

Owen MJ, Sawa A, Mortensen PB (2016). Schizophrenia. *The Lancet* (Vol 388)