Evaluation and Treatment of Psychosis: Review Questions

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QUESTIONS

Choose the single best answer for each question.

1. **A 23-year-old man reports muscle stiffness, diaphoresis, and fever. He states that he was diagnosed with schizophrenia recently and started on oral haloperidol. Physical examination reveals muscle rigidity, hypertension, and tachycardia. Laboratory studies are remarkable for leukocytosis and elevated creatine phosphokinase. The patient reports that his symptoms have improved with haloperidol. Which of the following would be the most appropriate option for this patient?**
   (A) Change to haloperidol decanoate injections
   (B) Discontinue haloperidol
   (C) Increase the daily haloperidol dose by 10%–20%
   (D) Start benztropine 0.5 mg twice daily and continue haloperidol
   (E) Start lorazepam 1.0 mg twice daily and continue haloperidol

2. **How often should schizophrenic patients who are being treated with atypical antipsychotic agents be monitored for signs of tardive dyskinesia?**
   (A) Approximately every 3 months
   (B) Monitoring is not necessary because tardive dyskinesia can be rapidly reversed by stopping the antipsychotic agent
   (C) Never—tardive dyskinesia is not a side effect of atypical antipsychotic agents
   (D) Once every year
   (E) Once every year, but only for patients with a prior history of tardive dyskinesia

3. **A 35-year-old woman with paranoid schizophrenia presents to the emergency department with a recent increase in auditory hallucinations. She states that the voices are very disturbing, and she feels that her illness has ruined her life. She is single, lives alone, and is unemployed. Which of the following must be done before making any emergency treatment decisions?**
   (A) Assess for suicide risk
   (B) Drug of abuse screen
   (C) Magnetic resonance imaging of the brain
   (D) Pregnancy test
   (E) Spinal tap

4. **A 55-year-old man is brought to your office by his adult daughter. The daughter requests to speak with you alone. She states that her father believes that a well-known female celebrity is in love with him; however, he has never met the celebrity. The daughter states her father "seems normal" otherwise. He works as an accountant and was recently promoted. What is this patient's most likely diagnosis?**
   (A) Bipolar disorder
   (B) Delusional disorder
   (C) Major depression with psychotic features
   (D) Schizoaffective disorder
   (E) Schizophrenia

5. **A 65-year-old man presents to the emergency department with a sore throat, fever, and weakness. He states that he has schizophrenia. Further, he says that he has had trials of several antipsychotic medications that were not effective but is now on an agent that has completely controlled his symptoms. He cannot remember the name of his current medication but reports that he has to have his blood drawn frequently. He is not taking any medications other than the antipsychotic agent. Results of his mental status examination are normal. Which of the**

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following is the most important diagnosis to rule out?

(A) Agranulocytosis
(B) Anticholinergic toxicity
(C) Dystonia
(D) Lithium toxicity
(E) Streptococcal pharyngitis

ANSWERS AND EXPLANATIONS

1. **(B) Discontinue haloperidol.** The patient is suffering from neuroleptic malignant syndrome. It is characterized by hyperthermia, muscle rigidity, diaphoresis, leukocytosis, elevated creatine phosphokinase, and frequently, delirium.[1] The American Psychiatric Association recommends that the first step in treatment is to discontinue antipsychotic medication followed by supportive treatment for fever and cardiovascular symptoms.[2] Increasing haloperidol or changing to haloperidol decanoate injections would worsen this potentially fatal illness. Benztropine is effective for antipsychotic-induced parkinsonism. Although muscle rigidity is a common symptom of this condition, it is not accompanied by fever, tachycardia, or hypertension. Lorazepam can be effective for antipsychotic-induced akathisia, which is characterized by somatic restlessness.
2. **(A) Approximately every 3 months.** The American Psychiatric Association recommends that patients receiving antipsychotic medication be evaluated approximately every 3 months for signs of tardive dyskinesia.[2] The risk of tardive dyskinesia is significantly less but not completely eliminated, with atypical antipsychotic agents.[1,3] Symptoms of tardive dyskinesia may not resolve when the antipsychotic agent is stopped.[2] All patients should be monitored regardless of whether there is a prior history of tardive dyskinesia.
3. **(A) Assess for suicide risk.** Suicide is the leading cause of premature death among patients with schizophrenia, and the lifetime incidence of completed suicide among this population is 10% to 13%.[2] Factors that increase the risk are single status, unemployment, and social isolation.[2] The most important clinical information in this case is whether the patient is at risk of harming herself and whether hospitalization may be necessary. A pregnancy test and drug of abuse screen may also provide useful information but are less critical than assessment of suicide risk. A spinal tap and magnetic resonance imaging would not be indicated unless there was clinical evidence of an acute neurologic emergency.
4. **(B) Delusional disorder.** Delusional disorder is a rare illness in which there are 1 or more nonbizarre delusions (delusions that could occur in real life, such as being followed, infected, or loved at a distance).[4] The erotomanic subtype of delusional disorder is defined as a delusion in which another person, usually of higher rank, is thought to be in love with the individual.[4] There are no mood symptoms that would suggest psychotic depression or bipolar disorder in the case patient. Individuals with delusional disorder are typically much higher functioning than those with schizophrenia or schizoaffective disorder and are frequently married and employed. The presence of a single delusion without other impairment or symptoms would not be consistent with either schizophrenia or schizoaffective disorder.
5. **(A) Agranulocytosis.** This patient's history of schizophrenia (previously refractory to treatment), now stabilized on a single agent requiring frequent blood draws, suggests that he is likely receiving clozapine. This agent is frequently used for patients in whom other antipsychotic agents have failed. However, clozapine use is associated with potentially fatal agranulocytosis in a small number of patients.[2] Depending on the severity of agranulocytosis, clozapine treatment may need to be stopped immediately.[2] Streptococcal pharyngitis is possible whether or not agranulocytosis exists, but it is not immediately life-threatening. The patient is not exhibiting symptoms of dystonia or anticholinergic toxicity. Lithium monotherapy is not indicated for schizophrenia.[2]

REFERENCES

1. Sadock BJ, Sadock VA. Biological therapies. In: Synopsis of psychiatry. Philadelphia: Lippincott, Williams & Wilkins; 2003:505–1150.
2. American Psychiatric Association. Practice guideline for the treatment of patients with schizophrenia. 2nd ed. American Psychiatric Association practice guidelines for the treatment of psychiatric disorders compendium 2002. Washington (DC): The Association; 2002:349–461.
3. Kane JM. Tardive dyskinesia rates with atypical antipsychotics in adults: prevalence and incidence. J Clin Psychiatry 2004;65(Suppl 9):16–20.
4. Sadock BJ, Sadock VA. Other psychotic disorders. In: Synopsis of psychiatry. Philadelphia: Lippincott, Williams & Wilkins; 2003:505–33.