South Tees Hospitals NHS
NHSFoundation Trust

Complex PD[2]

Psychosis

Movement Disorder Team

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- common
- can occur in context of PD dementia or in cognitively normal individuals
- characterised by:
  - ✓ hallucinations - visual > tactile > auditory
  - ✓ delusional thinking
  - ✓ disrupted sleep-wake cycle

First steps

- refer to Movement disorder team or old age psychiatrist - URGENTLY
- rule out infectious precipitant
- consider stopping/reducing culprit medications - in this order:
  - ✓ trihexyphenidyl
  - ✓ amantadine
  - ✓ selegiline/rasagiline
  - ✓ dopamine agonist - must be reduced slowly

Non-drug management

- CPN appointed via mental health team
- carer support instituted
- baseline bloods
  - ✓ in case new treatment is required
- baseline ECG
  - ✓ to assess QT interval, if anti-psychotics are to be commenced
- Montreal cognitive assessment (MoCA)
  - ✓ to screen for dementia

Drug management

- if dementia syndrome:
  - ✓ consider rivastigmine 1.5 mg bd
  - ✓ check lying/standing BP and ECG first
- avoid typical anti-psychotic drugs
  - ✓ haloperidol, chlorpromazine
- consider atypical anti-psychotic agent
  - ✓ quetiapine 25mg nocte
  - ✓ aripiprazole 5 mg daily
- for treatment failure
  - ✓ clozapine 12.5 mg daily

Key contacts

Psychiatric liaison - follow link
Old age psychiatry - follow link