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Master Class for Neuroscience Professional Development

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Finding the Right Fit: The Use of LAIs in Schizophrenia Management

John Lauriello, MD

Professor and Chairman

Robert J. Douglas MD and Betty Douglas

Distinguished Faculty Scholar in Psychiatry

Department of Psychiatry

University of Missouri

Medical Director, University of Missouri Psychiatric Center

Columbia, MO



Chart Review: Joshua

Background

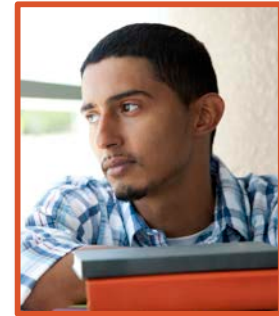
Name: Joshua R

Age: 22

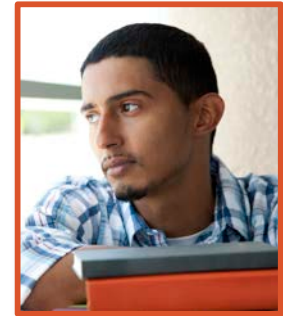
Gender: Male

Ethnicity: Hispanic

Occupation: Student

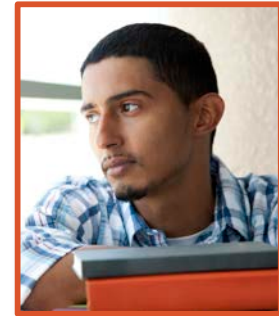


Recent History/Events Leading Up to This Clinical Encounter



Joshua is a 22-yr-old Hispanic single male college student. He was a very good student in high school and was accepted to a competitive liberal arts college. His first year was relatively unremarkable, he was a little homesick and the pace of classes proved to be much faster than what he was used to. He sometimes wondered if he really belonged at the college. Throughout the year he made some friends and completed all classes. Things changed during his sophomore year. He began the semester strong but found he could not sleep very well. At first, he thought this was an advantage that he didn't need as much sleep, but over time it "took its toll". He was always tired and felt that others were looking at him and talking about him.

Recent History/Events Leading Up to This Clinical Encounter (cont.)



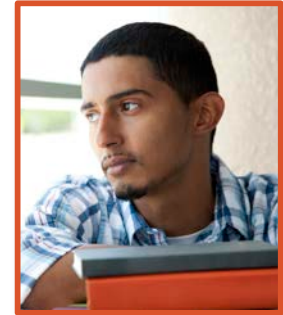
Midway through the semester he began to hear a voice telling him that he needed to leave the school and that there was a group planning to blow up buildings on campus. He was very frightened by this and went to speak to his advisor about his fears. His advisor suggested he talk to someone at Student Health. He was seen and preliminarily diagnosed as being depressed with possible psychotic features. The antidepressant sertraline was prescribed as well as low dose quetiapine for sleep.

A few weeks later Joshua was detained by campus police after a disturbance in the dining hall. Joshua confronted several students accusing them of conspiracy and terrorism. He was brought to the local ER.

Current Presentation

Chief Complaint

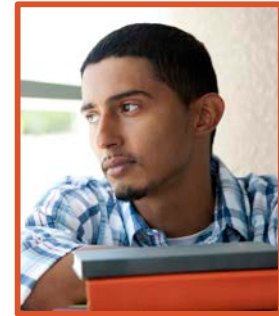
“I need people to know the truth before someone gets hurt”



Psychiatric Interview Findings:

In addition to Joshua's behavioral history on campus, interview findings revealed that he had not taken any of the prescribed medications. His family was contacted. They had already felt growing concern about some of the comments he had made either on the phone or through texts. Joshua's father had planned to come to visit him the next weekend to check on him.

Current Presentation (cont.)



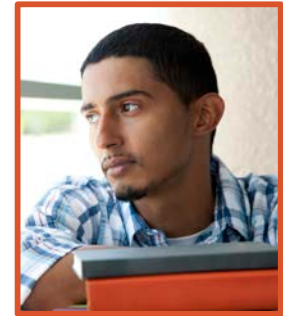
MSE Notable for:

- Psychomotor agitation
- Some pressured speech
- Denied being depressed
- Denied suicidal or homicidal ideation however focused on “stopping the terrorist threat”
- Describes at least one voice possibly two, he believes they may be government agents asking for his help.
- He was alert and oriented
- Strong fund of knowledge
- Insight: doesn't feel he has a problem, insists he doesn't need medication nor will he take it.

Current Presentation (cont.)

Physical Exam Findings:

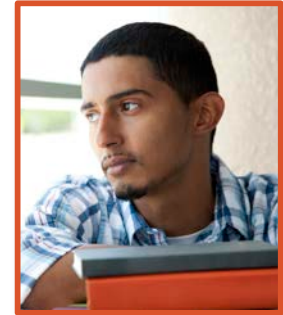
- Except for an approximate 5 lb. weight loss he was in good physical health
- Urine Toxicity was negative



Current Presentation (cont.)

Questionnaire Results

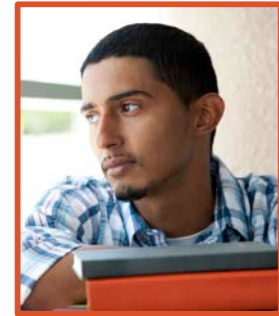
PHQ 9: Showed a score of 15 in the moderately severe depressed range.



- Scored 3s (experience symptoms “nearly every day”) on:
 - Question 1: Little interest
 - Question 3: Trouble falling asleep
 - Question 4: Feeling tired
 - Question 5: Poor appetite
 - Question 7: Trouble concentrating

Psychiatric History

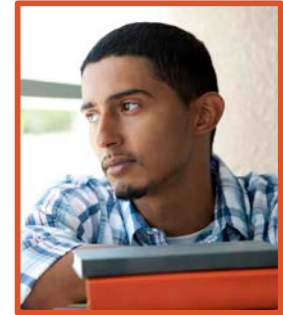
His parents describe him as an anxious child who worried about getting good grades. He would sometimes have short periods of feeling depressed, but they tended to be situational in nature.



Diagnosis

Diagnosis:

Patient is presenting with prominent psychotic symptoms.

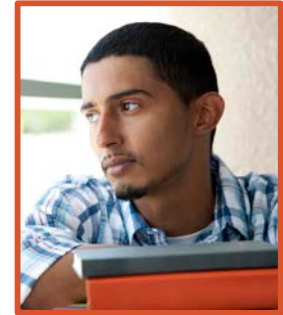


Differential Diagnosis includes:

1. Bipolar Disorder Manic
2. Schizophreniform Disorder
3. Schizophrenia
4. Substance Induced Psychotic Disorder

Plan

- Admit to the Psychiatric Unit
- Work up to follow
- Quetiapine 100mg tonight
- Consider starting an antipsychotic that can be converted to a LAI



SMART GOALS

Specific, Measurable, Attainable, Relevant, Timely



- Identify patients in whom LAIs are ideal
- Incorporate LAIs into the treatment regimen of patients with schizophrenia to promote remission and recovery