

## A CARLAT PSYCHIATRY REFERENCE TABLE

Causes of Late-Life Psychosis						
Cause of Psychosis	Onset and Timing	Presenting Symptoms	Lab Studies and Imaging	Risk Factors	Treatment Approach	Prognosis
<b>Delirium</b>	Acute, hours to days	<ul style="list-style-type: none"> <li>• Agitation</li> <li>• Confusion</li> <li>• Inattention</li> <li>• Perceptual disturbances</li> </ul>	Labs: Urinalysis, infection markers, metabolic panel	<ul style="list-style-type: none"> <li>• Age</li> <li>• Hospitalization</li> <li>• Infection</li> <li>• Medications</li> </ul>	<ul style="list-style-type: none"> <li>• Antipsychotics if severe agitation or distress</li> <li>• Treat underlying cause</li> </ul>	Often reversible with treatment
<b>Dementia</b>	Gradual, months to years	Cognitive decline +/- neuropsychiatric symptoms	<ul style="list-style-type: none"> <li>• MRI/CT: Look for atrophy</li> <li>• Labs: Rule out B12 deficiency, metabolic causes, thyroid abnormalities, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Age</li> <li>• Family history</li> <li>• Genetic factors</li> </ul>	<ul style="list-style-type: none"> <li>• Cognitive enhancers</li> <li>• Nonpharmacological</li> </ul>	Progressive, varies by type
<b>Depression</b>	Variable	<ul style="list-style-type: none"> <li>• Apathy</li> <li>• Delusions</li> <li>• Sadness</li> </ul>	Labs: Rule out metabolic causes	<ul style="list-style-type: none"> <li>• Major life changes</li> <li>• Prior depression</li> </ul>	<ul style="list-style-type: none"> <li>• Antidepressants</li> <li>• ECT/TMS</li> <li>• Psychotherapy</li> </ul>	Good with treatment, watch for recurrence
<b>Mania</b>	Rapid, days to weeks	<ul style="list-style-type: none"> <li>• Irritability</li> <li>• Grandiosity</li> <li>• Sleep disturbance</li> </ul>	Labs: Rule out metabolic causes	<ul style="list-style-type: none"> <li>• History of bipolar</li> <li>• Medications</li> </ul>	<ul style="list-style-type: none"> <li>• Antipsychotics</li> <li>• Mood stabilizers</li> </ul>	Good with treatment, risk of relapse
<b>Medication-induced</b>	Variable	<ul style="list-style-type: none"> <li>• Delusion</li> <li>• Hallucinations</li> <li>• Mood changes</li> </ul>	Depends on medication	<ul style="list-style-type: none"> <li>• Polypharmacy</li> <li>• Recent medication changes</li> </ul>	<ul style="list-style-type: none"> <li>• Adjust medication</li> <li>• Behavioral strategies</li> </ul>	Good if identified and addressed early
<b>Primary psychotic disorders</b>	Variable, typically gradual	<ul style="list-style-type: none"> <li>• Auditory hallucinations</li> <li>• Paranoid delusions</li> </ul>	Labs: Toxicology screen, rule out metabolic or infectious causes	Genetic predisposition possible	<ul style="list-style-type: none"> <li>• Antipsychotics</li> <li>• Psychosocial support</li> </ul>	Often chronic
<b>Substance-induced</b>	Variable, often sudden	Depends on substance	<ul style="list-style-type: none"> <li>• Blood alcohol level</li> <li>• Urine toxicology screen</li> </ul>	History of substance use disorder	<ul style="list-style-type: none"> <li>• Symptomatic</li> <li>• Agent reversals</li> </ul>	Reversible with treatment, risk of recurrence

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