Depression with Psychotic Features

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Diagnosis

- DSM-5:
  - At least two weeks of unipolar major depression (eg., 5/9 SIGECAPS symptoms)
  - Plus hallucinations or delusions
  - Suicide attempts common—30%
- Prevalence: Much more common than you might think: 28% of people with depression have psychotic symptoms; 42% of patients hospitalized for depression have psychotic features
- Interviewing tips
  - Can be subtle and is easy to miss.
  - Ask: "Many people with severe depression find that their mind starts to play tricks on them. Have you had any strange experiences like hearing voices or have you been worrying irrationally about things?"
  - Delusions may sound reasonable, eg., "The neighborhood kids have been noisy"--but with probing questions it turns out patient believes that they are chanting that she is a prostitute. Delusions are often related to guilt about imagined sins/crimes.

Differential diagnosis:

- In schizophrenia and schizoaffective disorder, psychosis occurs in the absence of mood episodes.
- In bipolar disorder, the patient has a history of a manic or hypomanic episode

Labs:

- Tox screen, CBC, CMP, creatine kinase
- Consider brain imaging

Treatment:

- Antidepressant plus antipsychotic
  - Choice of combinations to try
    - Sertraline plus olanzapine is the most well-studied combination but any combination should work. Others that are well-studied:
      - Fluoxetine plus olanzapine
      - Venlafaxine plus quetiapine
      - Amitriptyline plus haloperidol
    - Combinations less well studied but which will generally work well and will cause fewer side effects:
      - Sertraline or escitalopram plus aripiprazole or lurasidone
  - Dosing is higher than for unipolar depression:
    - Start sertraline 50 mg plus olanzapine 5 mg daily; gradually increase to a target dose of sertraline 150 mg and olanzapine 15 mg/daily