A Cochrane review has concluded that there is no good randomised clinical trial evidence on which to base treatment guidelines for patients with very late-onset schizophrenia-like psychosis (VLOSLP), yet open treatment with atypical antipsychotics has been associated with improvements in symptoms at least as good as those seen in younger patients with schizophrenia or patients with early-onset schizophrenia who have grown old, and antipsychotic treatment is the cornerstone of care pathways. Little is known about how many patients seen within specialist mental health services are engaged by those services and given antipsychotic treatment. To address this, we conducted a retrospective electronic patient record search.

Aims and method
Electronic patient records were used to investigate the level of engagement and treatment that patients with very late-onset schizophrenia-like psychosis (VLOSLP) had with mental health services.

Results
Of 131 patients assessed and diagnosed, 63 (48%) were taking antipsychotic treatment at 3 months, 46 (35%) at 6 months and 36 (27%) at 12 months. At discharge from mental health services, 54% of patients had failed to engage with services or became lost to follow-up, 18% had engaged with services but were not taking antipsychotic medication and only 28% were taking treatment.

Clinical implications
Results showed that less than half of the patients with VLOSLP were commenced on antipsychotic treatment and less than a third remained on treatment at 1 year or at point of discharge. This highlights the need for services to consider being more assertive in taking potentially effective treatment to this patient group.

Declaration of interests
R.H. is chief investigator and S.J.R. is a co-investigator on the NIHR-funded randomised clinical trial of Antipsychotic Treatment of very Late-onset Schizophrenia-like psychosis (ATLAS).

Method
Participants
We used the Clinical Record Interactive Search (CRIS) system, developed within the National Institute for Health Research (NIHR) Mental Health Biomedical Research Centre, South London and Maudsley NHS Foundation Trust, to extract the records of all patients aged 60 years and above with a diagnosis of schizophrenia, schizotypal and/or delusional disorders (ICD-10 F20–F29) in contact with services between 1 January 2007 and 21 August 2014. All identified patients’ notes were reviewed and those who scored 24 or less on the standardised mini-mental state examination or had a concurrent diagnosis of an organic mental disorder (ICD-10 F00–F09) were excluded. Other exclusion criteria included any evidence that psychosis onset had been before the age of 60, insufficient recorded information to confirm diagnosis and less than 1 year of follow-up completed at time of CRIS search.
antipsychotic treatment at 3, 6 and 12 months is shown in
Fig. 1. At the point of discharge from specialist services back
to primary care, 65 patients (54%) had been lost to follow-up
or had not engaged with specialist services, 22 (18%) had
engaged with services but were not receiving antipsychotic
treatment, and 33 (28%) were taking antipsychotic treatment.
The rest were still receiving active specialist service follow-up.
Twenty-six (19.8%) patients were treated compulsorily under a
section of the Mental Health Act 1983, and neither male gender
(odds ratio (OR) 1.15: 95% CI 0.47–2.80) nor membership of a
Black or minority ethnic group (OR = 1.25: 95% CI 0.52–3.02)
significantly influenced Mental Health Act use.

Discussion

The diagnostic concept of VLOSLP emerged from an
international consensus meeting held to advance research
on a patient group with first onset of delusions and/or
hallucinations after the age of 60 years, in the absence of
affective disorder or demonstrable brain disease such as
dementia.2 The illness is viewed as a functional psychosis
with symptoms that will respond to antipsychotic drugs.2–6
Our data show that less than half of patients with VLOSLP
were commenced on antipsychotic treatment and less than a
third remained on treatment at 1 year or at the point of
discharge from services. This is a surprising, even
disappointing, result. An important barrier to acceptance
of antipsychotic treatment by patients with VLOSLP is the
low level of insight into presence of mental health
difficulties or need for treatment.8 Although treatment-
related decision-making capacity has not been specifically
investigated in VLOSLP, studies of middle-aged and older
patients with schizophrenia have suggested that cognitive
test scores, rather than psychopathology ratings, associate
most strongly with the understanding and reasoning
components of capacity.9 Patients with VLOSLP do not,
however, have demonstrably abnormal brain imaging,10 and
do not inevitably progress to develop dementia,11,12 so
cognitive impairment is unlikely to explain their inability to
evaluate their illness or the need for treatment. Reluctance
by clinicians to use mental health law to deliver compulsory
treatment when patients will not accept the case for
antipsychotic treatment is indicated by the small percen-
tage of cases where this happened. Although there are
limited studies to compare this with, it is in keeping with
the lower rates of patients on longer-term detention within
the above-65 population.13 This may reflect a view that
erly patients with psychosis are somehow less ‘risky’ and
that a failure to enforce treatment is therefore justifiable.
In fact, untreated symptoms of VLOSLP are frightening
and disabling, lead patients to place themselves at significant
risk and damage relationships with family and neighbours.
Comparably low levels of psychosis treatment in younger
people would be completely unacceptable and specialist
mental health services for older people should actively
consider whether they should be more assertive in taking
potentially effective treatment to this vulnerable patient group.

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References

1 Essai A, Ali G. Antipsychotic drug treatment for elderly people with late-
2 Howard R, Rabins PV, Seeman MV, Jeste DV. Late onset schizophrenia
and very-late-onset schizophrenia-like psychosis: an international
3 Barak Y, Aizenberg D, Mirecki I, Mazeh D, Achiron A. Very late-onset
schizophrenia-like psychosis: clinical and imaging characteristics in
comparison with elderly patients with schizophrenia. J Nerv Ment Dis
2002; 190: 733–6.
4 Psarros C, Theleritis CG, Paparrigopoulos T, Politis AM, Papadimitriou
GN. A amisulpride for the treatment of very-late-onset schizophrenia-like
5 Scott J, Greenwald BS, Kramer E, Shuwall M. Atypical (second
generation) antipsychotic treatment response in very late-onset
6 World Health Organization. The ICD-10 Classification of Mental and
Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines.
7 Folstein MF, Folstein SE, McHugh PR. “Mini-mental state”: A practical
method for grading the cognitive state of patients for the clinician. J
8 Howard R, Almeida O, Levy R. Phenomenology, demography and
9 Palmer BW, Dunn LB, Appelbaum PS, Jeste DV. Correlates of treatment-
related decision-making capacity among middle-aged and older
10 Hahn C, Kim HK, Lee CU. Neuroimaging findings in late-onset schiza-
ophrenia and bipolar disorder. J Geriatr Psychiatry Neurol 2014; 27:
56–62.
11 Palmer BW, Bondi MW, Twamley EW, Thal L, Golshan S, Jeste DV. Are
late-onset schizophrenia spectrum disorders neurodegenerative
conditions? Annual rates of change on two dementia measures. J
12 Mazeh D, Zemishiani C, Aizenberg D, Barak Y. Patients with very-late-
onset schizophrenia-like psychosis: a follow-up study. Am J Geriatr
13 Thompson C. Inpatients formally detained in hospitals under the
Mental Health Act 1983, and patients subject to supervised
community treatment. In Health and Social Care Information Centre

Fig. 1 Service and antipsychotic treatment engagement over 12
months.
Service and treatment engagement of people with very late-onset schizophrenia-like psychosis
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