

Old Age Psychiatry CBL 5: The patient with unusual beliefs and ideas

Learning Outcomes

1. To be aware of the differential diagnosis for a patient presenting with unusual beliefs
2. To recall the clinical features of late onset psychosis
3. To understand the principles of management of late onset psychosis

Case history

Mrs G is a 76 year old lady who lives alone in her own home. Your older adult community team receive a referral from social care colleagues who receive daily telephone calls from Mrs G. She complains of poisonous chemicals entering her home through the windows and doors daily for the past six months. Social care colleagues are concerned for her welfare after no evidence is found to support these claims.

You go to visit Mrs G at home who reluctantly opens the door a little, she seems suspicious and with hesitation opens the door and lets you in. Mrs G informs you the neighbour opposite has dangerous chemical fumes coming out of the chimney which are permeating her house through the windows and doors. She shows you around where she has placed tin foil and cling film over the windows to prevent this. She can smell the toxic fumes day and night. She believes her neighbour is specifically targeting her and wishes to damage her health. She has asked her other neighbours but they cannot smell or see the fumes. Sometimes she hears the neighbour in their own home discussing how they can make the fumes more toxic.

Mrs G is isolated with no close family or friends. She retired many years ago on health grounds. She spends the majority of her time researching how she can stop these fumes entering and damaging her health. She appears dishevelled with unkempt clothing and hair and looks emaciated. She barely eats or sleeps due to her worries.

Mrs G's father had schizophrenia as well as her cousin. She has no significant past psychiatric history but describes having always felt paranoid of what other's think of her. She speaks of mistrust for authorities and doubts they can help. She is reluctant to have any further investigations. Her concerns are so great that she has considered ending her life and buying a rope from the local DIY shop. She has not made her mind up as to her plans, but if the situation does not improve, she thinks that she will have no other option.

Questions

1. What else would you wish to elicit from the history?
2. What is the differential diagnosis for this presentation?
3. What investigations might you consider?
4. Discuss the aetiology of very late onset psychosis; consider genetics, pre-morbid personality, social situation and physical health.
5. What are the clinical features of late onset psychosis?
6. What is the management plan for this condition? Consider pharmacological and non-pharmacological options.

Advanced questions:

1. How might you manage the risks to self and others in this scenario?