



Diagnosing and Treating Psychotic Disorders in Old Age

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Message from the Guest Editors

Dear Colleagues,

Current research shows that elderly patients are at high risk for the development of psychotic symptoms. Several diagnostic categories can be associated with the presence of psychotic symptoms. This is the case for schizophrenia, delusional disorder, mood disorders, dementia, delirium, substance-use disorders, and other medical or neurologic conditions.

The recent literature shows that the efficacy of antipsychotic medications has been confined to the reduction of delusions and hallucinations, and to the diminishing of behavioral disturbances. Age alters the kinetics and dynamics of psychotropic medications, and drugs other than antipsychotics are being tested to treat cognitive, affective, and negative psychotic symptoms.

Knowledge of drug–drug interactions and comorbidities are of special interest for clinicians, as they contribute to higher mortality rates in older psychotic populations. The unmet needs of older patients must be assessed by a comprehensive history and accurate physical and mental health examinations. Adverse events should be checked and worked up, and polypharmacy should be avoided if possible.





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