

Special Issue

Diagnosing and Treating Psychotic Disorders in Old Age

Message from the Guest Editors

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.

Guest Editors

Dr. Alexandre González-Rodríguez

Department of Mental Health, Mutua Terrassa University Hospital, University of Barcelona (UAB), Terrassa, Barcelona, Spain

Prof. Dr. Manuel A. Franco-Martin

1. Faculty of Psychology, Campus Ciudad Jardín, University of Salamanca, Avenida de la Merced, 109, 37005 Salamanca, Spain
2. Department of Psychiatry and Mental Health, Río Hortega University Hospital, Calle Dulzaina, 2, 47012 Valladolid, Spain
3. Department of Psychiatry, Zamora Provincial Hospital, Calle Hernán Cortés, 40, 49071 Zamora, Spain

Deadline for manuscript submissions

closed (5 December 2022)



International Journal of Environmental Research and Public Health

an Open Access Journal
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CiteScore 8.5
Indexed in PubMed



mdpi.com/si/68092

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Environmental Research and
Public Health*
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4052 Basel, Switzerland
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Addressing the environmental and public health challenges requires engagement and collaboration among clinicians and public health researchers. Scientific discoveries and advances in this research field play a critical role in providing a rational basis for informed decision-making toward control and prevention of human diseases, especially the illnesses that are induced from environmental exposure to health hazards.

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Prof. Dr. Paul B. Tchounwou

RCMI Center for Urban Health Disparities Research and Innovation,
Richard N. Dixon Research Center, Morgan State University, Baltimore,
MD 21251, USA

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