

Joint Summary Statement – Diagnosing Schizophrenia in PAC/LTC Setting

Because the development of schizophrenia is uncommon in older adults, a diagnosis of new onset schizophrenia in a post-acute and long term care setting should be made by a qualified health professional with mental health training using DSM 5 criteria. In addition, diagnosing late-life schizophrenia in a resident who has an underlying diagnosis of dementia is particularly challenging. The diagnosis should be made only after other causes of the symptoms have been excluded through a careful review of the patient's medical and psychiatric history, an assessment of past and current medication therapy, and a physical examination. While there is a national need for better and more approved treatments for behavioral and psychiatric symptoms in dementia, clinicians need to be mindful of and avoid labeling patients with other diagnoses to justify the use of medications or other treatments. At the same time, it is important to acknowledge that patients with dementia may require treatment with psychotropic medications if their behavioral symptoms endanger them or others and have not responded to nonpharmacological treatments.

This joint summary statement is supported by the following organizations:

- American Association for Geriatric Psychiatry
- American Association of Nurse Practitioners
- American Geriatrics Society
- American Health Care Association
- AMDA – The Society for Post-Acute and Long-Term Care Medicine
- American Psychiatric Association
- American Society of Consultant Pharmacists
- Gerontological Advanced Practice Nurses Association
- Leading Age
- Society of Hospital Medicine