

Parkinson's Disease (PD) Psychosis Screening Tool for Long-Term Care (LTC) Residents

To: _____ Date: _____

(enter HCP name here)

Facility staff have identified that your resident may be experiencing symptoms of PD psychosis. The information below may be helpful in establishing a diagnosis.

RESIDENT IDENTIFICATION

Resident Name: _____

Room Number: _____

HISTORY

The resident has been previously diagnosed with Parkinson's Disease

Screened by: _____ G20 ICD code on chart

POTENTIAL MOTOR SYMPTOMS¹

Bradykinesia

Gait impairment

Rigidity

Rest tremor

PROPOSED NINDS-NIMH DIAGNOSTIC CRITERIA FOR PARKINSON'S DISEASE PSYCHOSIS²

• Presence of at least 1 of the following symptoms:

- Illusions
- Hallucinations
- False sense of presence
- Delusions

• The above symptoms must be recurrent or continuous for at least 1 month and have occurred after the onset of PD

• PD psychosis may occur with or without:

- Insight
- Dementia
- PD treatment

• Other potential medical and psychological causes of psychosis (eg, dementia with Lewy bodies, schizophrenia, schizoaffective disorder, delusional disorder, mood disorder with psychotic features, delirium) must be excluded before a diagnosis of PD psychosis is made

SYMPTOMS OF PD PSYCHOSIS

Problematic behaviors should be evaluated carefully to determine if they are in response to one or more of the following symptoms: (check all that apply)

Minor Phenomena²⁻⁴:

- Presence hallucinations: Feeling that someone is present when nobody is actually there
- Passage hallucinations: Sensation of a person or animal passing in the periphery
- Visual illusions: Misperception of a real stimulus

Hallucinations: Abnormal sensory perceptions when no real stimulus is present^{2,3}

- Olfactory: Smelling nonexistent odors/scents
- Tactile: Feeling something touching or moving on the skin
- Visual: Seeing people, animals, or objects that others don't see
- Auditory: Hearing sounds, such as music or people conversing
- Gustatory: Tasting chemicals or strong flavors in food
- Somatic: Feeling as if a part of the body is changing or distorting

Delusions: Strong false beliefs despite evidence that the belief is not true^{2,5}

- Persecutory: Belief that someone is trying to harm, steal from, or deceive them
- Jealousy: Belief that a spouse is being unfaithful
- Reference: Belief that an ordinary event has special or personal meaning (television program is speaking about them personally)

When/how often do these episodes happen per week? _____

Descriptions of symptoms/impact on resident: _____

DIAGNOSTIC CODES RECOGNIZED FOR PD PSYCHOSIS⁶

Coding combinations that are recognized for PD psychosis include G20 (PD) plus one of the following ICD codes:

- F06.0 Psychotic disorder with hallucinations due to known physiological condition
- F06.2 Psychotic disorder with delusions due to known physiologic condition

WHEN INITIATING ANTIPSYCHOTIC THERAPY FOR A RESIDENT WITH PD PSYCHOSIS, CONSIDER THE FOLLOWING GUIDANCE FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES⁷:

F757 and F758 address unnecessary drugs and psychotropic drugs

- To be considered necessary, an antipsychotic should:
 - Be clinically indicated to manage the symptoms of PD psychosis
 - Be appropriate for the resident's clinical conditions, age, and underlying causes of symptoms
 - Be selected based on assessment of relative benefit and risks to, and preferences and goals of, the individual resident

F605 addresses chemical restraints

- To avoid being considered a chemical restraint, an antipsychotic for PD psychosis should:
 - Be the standard of practice for PD psychosis
 - Be the least restrictive alternative to treat the resident's hallucinations and delusions associated with PD psychosis
 - Help the resident to function at the highest possible level

Coding must be to the highest level of specificity, and all coding decisions are ultimately the responsibility of each prescribing healthcare professional

This screening tool is provided by ACADIA for only educational purposes. This tool is an example and may be used as part of a full assessment to help determine if patients are experiencing hallucinations and delusions associated with PD psychosis. Please use your clinical judgment when diagnosing a patient with PD psychosis.

This tool has been approved by:



For additional information regarding PD psychosis, please visit www.moretoparkinsons.com.

References: 1. Postuma RB, Berg D, Stern M, et al. MDS clinical diagnostic criteria for Parkinson's disease. *Mov Disord.* 2015;30(12):1591-1601. doi:10.1002/mds.26424 2. Ravina B, Marder K, Fernandez HH, et al. Diagnostic criteria for psychosis in Parkinson's disease: report of an NINDS, NIMH work group. *Mov Disord.* 2007;22(8):1061-1068. 3. Fénelon G, Soulas T, Zenasni F, Cleret de Langavant L. The changing face of Parkinson's disease-associated psychosis: a cross-sectional study based on the new NINDS-NIMH criteria. *Mov Disord.* 2010;25(6):763-766. 4. Kulick CV, Montgomery KM, Nirenberg MJ. Comprehensive identification of delusions and olfactory, tactile, gustatory, and minor hallucinations in Parkinson's disease psychosis. *Parkinsonism Relat Disord.* 2018;54:40-45. doi:10.1016/j.parkreldis.2018.04.008 5. Voss T, Bahr D, Cummings J, Mills R, Ravina B, Williams H. Performance of a shortened scale for assessment of positive symptoms for Parkinson's disease psychosis. *Parkinsonism Relat Disord.* 2013;19(3):295-299. 6. World Health Organization. International Statistical Classification of Diseases and Related Health Problems, ICD-10 version: 2015. WHO website. <http://apps.who.int/classifications/icd10/browse/2015/en>. Accessed May 19, 2020. 7. US Centers for Medicare & Medicaid Services. *State Operations Manual Pub 100-07. Appendix PP – Guidance to Surveyors for Long Term Care Facilities.* Baltimore, MD: US Dept of Health and Human Services; 2017.