

## Psychotic Disorders

**Psychosis** is a symptom in which the person becomes out of touch with reality, that is, has **difficulty telling apart what is real and what is not**. They may hear voices or see things that are not there. They may believe that someone is out to harm them when this is not the case. Thinking may seem confused or mixed-up. The person often isolates, even from family.

**Psychotic disorders** are **treatable** mental health conditions. **Schizophrenia** is one example, and there are [others](#). Individuals with 22q11.2DS are known to have a higher risk of developing schizophrenia than others in the general population (next page). It is important to identify changes in thinking, emotions, behavior, and functioning in order to intervene as early as possible.

The use of alcohol, cannabis (marijuana) or other drugs may increase the risk of developing a psychotic disorder.

### Signs that May Indicate the Presence of a Psychotic Disorder

- **Onset or worsening of emotional or temper outbursts** may be a sign of psychotic illness.
- Changes in emotions, thinking, behavior and functioning may be early signs. These changes can be subtle.
- See Table 2 - **Signs and symptoms representing a change from baseline that may suggest a treatable psychiatric illness** from the [Practical guidelines for managing adults with 22q11.2 deletion syndrome](#) (2015 version).

Left untreated, psychotic illnesses can increase the risk of **catatonia**, where individuals can stop talking, stop eating, display extreme physical agitation and/or extreme slowness, have odd movements or postures, and sometimes require management in an intensive care unit.

### Treatment of Psychotic Disorders in Individuals with 22q11.2DS

- **Early detection, diagnosis, and treatments known to be effective yield the best results.**
- **Not all individuals who have a psychotic episode develop a chronic psychiatric condition, especially if identified and treated early.**
- Healthcare providers need to take into account existing medical conditions.
- Antipsychotic medications are the main standard of care. A **“start low, go slow”** dosing approach is often helpful.
- Additional supportive therapies need to be adapted to suit the patient’s abilities.

## Psychotic Disorders (continued)

### Schizophrenia

- Schizophrenia is a serious but **treatable** psychotic disorder. This illness involves **psychotic symptoms** (delusions and/or hallucinations) plus a significant **decline** in the ability to function with respect to relationships, work/school, and self-care/basic hygiene.
  - Delusions** – A false belief that cannot be changed with reasoning, e.g., the person believes that they are being followed.
  - Hallucinations** – A mistaken perception, e.g., the person hears voices that are not there.
- Other common symptoms includes social isolation, disorganized thinking, and disorganized behavior that is not characteristic of the person and is not understandable to others.
- The risk of schizophrenia:
  - An adult with a **22q11.2 deletion** is about **20 times more likely** than a person in the general population to develop schizophrenia. About 1 in every 4 to 5 individuals with 22q11.2DS will develop schizophrenia. Researchers are working to pinpoint the genetic and other factors that may increase – or decrease – this risk.
- Standard management for schizophrenia involves **antipsychotic medications** and support.
  - Co-existing conditions (e.g. hypocalcemia, hypothyroidism, asthma) need to be taken into account and managed effectively.
  - All treatment may have side effects, but they can often be managed. For schizophrenia that does not respond to the first medications tried or where side effects are intolerable, **Clozapine** is a proven treatment of schizophrenia that is highly effective for individuals both with and without 22q11.2DS. This is a medication also used in Parkinson disease. Seizures may be able to be prevented by seizure medication.

### References & Resources

- [Updated clinical practice recommendations for managing children with 22q11.2 deletion syndrome](#) – 2023
- [Updated clinical practice recommendations for managing adults with 22q11.2 deletion syndrome](#) – 2023
- [Let's Talk about Schizophrenia](#) – Video from University Health Network, Toronto, Canada – 2023
- [Cognitive Development And Mental Health](#) – Videos from 22q11 Europe. Videos 11 & 12 are on psychosis – 2022
- [Adverse effects of antipsychotic medication in patients with 22q11.2 deletion syndrome: A systematic review](#) – 2019
- [Neuropsychiatric expression and catatonia in 22q11.2 deletion syndrome: An overview and case series](#) – 2018
- [Practical guidelines for managing adults with 22q11.2 deletion syndrome](#) – 2015
- [Evidence that duplications of 22q11.2 protect against schizophrenia](#) – 2014
- [Schizophrenia](#) – Substance Abuse and Mental Health Services Administration, MD, USA
- [Psychosis](#) – Centre for Addiction and Mental Health (CAMH), Toronto, ON, Canada
- [Information on at-risk mental states](#) – Psyyoung.ch, Health Promotion Switzerland

### Facts about Schizophrenia


- Schizophrenia is NOT a weakness
- Delusions and hallucinations are NOT the only symptoms
- The patient will NOT have multiple personalities
- Schizophrenia CAN be treated!


### How to Support Someone with Schizophrenia

**Educate** yourself about schizophrenia.

Build a support network or join a **support group**.

Delusions and hallucinations are very real to the person who has them. **Be understanding** without confirming or denying the experience:

“This isn’t real. I don’t see anything.” 

“I can see how upsetting that shadow is for you and how scary it must feel.” 

### Encourage treatment:

Provide options and listen to the patient. Remind them to take their meds and tell the doctor about any side effects observed.

**Be available** when the patient would like to talk.