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A Cochrane review has concluded that there is no good randomised clinical trial evidence on which to base treatment guidelines for patients with very late-onset schizophrenia-like psychosis (VLOSLP), yet open treatment with atypical antipsychotics has been associated with improvements in symptoms at least as good as those seen in younger patients with schizophrenia or patients with early-onset schizophrenia who have grown old, and antipsychotic treatment is the cornerstone of care pathways. Little is known about how many patients seen within specialist mental health services are engaged by those services and given antipsychotic treatment. To address this, we conducted a retrospective electronic patient record search.

**Aims and method** Electronic patient records were used to investigate the level of engagement and treatment that patients with very late-onset schizophrenia-like psychosis (VLOSLP) had with mental health services.

**Results** Of 131 patients assessed and diagnosed, 63 (48%) were taking antipsychotic treatment at 3 months, 46 (35%) at 6 months and 36 (27%) at 12 months. At discharge from mental health services, 54% of patients had failed to engage with services or became lost to follow-up, 18% had engaged with services but were not taking antipsychotic medication and only 28% were taking treatment.

**Clinical implications** Results showed that less than half of the patients with VLOSLP were commenced on antipsychotic treatment and less than a third remained on treatment at 1 year or at point of discharge. This highlights the need for services to consider being more assertive in taking potentially effective treatment to this patient group.

**Declaration of interests** R.H. is chief investigator and S.J.R. is a co-investigator on the NIHR-funded randomised clinical trial of Antipsychotic Treatment of very Late-onset Schizophrenia-like psychosis (ATLAS).
antipsychotic treatment at 3, 6 and 12 months is shown in Fig. 1. At the point of discharge from specialist services back to primary care, 65 patients (54%) had been lost to follow-up or had not engaged with specialist services, 22 (18%) had engaged with services but were not receiving antipsychotic treatment, and 33 (28%) were taking antipsychotic treatment. The rest were still receiving active specialist service follow-up. Twenty-six (19.8%) patients were treated compulsorily under a section of the Mental Health Act 1983, and neither male gender (odds ratio (OR) 1.15: 95% CI 0.47–2.80) nor membership of a Black or minority ethnic group (OR = 1.25: 95% CI 0.52–3.02) significantly influenced Mental Health Act use.

Discussion

The diagnostic concept of VLOSLP emerged from an international consensus meeting held to advance research on a patient group with first onset of delusions and/or hallucinations after the age of 60 years, in the absence of affective disorder or demonstrable brain disease such as dementia. The illness is viewed as a functional psychosis with symptoms that will respond to antipsychotic drugs. Our data show that less than half of patients with VLOSLP were commenced on antipsychotic treatment and less than a third remained on treatment at 1 year or at the point of discharge from services. This is a surprising, even disappointing, result. An important barrier to acceptance of antipsychotic treatment by patients with VLOSLP is the low level of insight into presence of mental health difficulties or need for treatment. Although treatment-related decision-making capacity has not been specifically investigated in VLOSLP, studies of middle-aged and older patients with schizophrenia have suggested that cognitive test scores, rather than psychopathology ratings, associate significantly with symptoms that will respond to antipsychotic drugs.

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Fig. 1 Service and antipsychotic treatment engagement over 12 months.

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<th>Discharged: 23</th>
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<td>6 months</td>
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References