


PARKINSON'S PSYCHOSIS	
<p>S. Bronner¹, M. Harris¹, L. Kellman¹ ¹Centers Health Care, ²University of Arkansas for Medical Sciences, ³Michigan State University</p>	
<p>BACKGROUND</p> <p>Complex neurocognitive disorder</p> <p>More prevalent in adults 70 years & older</p>  <p>High rate of PD among older men</p> <p>Deficiency of dopamine in the substantia nigra</p> <p>Affects motor & nonmotor abilities</p>	<p>CHARACTERISTICS: PSYCHOSIS</p> <p>NONMOTOR SYMPTOMS</p> <ul style="list-style-type: none"> Delusions Hallucinations Depression <p>PSYCHOSIS</p> <p>Occurs in 20-40% older adults with PD</p> <p>PSYCHOTIC SYMPTOMS</p> <ul style="list-style-type: none"> Visual & Auditory Hallucinations
<p>PHARMACOLOGICAL & NONPHARMACOLOGICAL STRATEGIES</p> <p>Behavior Management</p> <p>Cognitive Behavioral Therapy</p> <p>Visual Methods</p> <p>INSYTE Study</p>	<p>PATIENT-CENTERED APPROACH TO PSYCHOSIS</p> <ul style="list-style-type: none"> * Physical assessment * Medications * Diagnostics * Understand pharmacy role * Psychoeducation of caregivers
<p>CONCLUSION</p> <p>Expert knowledge is needed to manage Parkinson's psychosis.</p> <p>More research is needed on evidence-based practices for neuropsychiatric symptoms to improve QoL for older adults living with Parkinson's psychosis.</p>	

1