Late-life diagnoses of schizophrenia are rare, and a rise in new diagnoses in nursing homes may be related to the CMS quality measure on antipsychotic medication.

There were “anecdotal reports of some physician groups and pharmacy groups that were offering their services to SNFs [skilled nursing facilities] to relabel [individuals with dementia] on antipsychotics as having schizophrenia,” Dr. Gifford told Caring, emphasizing that such practices are not widespread.

The percentage of residents who receive an antipsychotic medication is one of the Minimum Data Set (MDS)—based quality measures for long-stay residents that are posted on Nursing Home Compare and are included in the calculation of a facility’s rating under the Five-Star Quality Rating System. The measure is also used to track progress in the CMS Partnership to Improve Dementia Care in Nursing Homes, begun in 2012. The measure excludes residents with schizophrenia, Tourette’s syndrome, and Huntington’s disease.

Making the Diagnosis

According to the joint statement, the diagnosis of new-onsen 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.”

Dr. Levy said this does not necessarily mean that a psychiatrist must make the diagnosis, but it does require that “if you’re making the diagnosis, you should know that your education, training, and competency enable you [to do so].”

It is “possible that over time, as a patient is in a facility, the diagnostic criteria will fit, and indeed a patient [for whom medical records and history are absent or lacking] may be diagnosed with schizophrenia,” Dr. Levy said. “Frequently, we find out that these patients had prior psychiatric hospitalizations in mid-life … and it becomes apparent that they’ve probably had this diagnosis their entire lives.”

However, late-onset schizophrenia is rare, she and Dr. Gifford emphasized. “The diagnosis requires you not only to meet a set of symptoms, but to exclude other causes for the symptoms,” including dementia, Dr. Gifford said.

The higher-than-expected rates of new schizophrenia diagnoses in some facilities appear to be an unintended consequence of the quality measure on antipsychotic medication, said Dr. Gifford and Dr. Levy. According to the CMS spokesperson, the agency “understands that [the schizophrenia diagnoses] may be a result of these facilities being assessed on a measure [of antipsychotic use]” and the fact that schizophrenia is not included in the measure.

What began as an effort to reduce the use of antipsychotic medications in patients with dementia and to emphasize nonpharmacologic alternatives has evolved into a climate with a laser-like focus on drug utilization rates, according to Dr. Levy and Dr. Gifford.

The climate is seeped with “absolutist” rhetoric and a “purist” approach that assumes any use of antipsychotics is bad, Dr. Gifford said. “We [have] swung too far in the other direction.”

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