

Index

accelerated aging, 79, 138, 214, 243 Accountable Care Organizations (ACOs), ACHIEVE program, 182-83 active coping, 201, 203 ADAPT-ITT method, 170 Adult Protective Services, 227 adversity, lifelong experience of, 204-6 Affordable Care Act (ACA), 22, 230 African-Americans psychotic symptoms, 27 schizophrenics in nursing homes, 18 nursing home schizophrenia residents, quality of life and, 123 age of exposure/outcomes, 2 aging. See also late life psychosis; late life schizophrenia accelerated, 79, 138, 214, across cultures, 219 antipsychotic related movement disorders and, 61 - 63brain, and schizophrenia, 56 caregivers, 192-93 metabolic syndrome and, 63 - 64non-uniformity of, 200 pharmacodynamics and, pharmacokinetics and, 157 response to antipsychotics, 146 schizophrenia and, 55, 63 - 64schizophrenia, biomarkers in, 58-60successful, 96, 101, 124

aging individuals with schizophrenia (AIWS). See late life schizophrenia aging-out, caregivers, 197 agitation, 30 Alzheimer's disease cognitive decline, 70 psychotic symptoms, 33 VBR measure, 55 amotivation, 114 antidepressants, 35, 130 antipsychotics, 147 antidepressants with, 130 bipolar disorder and, 40 cancer and, 86 cardiovascular disease and, 84, 161 dementia and, 34-35, 160 diabetes and, 83 dosing of, 161-62 drug-drug interactions, 159, 160 effects of long term exposure, 60 life expectancy and, 224 maximising compliance, metabolic problems with, 21 mortality risk, 34 movement disorders and. 61 - 63older adult studies, 148 public policy issues, 229 RCTs, 244 reducing/minimizing medication, 162 respiratory diseases and, 82 schizophrenics in nursing homes, 18 serious side effects and safety concerns, 160-61 side effects, 157-60, 205, 215, 223 treatment, 37 treatment, first line of, 146 - 47

APA guidelines, dementia treatment, 33 APOE epsilon-4, 58 aripiprazole, 35, 37, 155 dosing, 162 asenapine, 156, 159 **Assertive Community** Treatment (ACT), 142, Assistant Secretary DHSS, 234 **Assisted Outpatient Treatment** (AOT), 195 auditory hallucinations, 33 autoimmune disease, 50 avoidant (passive) coping, $201, \bar{2}03$ avoiding disease and disability domain, 99, 100 Ayurvedic medicine, 216 Beautiful Mind, A (movie), Beers Criteria, 160 behavioral tailoring, 172 biomarkers, 3 aging in schizophrenia, 58-60 bipolar disorder, 39-40, 83 birth cohort, 3 body mass index (BMI), 180, 181 brain aging, schizophrenia, 56 breast cancer, 86 brief psychotic disorder, 31 bronchitis, 82 Calgary depression rating scale (CDRS), 131 Camberwell Assessment of Need for the Elderly (CANE), 137 cancer, 85-86, 89 incidence rates, 85 mortality risk, 85 cancer screening gaps, 86 carbamazepine, 159



250

Index

Cardinal Needs Schedule, 137 cardiovascular disease, 58, 63, 83 - 84antipsychotics and, 84, 161 mortality rates, 83, 89, 139 prevalence rates, 84 caregivers, 190-98, 224, 245. See also families aging, research findings on, 192-93 aging-out of, 197 agreeable patient, 190 **Assisted Outpatient** Treatment, 195 dementia and, 33, 34 developing countries, 214-15, 245 difficult and violent patient, family support, 233 international picture, 195 - 96living with family, 227 non-assaultive crises, 191 parental, 192-93 planning for the future, 193, psychological costs, 192 services assisting, 194 sibling, 194 spousal, 194 Carers' Trust, 197 case/care management, 233 case-control studies, 1, 3, 8, 82 catatonia, 27 catechol-O-methyltransferase (COMT), 57 CATIE study, 84, 147 CCR5 gene, 50 Center for Epidemiologic Studies - Depression Scale (CESD), 98 cerebrovascular risk score, 39 caregivers in, 195, 214 new technologies, 218 chlorpromazine, 61, 148 cholinesterase inhibitors, 34 Chronic Disease Self-Management Program (CDSMP), 170, 171, 184 chronic obstructive pulmonary disease (COPD), 82 CiTAD trial, 35 citalopram, 35, 72, 131

clinical epidemiology, 28-29 clinical outcome, 2 clinical recovery, 104 clinical remission, 100, 101, clinician ratings, 118 clozapine, 35, 131, 147, 148, 157 comparison drug, 150 dosing, 162 metabolic syndrome and, 63 selected studies, 149 clubhouses, 140 cognition and function, 121 domain, 100 late life schizophrenia, 72 - 73Cognitive Behavioral Social Skills Training (CBSST), 73, 114, 176-78 cognitive behavioral therapy (CBT), 176, 245 cognitive dysfunction early-onset schizophrenia, 49, 243 late-onset schizophrenia, 49 longitudinal studies, 69-71 outcome domain, 97, 98, profile, in late life schizophrenia, 71-72 schizophrenia, 57, 69 VLOSLP, 49 cognitive outcome, 103 cognitive remediation, 73, 245 collaborative care models, 21,87 co-located models, 87 colon cancer, 86 community acceptance, 231, 232 community integration, 105, 120 criteria, 104 Community Integration Scale, 99, 100 community residences, 227 community studies, 27 cognitive decline, 70 outcome in schizophrenia, social functioning, 118-25 community treatment needs, 135 - 43assessment of, 136-37 case study, 135

domains, 138-40 meeting, 140-42 studies of, 137-38 unmet needs, 136 comorbidities, 29, 214 cancer, 85-86 cardiovascular disease, 83-84 depression, 128 diabetes, 82-83, 171 late life schizophrenia, 79-81, 88-89, 170 prevalence of, 169 respiratory disorders, 81-82 competing risks, 3 Confusion Assessment Method (CAM), 32 congruent psychotic symptoms, 39 content analysis, interviews, coping skills training, 173 coping strategies, 114, 201, 203 - 4coronary heart disease (CHD), 63, 83, 84, 139 cost of living adjustment, 226, 227 C-reactive protein (CRP), 50 crisis situations, 191 cross-sectional studies, 1, 8, 97, 100, 105, 123 CT scanning, 55 cultural-comparative studies, cytochrome P450 (CYP) enzymes, 159 data collection, 202 day care facilities, 125 daytime activities, 140, 141 De Hert, M., 88 deinstitutionalization, 15, 119, 197 delirium, 31, 30-32 behavioral symptoms, 30 motor subtypes, 32 preventative strategies, 32 timeline of change, 32 delusional disorder, 31, 38 delusions, 4, 27, 213 Alzheimer's disease, 33 delirium, 30 dementia, 33 dementia, 32-35, See also

Alzheimer's disease



Index

251

antidepressants and, 35 Dixon, Lisa, 20 observational studies, 1, 2-3 antipsychotics and, 34-35, dopamine receptor blockade, essence of life, schizophrenia 61, 146, 158, 159 as, 203 cholinesterase inhibitors, 34 dopamine receptors, binding, estrogen, 48 late life psychosis estrogen theory, 48 association, 8 DRESS syndrome, 161 ethnicity non-pharmacologic drug-drug interactions, 159, cancer rates, 85 approaches, 33 160 psychotic symptoms, 27 VLOSLP and, 49, 242 Druss, B.G., 170 schizophrenia hospital 6 "D's" disorders, 28 dementia praecox, 95 populations, 16 Dementia Rating Scale (DRS), DSM-5, 27 schizophrenics in nursing bipolar disorder, 39 71,98 homes, 18 depression, 128-32 delusional disorder, 38 treatment problems and, outcome, 103 dementia, 33 229 dimensional framework, outcome domain, 97, 98, executive dysfunction, 71 97 - 98exercise. See physical activity outcome indicator, 105 dimensionless approach, extrapyramidal side effects overview of symptoms, (EPS), 62, 147, 157 128 - 29psychosis symptom severity, families pharmacotherapy, 130-31 dementia and, 33 psychosocial treatment, 131 psychosis with MDD, 39 psychotic disorders, 7 quality of life and, 123, 130 living with, 227 social indicator scores, 119 schizophrenia diagnosis, 36 rejection by, 205 deprivation, schizophrenia schizophrenia subtypes, 47 substitute, 208 and, 201 social functioning, 117 family psychoeducation Determinants of Outcome of subsyndromal depression, (FPE), 197 Severe Mental Disorder 129 family support, 192, 233 (DOSMeD), 218 duration of exposures, 2 FDA black box warning, 34, deutetrabenazine, 161 161, 229 developing countries, 212-20 early-onset schizophrenia, financing, 22-23 care in developing caregivers, 214-15, 245 36,51 cross-cultural differences in cognitive defects, 49, 243 countries, 215 treatment, 215-17 demographics, 47 income supports, 226 future directions for genetics/heritability, 50 meeting needs, 142 research, 218-19 inflammation and, 50 nursing homes, 232 innovative technologies, neuropathology/ treatment, 230 217 - 18neuroimaging, 49 first generation antipsychotics, late life schizophrenia, positive and negative 34, 62, 147 older adults, 147 213-14, 214-15 symptoms, 48 outcome of schizophrenia, ECT (electroconvulsive side effects, 157 therapy), 39, 162 first line of treatment, 146-47 schizophrenia across emotional management, 170 fluphenazine, 147, 148, 159 engagement with life domain, cultures, 212-13 food stamps, 226 diabetes, 82-83, 88, 171 100 fractional anisotropy, 50 mortality risk, 82 environmental needs, 138 Framingham study, 63, 84, 87 frontal lobe activity, prevalence rates, 83 **Epidemiologic Catchment** reductions, 57 diet Area (ECA) **Functional Adaptation Skills** healthy eating, 179, 180, 182 study, 14 epidemiology, 1-2, 27-29 Training (FAST), 175–76 diffusion tensor imaging clinical epidemiology, functional MRI (fMRI), 57 28-29 (DTI), 50 funding. See financing dimensional framework, defining psychosis in DSM-5, 97-98 studies, 3-5 gender disease burden, 1 late life psychosis, 5-8 caregivers and, 192, 193 disorganized thinking, 27 late life schizophrenia, onset of schizophrenia and, divalproex, 39 13 - 15



252

Index

gender (cont.) characteristics of discharges Iran, caregivers in, 196 risk factors for late life from, 17 isolation. See social isolation psychosis, 6 housing, 237 jails, 227, 228 social functioning and, 122 housing costs, 226, 227 genetics, schizophrenia, housing issues, 226-28 Kinect for Xbox 360 game through life, 57-58 housing programs, 223 system, 183 Geriatric Depression Score hs-CRP biomarker, 58, 244 Kraepelin, E., 95 (GDS), 129 5HT2A receptors, 157 GERI-BD trial, 39 hyperactive delirium, 32 lack of insight, 4 globalization, 246 hypoactive delirium, 32 late life psychosis, 146, See also Granholm, E., 177 hypoactive/hyperactive psychosis growth, in late life delirium, 32 antipsychotic studies, 148 schizophrenia, 206-8 IL-6 biomarker, 59 assessment and diagnosis, guns, access to, 225 illness self-management, 170, 27-30, 30-41 hallucinations, 4, 27, 213 dementia association, 8 auditory, 33 HARP program, 170-71, diagnosis, comorbidities, delirium, 30 dementia, 33 I-IMR program, 172-73, differential diagnosis, 30 visual, 33, 212 184 epidemiology of, 5-8, 27-29 TTIM program, 171-72, haloperidol, 147, 148 examination and laboratory **Hamilton Depression Rating** 184 assessment, 29-30 Scale, 129, 131 income supports, 226 first generation Health and Recovery Peer incongruent psychotic antipsychotics, 147 (HARP), 170-71, 184 symptoms, 39 incidence of, 6 health care registers, 5 independent living, 99, 227 mortality rates, 8 health care utilization, 86-88, India, 196, 213, 216 prevalence of, 5, 7, 28 Individual Placement and risk factors, 6, 28, 29 Health Homes, 21, 233 Support (IPS), 114 second generation health professionals, shortage individualized care, 246 antipsychotics, 157 of, 246 inflammation, 50 late life schizophrenia, 13, health promotion models, neuroinflammation, 63 200, 242-48. See also 179-83, 185 information schizophrenia ACHIEVE, 182-83 gathering, 4-5 cancer and, 85-86, 89 InSHAPE, 180-81 unmet need, 139 cardiovascular disease and, STRIDE, 179-80 information processing 83-84, 89 Healthcare Cost and impairments, 71 clinical and social needs, **Utilization Project** inpatient sector, 15-16 (HCUP), 16 inpatient treatment, 228 cognition and function in, healthy eating, 179, 180, InSHAPE program, 180-81 72 - 73182 institutionalization, 70 community needs. See Helping Older People cognitive decline and, 70 community treatment Experience Success worsening of symptoms, (HOPES), 174-75, 184 214 comorbidities, 79-81, hepatic function, 159 integrated care, 229 88-89, 170 herbal supplements, 159 Integrated-Illness depression in. See heterogeneity of course, 106 Management and depression high cognitive and physical Recovery (I-IMR), 172developing countries. See function domain, 100 73, 184 developing countries HIPPAA rules, 192 International Late-Onset diabetes and, 82-83, 88, 171 HIV/AIDS, 225 Schizophrenia Group, 47 diagnosis, 242 homelessness, 225, 226 International Pilot Study of ECT, 162 hospital records, 5 Schizophrenia (IPSS), experience of growth, 206-8 hospitalization, 82, 205 financing, 22-23 International Study of long-term, 228 future research needs, Schizophrenia (ISoS), 218 235-36 hospitals, 16



Index

253

health care utilization,	outc
86–88, 89	pred
health promotion models,	10
179–83, 185	loxapir
illness self-management,	lung ca
170–73, 184	lurasid
inpatient sector, 15–16	
model programs/	major o
interventions in the	(N
future, 183–85 morbidity rates, 20	major o
non-pharmacologic	major 1
treatment, 38	dis
nursing homes, 17–20	major v
outcomes. See outcome in	dis
schizophrenia	mania,
outpatient care, 20	tre
physical health care, 20-22	Medica
prevalence, trends in,	fund
13–15, 169	22
psychosocial rehabilitation,	restr
173–78, 184	medica
respiratory disorders and,	m
81–82, 88	medica
social functioning. See	Medica
social functioning	Part
subjective accounts of. See	restr
subjective accounts	Medica
treatment, 37	Pa
late-onset schizophrenia, 31, 36, 37, 47, 51	Ac memar
cognitive defects, 49	memoi
demographics, 47	men. Se
developing countries, 213	Mental
diagnostic status, 47	Ac
genetics/heritability, 50	20
inflammation and, 50	mental
neuropathology/	drift
neuroimaging, 49-50	23
positive and negative	meet
symptoms, 48–49	shor
sensory deficits, 50	21
treatment, 51	uner
Lewy body disease	mental
antipsychotic side effects, 35	m
psychotic symptoms, 33	mentor
life expectancy	Meride
psychosis, 223, 224	19 Met all
public policy goal, 236 schizophrenia, 79, 169	met ne
life review, 209	metabo
lithium, 39	63
living with family, 227	microg
longitudinal studies, 1, 3	mild no
cognitive functioning,	31
69–71	mind c

ome domains, 102–5 lictors and trajectories, ne, 148, 157 ancer, 85, 86 lone, 156, 159 depressive disorder MDD), 38-39 depressive episodes, neurocognitive isorder, 31 vascular neurocognitive sorder, 33 antipsychotic eatment, 40 aid, 22, 230 ding nursing homes, 2,232 ructuring, 237 al disorders. See specific edical disorder al management, 170 are, 20, 22, 230 D, 22 ructuring, 237 are Improvements for atients and Providers ct (MIPPA), 23 ntine, 34 ry deficits, 71 ee gender l Health Parity and ddiction Equity Act of 008, 22 health services to long term care, ting needs, 140, 141 tage of providers, ngagement with, 142 illness. See specific ental illness rs, 207 en Family Programme, lele, 57 eds, 136 olic syndrome, 61, glial activation, 60 eurocognitive disorder, cure, 112

Mini-Mental State Examination (MMSE), 70,71 Minimum Data Set (MDS), 18 mirror sign, 33 misidentification, 33 mobile technologies, 87, 185, 217, 248 model programs ACHIEVE, 182-83 FAST, 175-76 future directions/ recommendations, 183 - 85HARP, 170-71, 184 health promotion, 179-83, HOPES, 174-75, 184 I-IMR, 172-73, 184 illness self-management, 170 - 73, 184InSHAPE, 180-81 **PEDAL**, 176 psychosocial rehabilitation, 173-78, 184 STRIDE, 179-80 TTIM, 171-72, 184 Moos' Ecosystem Model, 99 Morse's principles, 202 mortality antipsychotics and, 34 cardiovascular disease, 83, 89, 139 caregivers and, 193 dementia patients, antipsychotics and, 161 diabetes, 82 drug-drug interactions and, 159 late life psychosis, 8 late life schizophrenia, 79 - 81respiratory disorders, 81 risk, 85 schizophrenia, 6, 20, 79 mortality gap, 224-26, 236 motivation, unmet needs and, movement disorders, antipsychotic related, 61 - 63MRI scanning fMRI, 57 onset of schizophrenia and, schizophrenia, 56



254

Index

Nash, John, 113, 190 National Alliance on Mental Illness (NAMI), 192, 193, 195, 196, 198 National Comorbidity Survey Replication (NCS-R), 14, 38, 39 National Inpatient Sample (NIS), 16 National Institute of Mental Health (NIMH), 59, 235 need domains, 138-40 environmental, 138 physical, 138 psychological, 139-40 social, 140 assessment, 136-37 meeting, 140-42 met, 136 unmet. See unmet needs negative symptom domains, 97,98 neurocognitive disorders, 28. See also dementia early-onset schizophrenia and, 243 major, 31 major vascular, 33 neuroimaging early and late onset schizophrenia, 49 functional, 56 schizophrenia, 55-56 neuroinflammation, 63 neuroleptic malignant syndrome (NMS), 161 neuropathology early and late onset schizophrenia, 49 schizophrenia, 60 New Club, The, 141-42 non-affective psychoses (NAP), 14 non-motor delirium, 32 non-primary diagnosis of schizophrenia hospital populations, 16 normalization, 207, 208 nursing homes, 17-20 cognitive decline and, 70 financing through Medicaid, 22 funding, 232 mental illness admissions, 169

polypharmacy interactions, 159 resident characteristics, 19 obesity, 179, 180, 181, 182, 224 neuroinflammation and, 63 OBRA-87 legislation, 17, 18 observational epidemiology studies, 1, 2-3 observer-based ratings, 117, 118 olanzapine, 35, 37 cardiovascular risks, 84 cognition study, 72 comparison drug, 154 dosing, 162 selected studies, 153 older adults. See aging; late life psychosis; late life schizophrenia orofacial dyskinesia, 61 outcome in schizophrenia, 95-96, 107 correlation of indicators over time, 105 developing countries, 246 DSM-5 dimensional framework, 97-98 heterogeneity of course, 106 historical rates, 95 methods, 96 paradoxical aging and, 106 positive mental, 113 recovery prospects, 99-101 trajectories and risk factors, 101, 102-5uniqueness of symptom domains, 98 outpatient care, 20, 228 outreach programs, 87, 193, 216, 231 paliperidone, 155, 159 paradoxical aging, 96, 106 paraphrenia, diagnostic criteria, 69

parental caregivers, 192

Parkinson's disease, 33

Partners in Care, 197

Patient Centered Medical

Home (PCMH), 21

192 - 93

research findings on,

parkinsonian symptoms, 62

antipsychotic side effects, 35

Patient Outcomes Research Team (PORT), 231 Patient Protection and Affordable Care Act (ACA), 22, 230 Patterson, T.L., 175, 176 PEDAL program, 176 personal accounts. See subjective accounts pharmacodynamics, and aging, 157 pharmacokinetics, and aging, 157 physical activity increasing, 180 low levels, 179 physical activity programs, 178, 181, 182, 232 videogame-based, 183 physical health care, 20-21 physical integration, 99 physical needs, 138 pimavanserin, 35, 244 PLAN program, 196 pneumonia, 82 police interventions, 191, 195 polygenic influences, cognition, 57, 58 polygenic risk score, 58 polypharmacy, 159 Positive and Negative Syndrome Scale (PANSS), 98.99 positive psychiatry, 114 defining, 112 historical background, 112 interventions in schizophrenia, 114 outcome in schizophrenia, 113 psychosocial factors, 113 positive symptom domains, 97,98 positron emission tomography (PET), 57posttraumatic stress disorder (PTSD), 139, 140 potential life lost, 80 PREMIER lifestyle intervention, 179 prescribing cascade, 159 Primary and Behavioral Health Care Integration (PBHCI), 87



Index

255

Primary Care Access, Referral, and Evaluation (PCARE), primary diagnosis of schizophrenia hospital populations, 16 primary psychiatric disorders, 28, 146 examination and assessment, 29 prisons, 227, 228 Program of Assertive **Community Treatment** (PACT), 195 prolactin, 86 psychiatric hospitals, 15-16 psychoeducation, 172 psychological integration, 99 psychological needs, 139-40 psychosis. See also late life psychosis; schizophrenia crisis situations, 191 defining, in epidemiological studies, 3-5 dementia-related. See dementia DSM criteria, 7 gathering information on symptoms, 4-5 information from health care registers, 5 life expectancy, 223, 224 measurement vs. evaluation, 3 observational epidemiological literature, 2 - 3primary care, lack of, 21 recovery model, 208 symptom severity using DSM-5, 97 psychosocial functioning. See also social functioning positive, 113 psychosocial interventions, 73, 131, 162, 172, 231-34 access to mainstream society, 231 research on, 236 psychosocial models of care, psychosocial rehabilitation, 140, 173-78, 184 CBSST, 176-78 FAST program, 175-76

HOPES program, 174-75, models in review, 178 PEDAL program, 176 psychotherapy, 229 public policy issues, 223-37 coordination of systems and leadership, 234 future research, 235-36 housing and residential care, 226-28, 237 income supports, 226 mortality gap and, 224-26, psychosocial interventions, 231 - 34treatment issues, 228-31 workforce challenges, 234 QTc prolongation, 159 quality of life, 123-24, 207, depression and, 123, 130 public policy goal, 236 subjective, 123 quetiapine, 35, 37, 159 cardiovascular risk, 84 dosing, 162 selected studies, 154 raloxifene, 162 randomized controlled trials (RCTs), 244, 245, 246 reciprocity, and caring, 190 recovery model, 96, 208 recovery prospects in late life schizophrenia, 99-101 recovery-oriented rehabilitation, 231 rehabilitation psychosocial. See psychosocial rehabilitation recovery-oriented, 231 rehabilitation programs, 223 relapse prevention training, 172 religion, 232 Remission in Schizophrenia Working Group, 99, 100 Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), 71

Research Domain Criteria

(RDoC), 59

residential care, 226-28, 237 drift to, 232 payment for, 226 respiratory disorders, 81-82, mortality risk, 81 prevalence rates, 82 revascularization, 84 reverse-integrated models, 87 risperidone, 35, 37, 147, 157 cognition study, 72 comparison drug, 152 dosing, 162 long-acting injectable, 152 selected studies, 150 role management, 170 Sajatovic, M., 171, 172 Saks, Elyn, 190 SAMHSA, 234 SCALE acronym, 177 scatter beds, 16 schizoaffective disorder, 31, 38 schizophrenia, 31, See also early-onset schizophrenia; late life schizophrenia; late-onset schizophrenia; very-lateonset schizophrenia-likepsychosis across cultures, 212-13 adverse symptoms, 205 age-related changes, 55 biomarkers of aging, 58-60 cognitive dysfunction. See cognitive dysfunction comorbidities in nursing homes, 18 cross-cultural differences in treatment, 215-17 diagnosis, 36-37 direct and indirect costs of, 13 essence of life, 203 functional imaging, 56 genetics, through life, 57-58 late life psychosis association, 8 life expectancy, 79, 169 living life whilst managing, metabolic syndrome and aging, 63-64 mortality rates, 6, 20, 79 neuroimaging in, 55-56 neuropathology, 60



256

Index

schizophrenia (cont.) outcomes in. See outcome in schizophrenia positive psychiatry interventions, 114 prevalence, 6, 246 prevalence in developing countries, 212 public policy issues. See public policy issues risk factors, 6 subjective accounts. See subjective accounts schizophrenia in older age. See late life schizophrenia schizophrenia-spectrum disorders, 36-40 schizophreniform disorder, 31 second generation antipsychotics, 34, 62, 147 older adults, 157 side effects, 157 secondary psychotic disorders, 28, 31, 35, 146 SEER database, 86 self-appraisals, 123 self-management. See illness self-management self-reports, 117, 118 Seligman, Martin, 112 sense of belonging, 208 sensory deficits, 50 sertraline, 35 sibling caregivers, 194 single photon emission computed tomography (SPECT), 57 skills training, 139 smoking, 85, 159, 224 social cognition, 121 social contact, 142 social functioning, 103, 117, 124 - 25determinants of, 121-22 measuring, 117-18 needs, 140 qualitative research, 122-23 quality of life, 123-24 quantitative research, 118 - 21social integration, 99 social isolation, 227 countering, 228, 232 social rejection, 205, 209 social roles, 119

Social Security Disability Insurance, 22, 226 Social Security Retirement Benefits, 226 Social Security Trust Fund, social skills, 120, 140, 142, 231 social skills training (SST), 176 social support, 119, 121 socio-economically disadvantaged, 16 socioethnodemography, 2 solving problems module, 177 spousal caregivers, 194 SSRIs, 130 challenges at work, 234 selection and training, 142 Standardized Mortality Ratio (SMR), 79, 80, start low and go slow, dosing, 161 stigmatization, 140, 141, 205, 209, 229 across cultures, 213 STRIDE program, 179-80 study design, 3 subjective accounts, 200-201, 245 between adversity and personal growth, 204-8 coping strategies, 203-4 methodological notes, 201 - 2narrating schizophrenia, searching for a voice, 208-9 subjective quality of life (SQOL), 123 substance abuse, 140, 225 substance/medication induced psychotic disorder, 31, 36 subsyndromal depression, 129, 131 successful aging, 96, 101, 124 Successful Aging Scale, 99 suicide, 38, 88, 128, 129-30, preventative measures, 225 Supplemental Nutrition Assistance Program (SNAP), 226 Supplemental Security Income

(SSI), 226

survival time, 2 survivor bias, 89, 113, 124 survivor effect, 244 tardive dyskinesia, 61-63, 161, 244 Targeted Training in Illness Management (TTIM), 171 - 72, 184technologies, innovative, 217 - 18mobile, 87, 185, 217, 248 telehealth, 87, 185, 248 telomere length, 59 tetrabenazine, 62 thiothixene, 148, 157 timing of exposure/outcome, 2 TNF-α biomarker, 59 traditional healers, 213, 216 traditional medicine, 215 transinstitutionalization, 17, 229 Treatment Advocacy Center (TAC), 195 two hit hypothesis, schizophrenia, 56 21st Century Cures Act, 234 under-prescription, cardiovascular drugs, 84, 86 under-treatment cancer, 86 cardiovascular disease, 84 medical disorders, 139 United Kingdom, caregivers in, 197 United States caregivers in, 196 late life schizophrenia prevalence, 14, 15 public policy issues, 223-37 unmet needs, 136, 137 aging caregivers, 192 environmental, 138 motivation and, 143 psychological, 139 psychosocial, 137, 246 valbenazine, 62, 161 ventricle to brain ratio (VBR), ventricles, enlarged, 55 verbal fluency impairments, 71 very-late-onset schizophrenialike-psychosis, 31, 36, 37, 47,51



Index

257

cognitive defects, 49
dementia and, 242
demographics, 47
positive and negative
symptoms, 48
treatment, 51
Veterans' Administration
(VA), 230, 237
videogame-based physical
activity program, 183
violent patient, 191

visual hallucinations, 33, 212 visuospatial impairments, 71 VLOSLP. See very-late-onset schizophrenia-likepsychosis

wellness programs, 232 white matter changes, 56, 57 women. See gender workforce challenges, 234 workforce, selection and training, 142 World Health Organization (WHO), 27, 212, 215 Wu, E.Q., 14

Yarborough, B.J., 179

ziprasidone, 155, 159 dosing, 162