

causal models, our data indicate that certain features of positive and negative symptoms affect perception of insight, whereas those with insight are more apt to develop closer personal relationships and use more clinical services. These findings suggest potential points of interventions in the care of older adults with schizophrenia.

Poster Number: EI 52

The VAGUS- Self-Report & Clinician-Rated Versions: A Novel Insight into Psychosis Scale for Use Across the Adult Late-Life Span

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Introduction: The aim of this study was to develop both self-report and clinician-rated versions of an insight scale that would be easy to administer, sensitive to small changes, inclusive of the core dimensions of clinical insight into psychosis, and applicable across the adult lifespan. The development and assessment of the VAGUS - Clinician-Rated and Self-Report versions are described.

Methods: Ten-item self-report (VAGUS-SR) and 5-item clinician-rated (VAGUS-CR) scales were designed based on previously validated scales, to measure the dimensions of insight into psychosis. The VAGUS-SR and VAGUS-CR were evaluated in 215 and 140 participants, respectively. Of the total sample, 15.9% were ≥ 60 years. Tests of reliability and validity were performed.

Results: Both the VAGUS-CR and VAGUS-SR showed good internal consistency ($\alpha \geq 0.745$) and reliability (intra-class correlation coefficients ≥ 0.843). They demonstrated good convergent and discriminant validity: Both versions were strongly correlated with one another ($r=0.69$, $p<0.001$) and with the Schedule for the Assessment of Insight (SAI) (VAGUS-CR, $r=0.82$, $p<0.001$; VAGUS-SR, $r=0.69$, $p<0.001$) and Birchwood Insight Scale (BIS) (VAGUS-CR, $r=0.66$, $p<0.001$; VAGUS-SR, $r=0.61$, $p<0.001$). Exploratory factor analysis identified three possible latent components of insight.

Conclusions: The VAGUS-CR and VAGUS-SR are novel, valid, reliable and easy to administer insight scales for use across the adult lifespan. They build on previously validated insight scales by including separate clinician-rated and self-report versions. The self-report version exhibited a multidimensional factor structure. Using a 10-point Likert scale for each item, the VAGUS has the capacity to detect small changes in insight scores, which is essential for intervention studies with neurostimulation or rapidly acting medications.

Figure 1. Convergence (r) for the VAGUS–Self-report & VAGUS–Clinician-Rated Versions with the Schedule for the Assessment of Insight (SAI)

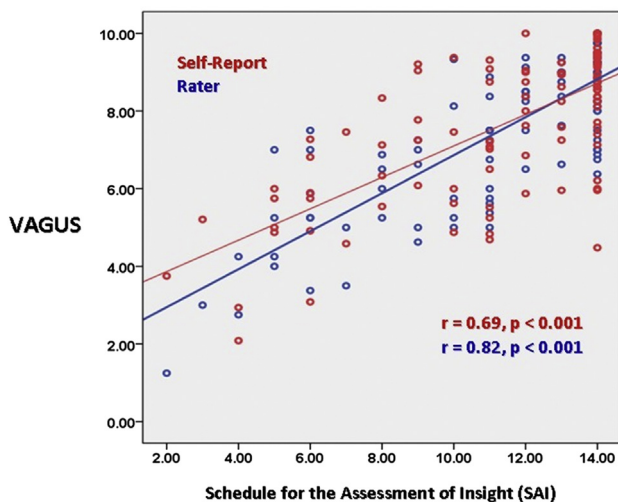
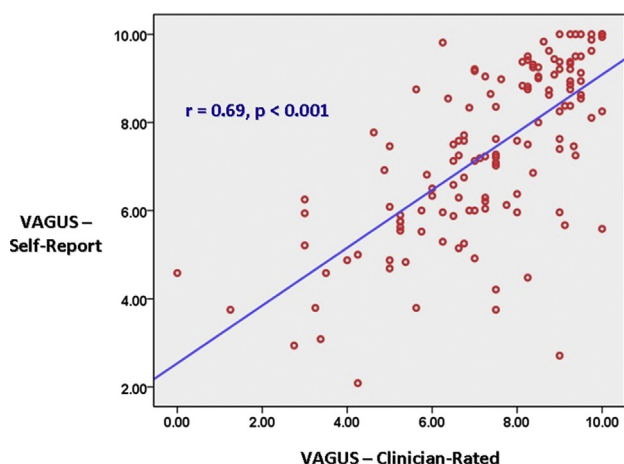


Figure 2. Convergence (r) between the VAGUS–Clinician-Rated & VAGUS–Self-report Versions



Poster Number: EI 53

Delusional Parasitosis In The Elderly: A Condition In Which Psychiatry, Neurology, and Endocrinology May Intersect

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Introduction: Delusional parasitosis is a condition characterized by a fixed, false belief that one is infested by creatures despite the absence of medical evidence to support such a claim. The belief is often accompanied by hallucinations consistent with the delusion, usually a somatic sensation of parasites crawling on the body and even a visual hallucination of the parasites. In most of the literature regarding this condition, patients have been consistently in their adult or middle-aged years (mean age of 57 according to one meta-analysis by Trabert in 1995[1]); however, there have been increasing reports in recent years of this condition in significantly older patients.

Methods: Literature review and case descriptions. Two recent papers describe delusional parasitosis in the elderly. In 2013, Ozten et al.[2] reported a case of a 70-year old Turkish woman who reported “feeling large worms moving in her body.” Medical workup revealed that the patient had Graves’ disease, and when her hyperthyroidism resolved, so did her delusion. The patient had recurrences of her delusion that coincided with her becoming hyperthyroid due to poor medication adherence. Ramirez et al.[3] identified a four patients with delusional parasitosis in a neuropsychiatric ward in Mexico between 2005 and 2009. All four were women, and three of them were over 70 years old. One woman, age 71, had neurocysticercosis; another, age 72, was deemed to have delusional parasitosis secondary to a “mixed condition” of cerebrovascular disease, diabetic neuropathy, and radiculopathy, and the third patient, also age 72, had delusional parasitosis secondary to dementia and polyneuropathy from vitamin B12 deficiency. We describe two additional cases of delusional parasitosis in the elderly: Mr. C is an 80-year old African-American man with no prior psychiatric history who had his first psychiatric evaluation in August 2012 for six weeks of continually picking his nose in an effort to extract “worms” which he described as “slimy,” wiggling, and “biting.” Mr. C even smoked cigarettes despite not being a smoker in an effort to “smoke them out” of his nose. Another case, Ms. M, is a 72-year old Hispanic woman who also had no prior psychiatric history and at age 68, developed the delusion that her neighbor’s dogs were constantly shedding “lice” which have been entering her home and crawling on her body at night. Ms. M engaged in extreme housecleaning efforts and also rubbed isopropyl alcohol on her skin as a way of warding off the “lice” during the daytime.

Results: Mr. C was hospitalized in a psychiatric unit for ten days. Admission laboratory results were notable for elevated BUN (33mg/dL), creatinine (2.57 mg/dL), and ammonia (40.8 mg/dL); the rest of the BMP, CBC, and LFTs were within normal limits. Toxicology screen and urinalysis were negative. Vitamin B12, folate, and TSH levels were all within normal limits. Brain CT indicated no acute findings, but did show “periventricular, deep white matter tract hypodensities that are likely secondary