First Episode Psychosis: Recognition, Assessment, and Treatment

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Learning Objectives

- What is prodrome vs. first episode of psychosis break?
- Challenges facing patients and families experiencing the first psychosis episode
- Treatment options and limitations
- Update on current research progress

Disease Course of Schizophrenia

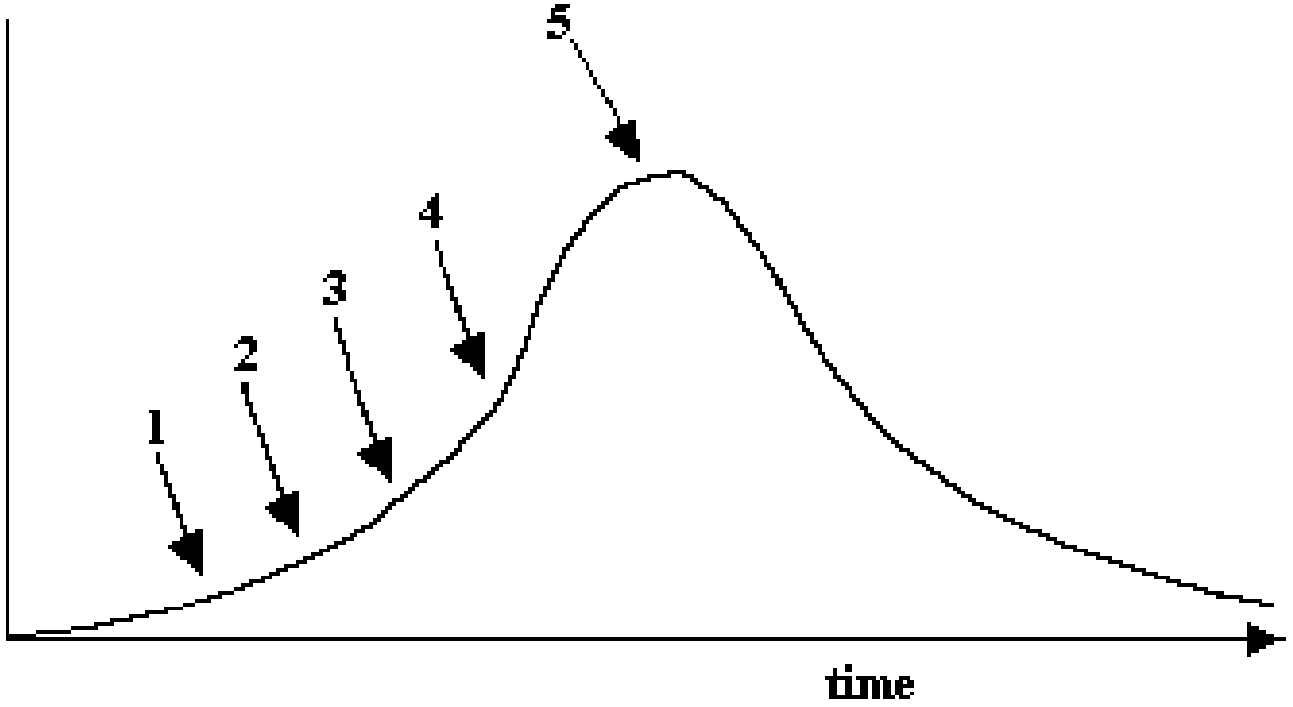
Prodrome Stage

First Break of Psychosis

Early Stage of Schizophrenia

Later Stage of Schizophrenia

Recognition of Prodrome



Arrow points: 1 = patient first notices some change in self, 2 = family or friends first notice some change in patient, 3 = patient first notices psychotic symptoms in self, 4 = family or friends first notice psychotic symptoms in in patient, 5 = first psychotic intervention. See text for amplification.

Yung & McGorry, 1996

Recognition of Prodrome

- Two of the most common complaints:
  1. Change in social interaction, social withdrawal
  2. Deteriorated functions at school or work

- Can be difficult to detect

- Very important to detect because there's emergent evidence of potential treatment options to delay or even stop psychosis onset

Recognition of Prodrome

Other common prodrome symptoms:

- Attenuated positive symptoms: distorted perceptions, strange thoughts, subtle communication difficulty
- Brief intermittent psychotic symptoms: subtle paranoia and hallucinations occur for short periods of time
- Some subtle functional decline in school or work and odd behavior

Schizophrenia Bulletin vol. 32 no. 2 pp. 209–211, 2006
doi:10.1093/schbul/sbj032
Advance Access publication on December 9, 2005

Kurt Snyder's Personal Experience with Schizophrenia

Kurt Snyder[1,2]

[2]Website: www.kurtsnyder.net/Schizophrenia.html.

My name is Kurt Snyder, and I have paranoid schizophrenia. I live in Arnold, Maryland, just outside Annapolis, in the United States. I developed schizophrenia gradually over a period of nine years, with the most severe symptoms appearing when I was twenty-eight years old. For most of those years, my family, friends, and colleagues were unaware that I was experiencing any mental problems.

My illness, as is true with all mental illnesses, started in the privacy of my own mind. My thoughts slowly wandered away from the normal range—I began to think less and less about daily life and more about a fantasy created in my mind. I cannot think of anything physical or psychological that could have triggered a change in my mental state. I had wonderful, supportive parents, relatives, and friends, and I had a wonderful childhood.

people about them. I was paranoid that so
would solve the riddle first if I provided the

At about the age of twenty-two, I had my
icant paranoid episodes. The first episode
when I was on vacation with my girlfriend, r
and his wife in the mountains. We had rented
gether. For some reason, I started to think at
from horror movies where an insane man bre
house and kills everyone. I actually started to
was going to happen to us. I created a fantasy
that we were very vulnerable and helpless, and
one was going to kill us. It did not occur to r
scenario was unlikely. The more I thought a
more I believed it was going to happen. I rem
I tried to reinforce the doors of the cabin v
Everyone else seemed bewildered by my beha
tually, however, I calmed down and went to

Later that year, I had two more minor pa
sodes. The first one happened when I hurt

Assessment of First Episode Psychosis

- When it occurs, everyone knows something is wrong
- Hallucinations are sensory perceptions in the absence of an external stimulus. The auditory type is common
- False beliefs, seemed fixed and held tight by the individual
- Disorganized thinking and behavior
- Lack of motivation and interests, and isolation

Assessment of First Episode Psychosis

- A traumatic and stressful experience to the person
- Confusing and difficult for family to understand and manage
- Severe disruption of schooling and work
- Disruption of social relationships, isolates patients from friends and people around him/her

Treatment and Management Early Years After First Psychosis

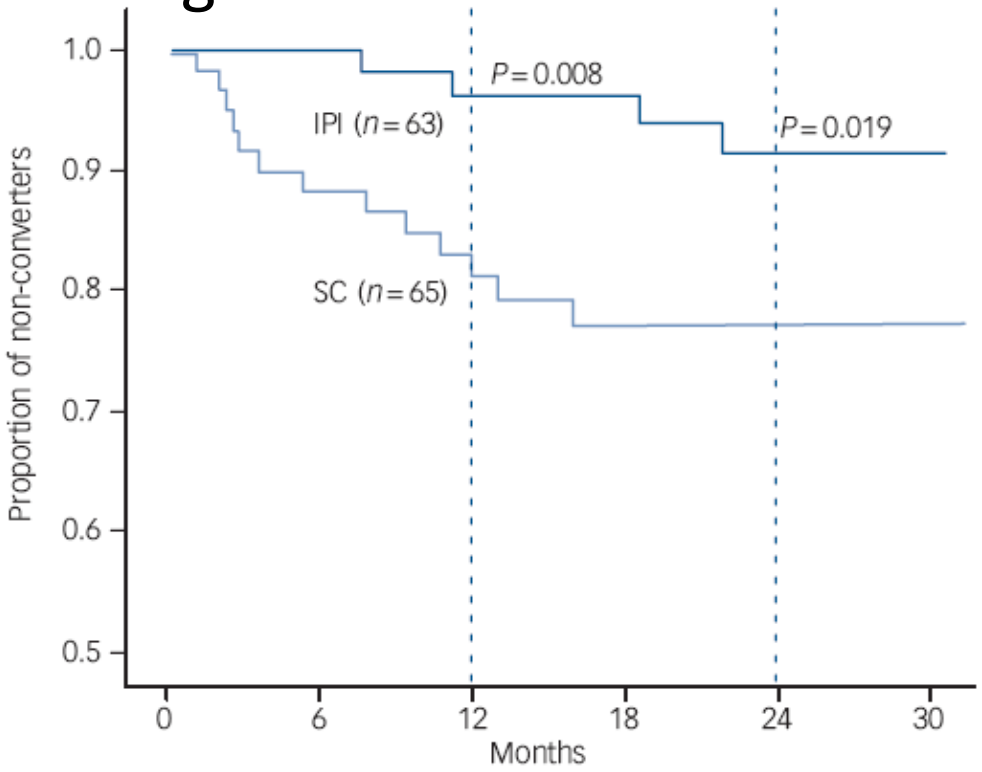
- Medication vs. no medication
- Therapy vs. no therapy
- Will it improve?
- Will it relapse?
- Work and school

Treatment Options Based on Research and Evidence

- Clinical trials to prevent the onset of psychosis
- Clinical trials to improve the outcome of first-episode psychosis

Therapy to Prevent Conversion to Psychosis

- Supportive counseling (SC)
- Integrated psychological intervention (IPI): combining cognitive-behavioral therapy, group skills training, cognitive remediation and multifamily psychoeducation

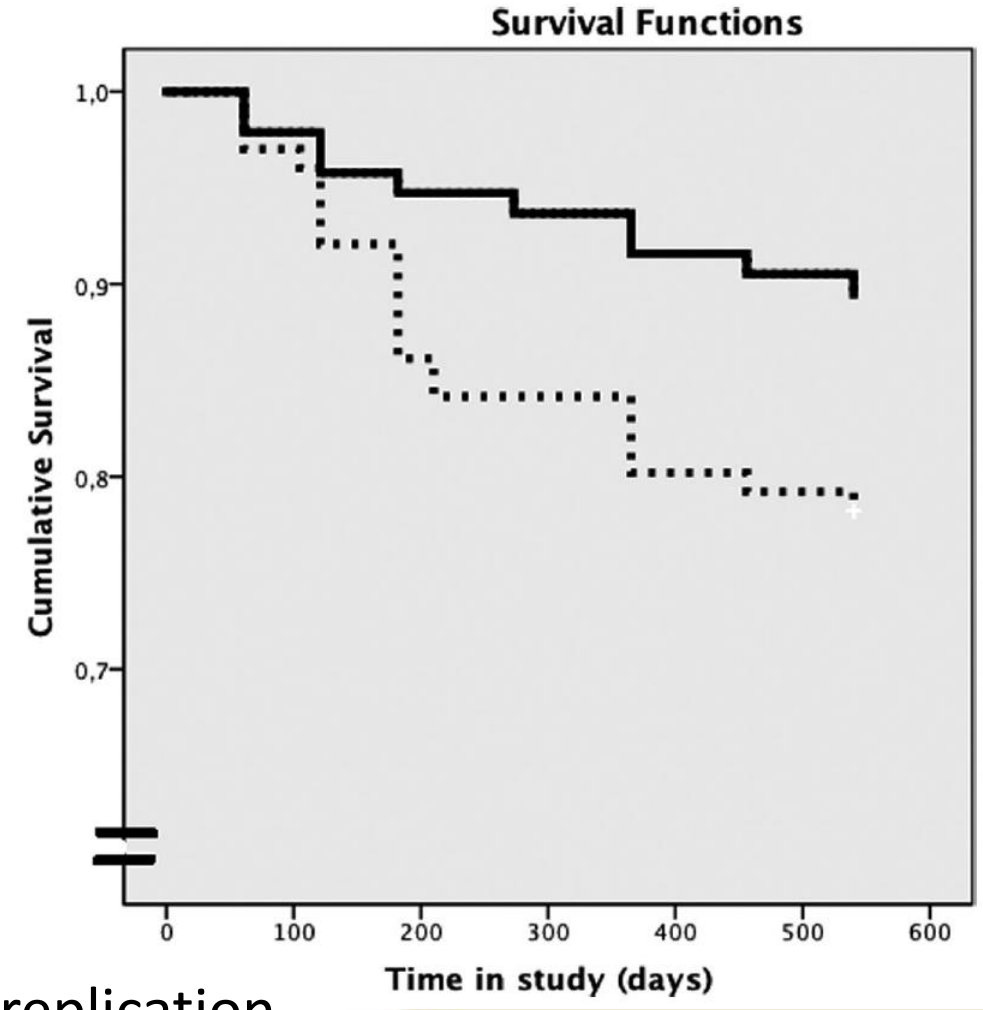


Caution: one small study, needs replication

Bechdolf et al.,2012

Therapy to Prevent Conversion to Psychosis

- Specialized cognitive behavioral therapy (CBT) that focuses on normalization of unusual experience
- Showed a favorable effect on preventing transition to psychosis and reduction of subclinical psychotic symptoms

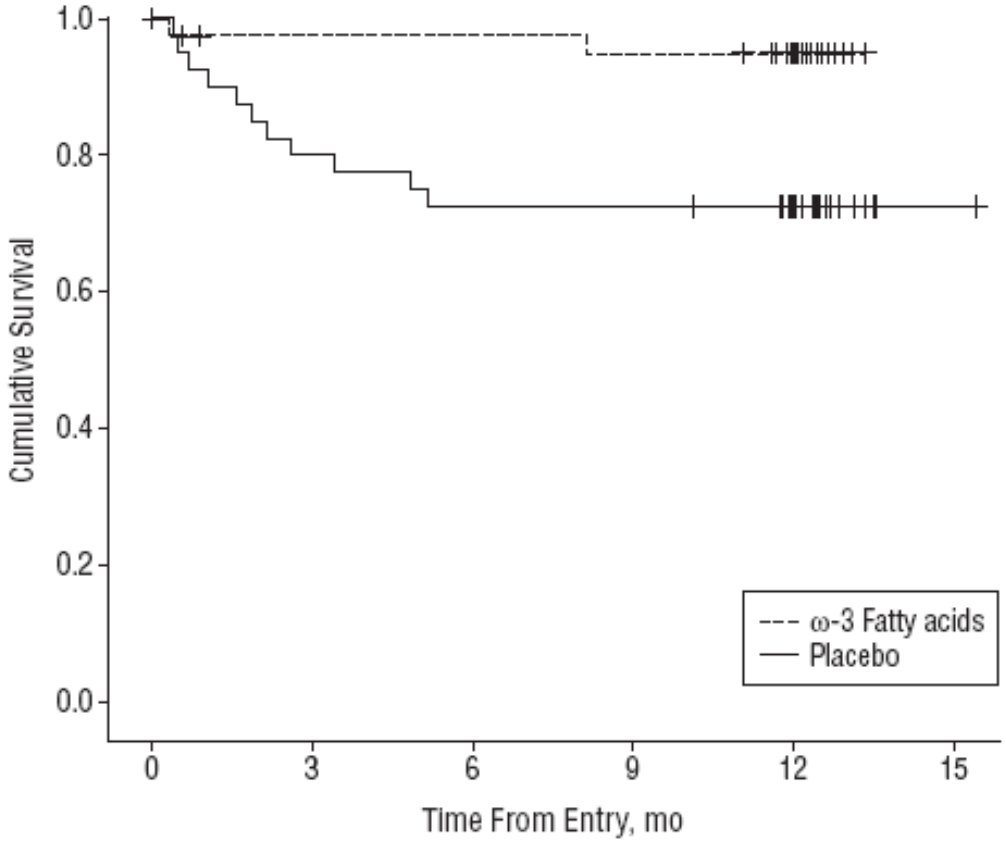


Caution: one small study, needs replication

van der Gaag et al., 2012

Dietary Supplement for Prevention of Conversion to Psychosis

- Long chain omega-3 polyunsaturated fatty acid vs. placebo
- 2 of 41 individuals (4.9%) in the treatment group and 11 of 40 (27.5%) in the placebo has a first episode



Caution: one study, needs replication

Amminger et al., 2010

Can Drugs and Therapy Help Prevent Conversion to Psychosis?

- There are reports of encouraging examples of success.
- However, most of these reports await replication.
- Analysis in combination of available data show that the evidence of success by various intervention is far from convincing (Marshall et al 2011).
- Even if they will reduce conversion to psychosis, for the foreseeable future, most individuals prone to have psychosis will still develop psychosis.

Marshall & Rathbone, 2011

Treatment to Prevent Relapse After First Episode - Priority

- **Pharmacological treatment is most important and most cost-effective way to treat psychosis and prevent relapse.**
- Meta-analysis showed that antipsychotics are most effective. Also, first-generation and second-generation antipsychotics are almost equally effective.*
- Drawbacks are side effects. Benefits outweigh risks in most cases.

* Alvarez-Jimenez et al., 2009

Should Patients Stop Medication After the First Episode is Treated?

- **NO** – not in principle.
- Do patients listen? Often not.
- An important area for clinicians managing patients who try to stop taking medication.
- In persistent, complete remission, reducing dose or stopping may be considered (see Wunderink et al) – but jury is out and should be very cautious.

Wunderink et al.. 2013

Should Patients Stop Medication After the First Episode is Treated?

- Patient autonomy vs. evidence-based assertive treatment recommendation.
- Build strong alliance with patients and family regardless of patient's current decision.
- Most patients who decide to stop medication before full, long remission eventually may need more treatment.

What Matters Most in First Episode Management

Two basic principles most experts agree on:

- First principle: Sooner the treatment begins after the first psychosis, shorter the duration of untreated psychosis, better the outcome
- Second principle: More comprehensive, higher quality pharmacology, therapy and psychosocial intervention, better the recovery

First Principle:
Reducing the Duration of Untreated Psychosis

- Meta-analysis of 43 publications on the issue*
- Shorter the duration, greater the response to antipsychotic treatment
- Longer the untreated psychosis, more severe the negative symptoms
- Duration is not related to the severity of positive symptoms, or global brain morphology or cognitive function impairment.

*Perkins et al.,2005

Second Principle:
Comprehensive, Sustained Treatment and Therapy

- Antipsychotic medications reduce symptoms, reduce disability associated with symptoms, and reduce chance of relapse.
- Comprehensive therapy and psychosocial support improve recovery and reduce disability.
- Many of our patients return to school and obtain full-time employment after first break of psychosis.
- Long-term management of side effects of antipsychotic medications is required in most patients.

The First Episode Clinic

- Website: **FirstEpisodeClinic.org**
- The first specialty care for FEC in the State of Maryland
- Expert clinical services and follow-up care for adolescents (12 & up) and young adults experiencing FEP
- **True recovery model where returning patients to employment, finishing school, living at the patients' full potential, is the ultimate goal**
- Strong emphasis in evidence-based FEP care using antipsychotic treatment, family support, and therapy
- Provide statewide consultation service

The First Episode Clinic

- Therapy: Weekly, biweekly, monthly.
- Psychiatric care: Weekly to monthly. Visits can be reduced to every month for some patients and even longer for most patients after they are stable.
- Group sessions are offered to most clinic patients.
- Family group therapy sessions are also available.

Statewide Consultation Service

- First episode patients are usually cared by private and community-based psychiatrists. We are here to provide assistance and consultation if requested.
- Accept consultation requests from schools, colleges, psychiatrists, primary care and pediatric care, state institutions.
- Provides consultations on diagnosis, treatment recommendations, and school and family management.
- On-site (1 to 3 visits) and telephone consultations are welcome.

Research Is Needed to Improve Care

- Utilizing cutting edge brain imaging, clinical trials, and neurophysiology research expertise
- Identifying how stress response is affecting age of onset and outcome in early psychosis
- Longitudinal study of brain and functional response to treatment
- Identify genetic and environmental stress factors contributing to first episode psychosis

Conclusions

- Finding better treatment for psychosis is a top priority for NIH and many research institutions
- **Early recognition, early access, and early treatment**
- Rapid progress is being made toward finding cause and treatment, but lack of new treatment remains a challenge and requires research effort
- Available drugs and therapy are effective for improving symptoms and reducing disability, when appropriately managed

For more information, or to schedule an intake appointment or consultation, visit **FirstEpisodeClinic.org**.

Resources and references for this module are available under Implementation Resources.