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First Episode Psychosis

Identifying at risk individuals,
understanding rationale

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Objectives:

1. What is psychosis?
 - How frequent is it?
 - What are hallmark features?
2. How do we identify these at-risk and ill individuals in the community?
3. What is the rationale behind early intervention?
4. The H.O.P.E. program at CMHA York region – a model for community intervention.

Psychosis: What is it?

- ▶ fundamental derangement of the mind characterized by defective or lost contact with reality especially as evidenced by delusions, hallucinations, and disorganized speech and behavior (Merriam-Webster's Dictionary)
- ▶ Multiple disorders or diseases can lead to psychotic symptoms

Psychosis: What is it?

- ▶ Disorders that often present with psychosis include:
 - Bipolar Disorder
 - Schizophrenia
 - Schizoaffective Disorder
 - Drug Induced Psychosis
 - Depression with Psychotic Features
 - Delusional Disorder
 - Post Partum Psychosis
 - Dementia
 - Etc. .

Psychosis: What is it?

- ▶ Symptoms that often are seen in an individual suffering from psychosis include:
 - Positive symptoms
 - ▶ Hallucinations, delusions, disorganized thought and behaviour.
 - Negative symptoms
 - ▶ Poverty of thought and affect
 - ▶ Emotional withdrawal
 - ▶ Apathy, motor and mental slowing

Psychosis: What is it?

- ▶ Depression, anxiety and social and functional disability are also associated
- ▶ Legal problems, problems with employment and suicide and violence are also associated problems.

Psychosis: How frequent is it?

- ▶ All psychotic disorders have a prevalence of >2%
- ▶ Annual incidence is 30.4/100,000
- ▶ Found in both men and women
- ▶ Presenting at all ages but commonly teens and twenties.

First Episode Psychosis:

- ▶ The first experience of psychosis in an individual previously not known to suffer from a psychotic illness.
- ▶ Practically, each program must identify their criteria for first episode psychosis.
- ▶ The reason for separating out this group is due to their unique characteristics and need for specialized treatment

First Episode Psychosis:

- ▶ Early signs often appear prior to the first psychotic episode which may be markers of impending onset.
- ▶ Prodromal symptoms are often identified retrospectively and cannot accurately predict exactly who will go on to develop psychosis
- ▶ They may be treated but this has not been shown to prevent the onset of psychosis

First Episode Psychosis:

▶ Prodromal symptoms:

- Social withdrawal
- Decreased grooming
- Poor functioning or change in usual function at school or work
- Odd behaviour
- Depression
- Anxiety
- Substance abuse

First Episode Psychosis: Identifying at risk individuals

John is an 18 year-old boy who has recently been seen by his school guidance counselor as his grades have deteriorated and he has frequently been caught using marijuana at home and in school.

John has displayed some odd behaviors in class including “spacing out” and talking to himself at times.

John denies any problems

First Episode Psychosis: Identifying at risk individuals

Questions:

1. What do we do next?
2. What questions do we ask John?
3. Is John psychotic?
4. Should John be referred to a first episode psychosis program?

Early Intervention:

What makes this approach different?

1. Using known and approved treatments in a modified way for a treatment-naïve population.
2. Providing easy access to services and actively seeking out cases not only in hospital but in the community.

Early Intervention:

Why intervene early?

- ▶ If the duration of untreated psychosis (DUP) is reduced the outcome or prognosis might be more favorable.
- ▶ >12 month delay in treatment of psychosis may be associated with poor outcome
- ▶ With adequate treatment 80% of young people show remission of psychotic symptoms

Early Intervention:

- ▶ Long term outcomes include a favorable, deteriorating or treatment resistant course.
- ▶ If treatment is to improve outcome studies have shown that the first 3-5 years of the illness are most important.

Early Intervention: What do we do differently?

- ▶ Case management approach
- ▶ Low dose antipsychotic medication use
- ▶ Special attention to substance abuse
- ▶ Special attention to school, social and occupational functioning
- ▶ Involvement of the families
- ▶ Use of different modalities including CBT, peer groups, psychoeducational programs

Early Intervention: Evidence of efficacy

- ▶ Randomized controlled trials have shown efficacy in the short term
 - Improved adherence to treatment
 - Lower aggression and suicidal behaviour
 - Lower relapse and hospitalization rates
 - Better quality of life and functional outcome
- ▶ Efficacy has yet to be proven for long term prognosis and the duration of these treatments needed is unknown

H.O.P.E.: Helping Overcome Psychosis Early

- ▶ Covering York Region and South Simcoe
- ▶ Unique in that we are community based and not hospital based
- ▶ Referrals from the community are accepted
 - Parents
 - Schools
 - Legal system
 - Hospital
 - Doctors

H.O.P.E.: Helping Overcome Psychosis Early

- Our experience
- Benefits
- When to refer?
- Who is accepted?
- Why choose early intervention over standard care?
- Obstacles at present

Conclusions:

- ▶ Psychosis is a common problem and catching it during the first episode may have benefits for both the individual and society.
- ▶ Early intervention has been shown to provide a variety of benefits and still requires further research as to all outcomes

Conclusions:

- ▶ Symptoms and signs that occur before and during the first psychotic episode may make it easier for people in contact with these individuals to bring them to early clinical attention
- ▶ Not everyone with prodromal symptoms will develop psychosis but awareness of these symptoms may help to identify at-risk individuals

Conclusions:

- ▶ Future goals include identifying the length of specialized treatment necessary, the impact of outcome of these services and further modifications to early intervention practices to optimize these interventions.
- ▶ Challenges include family intervention, substance abuse, lack of education, identifying cases and finding resources.

Questions:

