Early intervention in psychosis

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1. Background
2. Early intervention: Why?
3. Early intervention: How?
4. Advantages of specialized early intervention
Psychotic disorders: The problem

Disability Cost

- Symptoms
- Occupational dysfunction
- Physical morbidity
- Caregiver burden
- Social dysfunction
- Substance use

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Psychotic disorders: Costs in Europe

Gustavsson et al. Eur Neuropsychopharmacol 2011
Early intervention: Seminal observations

Impact of duration of untreated illness
› poorer outcomes regrading symptom severity and remission rates
› poorer social cognition and cognitive impairment
› increased social isolation, unemployment and homelessness
› increased rates of self-harm and violence

Prodromal phase
› 5 years in advance of a first psychotic episode
› characteristics: attenuated or unspecific symptoms and/or functional decline
› 73% of patients
Operationalized early detection

**Basic symptoms**
- Subjective disturbances in perception, cognition and language

**Ultra high-risk criteria**
- Attenuated psychotic symptoms (APS)
- Brief limited intermittent psychotic symptoms (BLIPS)
- Genetic risk and functional deterioration

**Prognosis**
- Probability of psychotic transition 36%
- Most transitions within 2-3 years
- Mostly schizophrenia spectrum disorders

Fusar-Poli et al. Schizophr Bull 2013
Why treat in the early stages?

**Benefit?**
- Most patients at high risk will not develop a psychotic transition
- Probability of psychosis much higher than in the general population
- Psychotic transition is not the only problem:
  - Persistent or recurrent APS in 1/3 of patients
  - High rates of non-psychotic psychiatric disorders (substance use, affective, anxiety disorders)
  - Long-term functional impairment

**Risks?**
- (self-)stigmatization
- Unnecessary treatment with antipsychotics
- (self-)stigmatization occurs long before help-seeking
- Stigma is associated with symptoms rather than psychiatric services
- Inappropriate treatment with antipsychotics in 20% of high-risk patients at the time of referral

Corcoran CM, AMA J Ethics 2017
Nieman et al., Int J Psychopharmacology 2009

→ Prejudice and ignorance cause more harm than specialist treatment
→ Information increases patient autonomy
Treatment options in the early stages of psychotic disorders

Treatment goals
› Prevent psychotic transition
› Improve comorbid disorders such as depression, anxiety and substance use
› Prevent/improve functional impairments

Key elements of treatment
› Integrated, multidisciplinary approach
› Similar for high-risk and first-episode patients:
   › Symptom monitoring and management
   › Psychoeducation
   › Improvement of social skills/cognition
   › Treatment of comorbidities and reduction of substance use
   › Crisis management
   › Family intervention/support
   › Psychosocial support for housing, educational or vocational difficulties
› Antipsychotic medication: different guidelines for high-risk vs. first-episode patients
   › high-risk patients: least restrictive approach – antipsychotic treatment reserved for severe, progressive or refractory symptoms, no long-term maintenance treatment
Advantages of specialized early intervention

› Reduction of psychotic transition rates in high-risk individuals
› Reduction of duration of untreated illness in patients with a first psychotic episode
› Reduced need for inpatient treatment and compulsory admissions
› Cost-effectiveness compared to standard care

Van der Gaag et al., Schizophr Res 2013
Oliver et al., Schizophr Bull 2018
Fusar-Poli et al., Acta Psychiatr Scand 2016
Hastrup et al., Br J Psychiatry 2013
Park et al., Early Interv Psychiatry 2016

“refer for assessment without delay to a specialist mental health service or an early intervention in psychosis service”

NICE clinical guidelines CG155/2013; CG178/2014
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