Impending Signs of Psychosis: Focus on Caregiver and Patient Engagement

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Speaker Profiles

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Education: Dr. Millet received his medical degree from Louisiana State University School of Medicine in New Orleans, Louisiana. He completed his internship and residency in psychiatry at Duke University Medical Center in Durham, North Carolina. Dr. Millet is board certified in psychiatry by the American Board of Psychiatry and Neurology and he is a Distinguished Fellow in the American Psychiatric Association.

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Position: Mr. Morton is a Region IV Utilization Management Specialist at the Richmond Behavioral Health Authority (RBHA) in Richmond, Virginia where he provides utilization management to targeted individuals being treated in acute care settings where Local In-patient Purchase of Service (LIPOS) dollars are being spent as an alternative to admission to state facilities.

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Objectives

• Review the importance of early identification of schizophrenia

• Explore the warning signs of impending psychosis in schizophrenia

• Discuss considerations for healthcare providers in educating patients with schizophrenia and their caregivers
Polling Question

What do you think is the average length of time that patients experience psychotic symptoms before seeking treatment?

A. 1-6 months
B. 7-12 months
C. ≥1-2 years
D. >2 years
THE IMPORTANCE OF EARLY RECOGNITION AND ACTION
Recovery After an Initial Schizophrenia Episode-Early Treatment Program (RAISE-ETP): Study Overview

• Design
  – Multisite, randomized controlled trial comparing comprehensive, team-based treatment with usual care* in US community treatment centers

• Objective
  – The National Institute of Mental Health Recovery After an Initial Schizophrenia Episode (RAISE) Project tested whether early, aggressive, and pre-emptive intervention can slow or halt clinical and functional deterioration in schizophrenia

• Subjects
  – Patients ages 15 to 40 years with first-episode psychosis (N = 404)†

• Outcomes measured‡
  – Heinrichs-Carpenter Quality of Life Scale, Calgary Depression Scale for Schizophrenia, Positive and Negative Syndrome Scale (PANSS)

*Interventions: Core interventions (termed ‘NAVIGATE’) included personalized medication management, family psychoeducation, individual resiliency training, supported employment and education. Usual care included psychosis treatment determined by clinician choice and service availability.
†Patients had taken ≤6 months of lifetime antipsychotic medications.
‡Assessed every 6 months.

NIMH, National Institute of Mental Health; RAISE-ETP, Recovery After an Initial Schizophrenia Episode-Early Treatment Program (US); US, United States.

Over 2 years of treatment, compared to patients who received community care (n=181), those who received NAVIGATE (n=223)*:

- Remained in treatment longer (median 23 vs 17 months, \(p<0.004\))
- Were more likely to have received mental health outpatient services each month (mean 4.53 services [SD=5.07] vs 3.67 services [SD=5.93]; \(p=0.013\))
- Had greater gains in proportion of participants working or going to school at any time during each month (\(p<0.05\))
- Demonstrated greater improvement† on the
  - Quality of Life Scale Total Score (effect size 0.31; \(p<0.02\))‡
  - Positive and Negative Syndrome Scale (PANSS) Total Score (\(p<0.02\))
  - PANSS depressive factor (\(p<0.05\))
  - Calgary Depression Scale for Schizophrenia (\(p<0.04\))

*Interventions: Core interventions (termed ‘NAVIGATE’) included personalized medication management, family psychoeducation, individual resiliency training, supported employment and education. Usual care included psychosis treatment determined by clinician choice and service availability.
†Between baseline and 24 months.
‡Clinically meaningful magnitude.
SD, standard deviation.
IN YOUR CLINICAL PRACTICE, HOW DO YOU ENGAGE/SPEAK TO PATIENTS FOR WHOM YOU SUSPECT A DIAGNOSIS OF SCHIZOPHRENIA WHO DO NOT THINK THAT THEY HAVE THE CONDITION?
PREDICTING PSYCHOSIS: WARNING SIGNS
Potential Early Signs of Psychosis Relapse

• An estimated 80% of those treated for a first episode of psychosis will relapse within 5 years
  – Cumulative relapse rates are 78% and 86% for 2nd and 3rd relapses during this period
• Studies suggest that majority of patients with psychosis experience changes in thoughts, feelings, and/or behaviors 2–3 weeks before relapse
  – Monitoring conventional early signs (anxiety, dysphoria, insomnia, poor concentration, and attenuated psychotic symptoms) has been reported to have modest predictive validity
• Two factors are associated with more sensitive assessment of relapse risk:
  – Frequent assessment of early signs (weekly or biweekly)
  – Inclusion of a wide variety of possible early signs in monitoring assessments
• Basic symptoms may also be used in assessing relapse risk
  – Definition: subclinical, qualitative disturbances in experience of oneself and the world
  – More common in people with/at risk of psychosis than in other groups (other psychiatric diagnoses or the general population)

Predicting Psychosis

- Subtle changes in thought, affect and behavior generally precede psychosis
  - Dysphoric symptoms (depressed mood, withdrawal, sleep and appetite problems) are most commonly reported
  - Psychotic-like symptoms (sense of being laughed at or talked about) are less frequent
- Symptoms generally occur in a predictable order
  - Non-psychotic symptoms early, followed by increasing levels of emotional disturbance, then development of psychotic symptoms
- Progression usually occurs over <4 weeks
- Studies have reported that psychotic relapse can be predicted with a sensitivity of 50–79% and a specificity of 75–81%*
- There is variability between individuals in the nature and timing of their early warning signs
  - Prediction is more accurate if individualized

*When standardized measures of “neurotic” or “dysphoric” symptoms are combined with low-level psychotic symptoms and assessments are made at least fortnightly.
Potential Warning Signs of Psychosis

<table>
<thead>
<tr>
<th>Warning Sign</th>
<th>Description</th>
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<tbody>
<tr>
<td>Worrisome drop in grades or job performance</td>
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<tr>
<td>New trouble thinking clearly or concentrating</td>
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<tr>
<td>Suspiciousness, paranoid ideas or uneasiness with others</td>
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<tr>
<td>Withdrawing socially, spending a lot more time alone than usual</td>
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<tr>
<td>Unusual, overly intense new ideas, strange feelings or having no feelings at all</td>
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<tr>
<td>Decline in self-care or personal hygiene</td>
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<tr>
<td>Difficulty telling reality from fantasy</td>
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<tr>
<td>Confused speech or trouble communicating</td>
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Any one of these items alone may not be significant, but if several signs are present, patients/caregivers should consult a mental health professional.

Warning Signs of Early Psychosis

Important messages for your patients and their caregivers

• They are not alone
  – Psychosis is common
  – ~100,000 young people in the US experience psychosis each year
  – 3 in 100 will have an episode during their lives

• Psychosis is treatable
  – Getting help in the early stages or first episode is thought to provide the best hope for recovery

• Help is available
  – Contact a healthcare professional if you are experiencing early warning signs

Warning Signs of Early Psychosis

- Suspiciousness or extreme uneasiness with others
- Hearing, seeing, tasting, or believing things that others don’t
- Persistent, unusual thoughts or beliefs
- Strong and inappropriate emotions (or none at all)
- Withdrawing from family or friends
- Sudden decline in self-care
- Trouble thinking clearly or concentrating

IN YOUR CLINICAL OPINION, WHAT SYMPTOMS ARE MOST SUGGESTIVE/INDICATIVE OF A POTENTIAL DIAGNOSIS OF SCHIZOPHRENIA IN AN UNDIAGNOSED PATIENT?
Polling Question

In your estimation, what percentage of your patients can recognize signs of relapse?

A. 1-10%
B. 11-20%
C. 21-30%
D. 31-40%
E. >40%
PATIENT AND CAREGIVER EDUCATION: IDENTIFYING A RELAPSE SIGNATURE AND FORMULATING AN ACTION PLAN
The Role of Family Therapy in the Management of Schizophrenia

- Schizophrenia has significant impact not only on those with the disorder, but also their families/caregivers.
- It is estimated that in Western countries, 50–80% of patients with schizophrenia are in close contact with their relatives and friends.
- When patients return to the community after an admission/contact with mental health services, their relatives are the main support system.
- Caregivers frequently report feelings of guilt and blame from feeling that they failed to help their relatives soon enough or that they missed key signs and symptoms indicative of illness.
- A meta-analysis reported that family interventions in early psychosis significantly reduced relapse and readmission rates.

Educating Caregivers of Patients With Schizophrenia: Engagement Strategies

- **Hold conversations in a quiet and calm location**
- **Remain calm and controlled**
  - Keep in mind that if the person is experiencing delusions, their feelings and beliefs are real to them

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>DON’T</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay calm and speak quietly</td>
<td>Become confrontational, be judgmental or argue with what the person is telling you, even when the person’s thoughts and beliefs may not be based in reality</td>
</tr>
<tr>
<td>Share your observations or mention activities the person has stopped doing</td>
<td>Talk about “psychosis”. The person may not be ready to hear this. Focus on getting help</td>
</tr>
<tr>
<td>Listen carefully and reflect what you hear so the person knows you’re listening (empathize)</td>
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<tr>
<td>Ask about the person’s goals and concerns and share how getting help can address them (give examples); mention non-clinical service support (education and employment), if relevant</td>
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<tr>
<td>Suggest that the person try getting help. Reassure him or her that, if the support doesn’t feel right, then you’ll work together to find another option</td>
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<tr>
<td>Be hopeful, supportive and encouraging</td>
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Identification of Relapse Signature and Determination of the Action Plan

• Try to determine individualized relapse signature
  – Set of general and idiosyncratic symptoms, occurring in a specific order, over a particular time period, that serve as early warning signs of impending psychotic relapse

• Next, patients are supported in constructing an action plan

<table>
<thead>
<tr>
<th>Areas Considered for Intervention</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathways to support</td>
<td>How to contact mental health services at any time</td>
</tr>
<tr>
<td>Service interventions</td>
<td>Anxiety/stress management, cognitive therapy, temporary increase in medication</td>
</tr>
<tr>
<td>Personal coping strategies</td>
<td>Successful strategies employed in the past or new approaches suggested by relapse signature</td>
</tr>
</tbody>
</table>

Non-specific and Psychotic Symptoms That May Constitute Early Warning Signs of Psychotic Relapse

<table>
<thead>
<tr>
<th>Thinking/perception</th>
<th>Feelings</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoughts are racing</td>
<td>Feeling helpless or useless</td>
<td>Difficulty sleeping</td>
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<tr>
<td>Senses seem sharper</td>
<td>Feeling afraid of going crazy</td>
<td>Speech comes out jumbled or filled with odd words</td>
</tr>
<tr>
<td>Thinking you have special powers</td>
<td>Feeling sad or low</td>
<td>Talking or smiling to yourself</td>
</tr>
<tr>
<td>Thinking you can read minds</td>
<td>Feeling anxious and restless</td>
<td>Acting suspiciously as if being watched</td>
</tr>
<tr>
<td>Thinking others can read your mind</td>
<td>Feeling increasingly religious</td>
<td>Odd behavior for no reason</td>
</tr>
<tr>
<td>Receiving personal messages from TV or radio</td>
<td>Feeling like you’re being watched</td>
<td>Spending time alone</td>
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<tr>
<td>Having difficulty making decisions</td>
<td>Feeling isolated</td>
<td>Neglecting your appearance</td>
</tr>
<tr>
<td>Experiencing strange sensations</td>
<td>Feeling tired or lacking energy</td>
<td>Acting like you are someone else</td>
</tr>
<tr>
<td>Preoccupied about 1 or 2 things</td>
<td>Feeling confused or puzzled</td>
<td>Not seeing people</td>
</tr>
<tr>
<td>Thinking you might be someone else</td>
<td>Feeling forgetful or far away</td>
<td>Not eating</td>
</tr>
<tr>
<td>Seeing visions or things others can’t</td>
<td>Feeling in another world</td>
<td>Not leaving the house</td>
</tr>
<tr>
<td>Thinking people are talking about you</td>
<td>Feeling strong and powerful</td>
<td>Childish behavior</td>
</tr>
<tr>
<td>Thinking people are against you</td>
<td>Feeling unable to cope with everyday tasks</td>
<td>Refusing to do simple requests</td>
</tr>
<tr>
<td>Having more nightmares</td>
<td>Feeling like you are being punished</td>
<td>Drinking more</td>
</tr>
<tr>
<td>Having difficulty concentrating</td>
<td>Feeling like you cannot trust others</td>
<td>Smoking more</td>
</tr>
<tr>
<td>Thinking bizarre thoughts</td>
<td>Feeling irritable</td>
<td>Slow movements</td>
</tr>
<tr>
<td>Thinking your thoughts are controlled</td>
<td>Feeling like you do not need sleep</td>
<td>Unable to sit down for long</td>
</tr>
<tr>
<td>Hearing voices</td>
<td>Feeling guilty</td>
<td>Aggressive behavior</td>
</tr>
<tr>
<td>Thinking that part of you has changed shape</td>
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