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Early Intervention in Psychosis

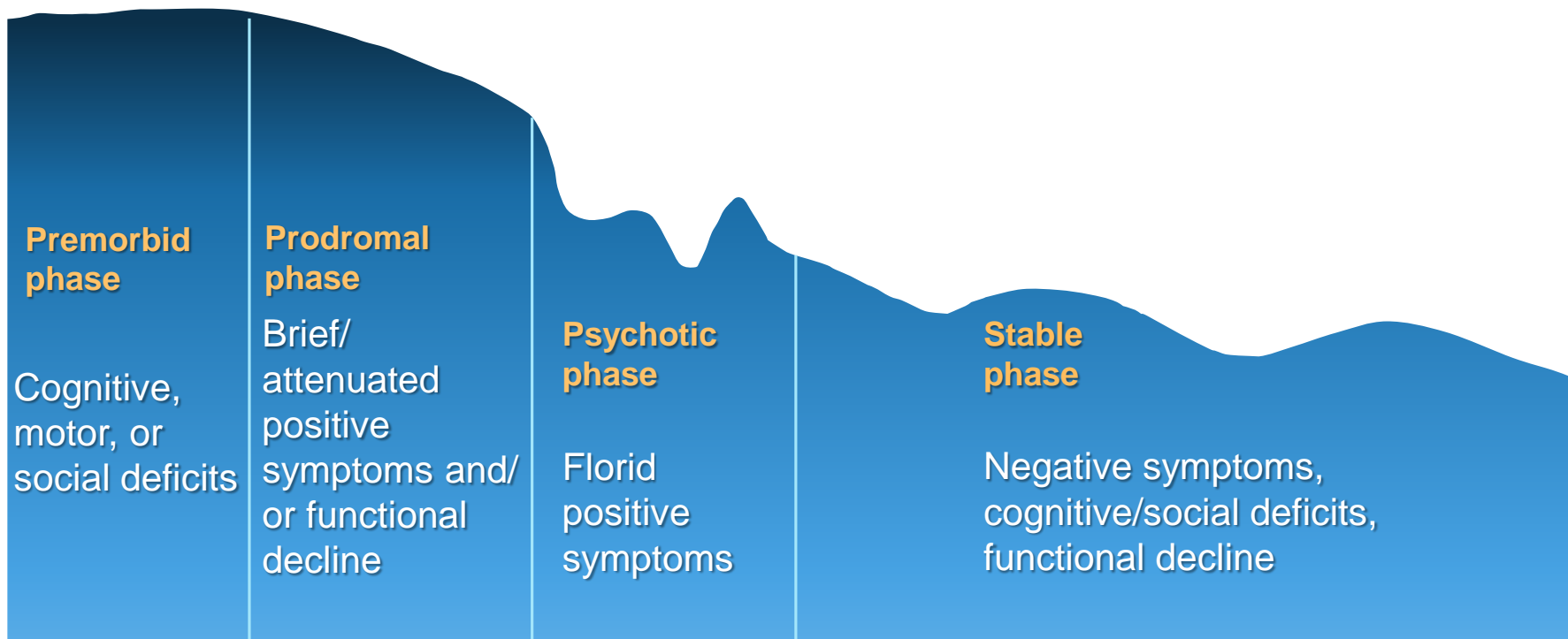
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Theoretical Course of Illness for Schizophrenia



1. Adapted from Tandon R et al. *Schizophr Res.* 2009;110:1–23.

Why Is Early Intervention in Schizophrenia Needed?

- Schizophrenia is a major source of disability in the US¹:
 - In 2010, estimated disability-adjusted life years per 100,000 persons was 242.4¹
- According to market research, annual total cost in the US was estimated at \$155.7 billion (2013 US dollars)²:
 - Including \$37.7 billion in direct healthcare costs, \$9.3 billion in total direct nonhealthcare costs, and \$117.3 billion in total indirect costs (including unemployment and caregiving)
- Less than 20% of people with schizophrenia make a full recovery after the first episode³
- Early phase of psychosis may represent a “critical period” for determining long-term outcomes⁴
- Potential impact of early phase of psychosis⁵:
 - Traumatic, and drives disabling psychological responses
 - Accumulative cognitive disturbance

US, United States.

1. Institute for Health Metrics and Evaluation. *The State of US Health: Innovations, Insights, and Recommendations From the Global Burden of Disease Study*. Seattle, WA: IHME; 2013. http://www.healthdata.org/sites/default/files/files/policy_report/2013/USHealth/IHME_GBD_USHealth_FullReport.pdf. Accessed Aug 7, 2015;
2. Data on file (HEOR-001);

3. Cannon M et al. *J Neurol Neurosurg Psychiatry*. 1996;61:604-613;
4. Birchwood M et al. *Br J Psychiatry Suppl*. 1998;172:53-59;
5. Mental Health Network NHS Confederation. IRIS guidelines update. Sept 2012. Available at: www.iris-initiative.org.uk/silo/files/iris-guidelines-update--september-2012.pdf. Accessed Aug 7, 2015.

What Is Early Intervention in Psychosis?

- Elements of early intervention in psychosis¹:
 - Early detection
 - Phase-specific treatment targeting to patients in the prodrome or early stages of psychosis, and directed at trying to prevent progression to psychosis or promoting recovery, respectively
- Primary aims described in the management of first-episode psychosis²:
 - Reduce time between the onset of psychotic symptoms and effective treatment
 - Accelerate the recovery process through effective biological and psychosocial interventions
 - Lessen the negative impact of psychosis on individuals and maximize social and work functioning
 - Prevent relapse and treatment resistance

1. Marshall M et al. *Cochrane Database Syst Rev*; 2011 (6):CD004718. doi: 10.1002/14651858.CD004718.pub3;

2. Spencer E et al. *Adv Psychiatric Times*. 2001;7:133-142.

First 3 Years of Psychosis as a Critical Period

Socially¹

- Psychosis affects young people at a key time for establishing social “capital” to draw on for their futures
- The longer these developmental processes are compromised, the worse the personal and social consequences will be

Psychologically¹

- The experience of psychosis is traumatic and drives disabling psychological responses
- Accumulative cognitive disturbance
- These are the psychological engines of disability.
- The longer they persist, the more pervasive and enduring their effects will be

Cognitively²

- Prodromal deficits are significantly worsened at onset of psychosis and continue for several years (ie, over 20 years after onset)

1. Mental Health Network NHS Confederation. IRIS guidelines update. Sept 2012. Available at: www.iris-initiative.org.uk/silo/files/iris-guidelines-update--september-2012.pdf. Accessed Aug 7, 2015;
2. Keefe R. *J Clin Psychiatry*. 2014;75 Suppl 2:8-13.

Medical Rationale for Early Intervention in This Population

Long duration of untreated psychosis is likely to be associated with:

- Longer time to remission¹
- Decreased level of remission¹
- More severe positive and negative symptoms^{1,2}
- Poorer quality of life^{1,2}
- More relapses³
- Greater cognitive impairment³
- Poorer treatment response⁴

Early phase of psychosis may represent a “critical period” for determining long-term outcomes⁵

1. Malla A et al. *Aust N Z J Psychiatry*. 2003;37:407-413;
2. Harrigan SM et al. *Psychol Med*. 2003;33:97-110;
3. Scully PJ et al. *Psychol Med*. 1997;27:1303-1310;

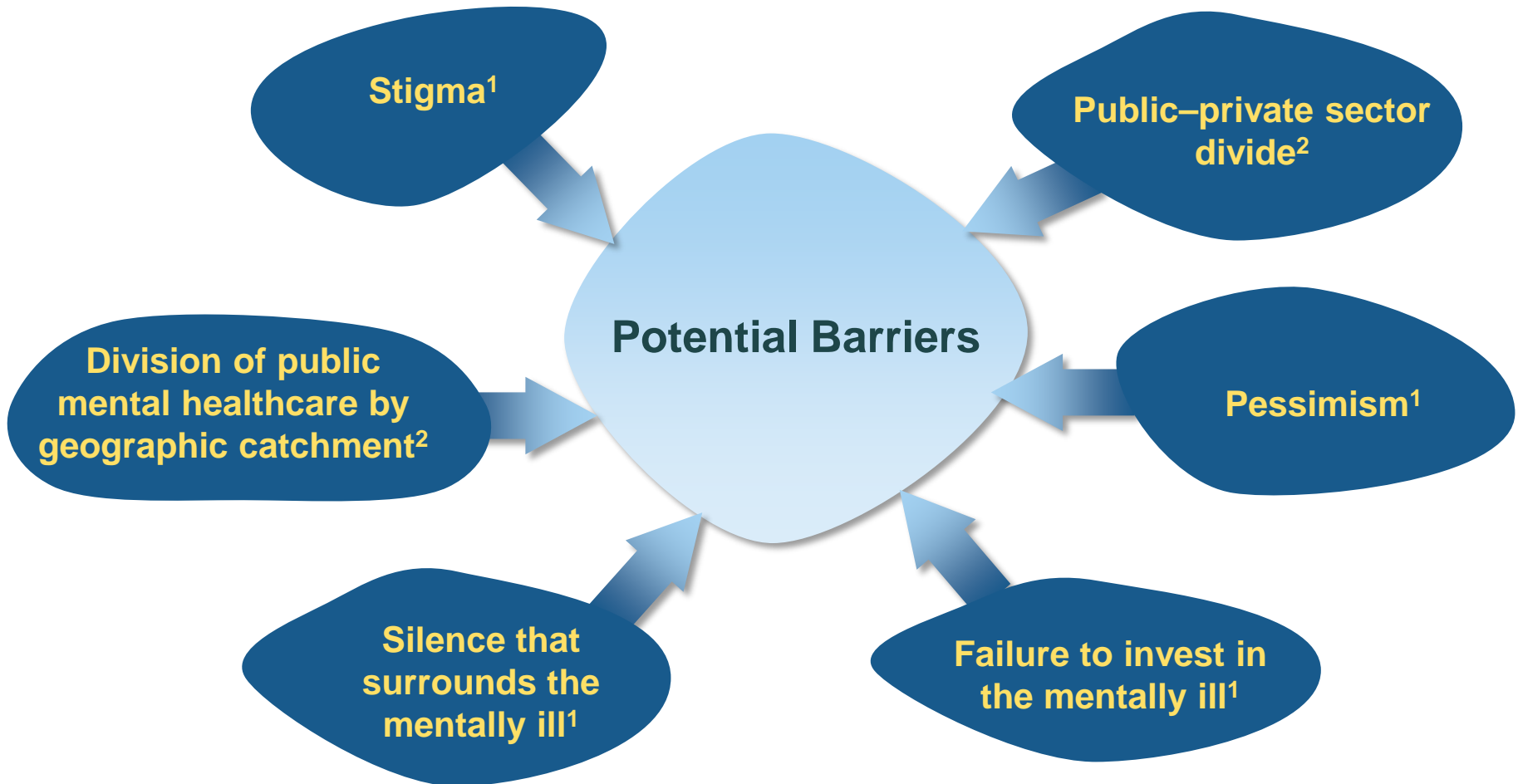
4. Haas GL et al. *J Psychiatric Res*. 1998;32:151-159;
5. Birchwood M et al. *Br J Psychiatry Suppl*. 1998;172:53-59.

Role of Antipsychotic Medications in Early Intervention

- Studies have demonstrated that first-episode patients may often respond to low doses of antipsychotic medications¹:
 - Some studies have shown that more than 80% of such patients who do not receive antipsychotic treatment may experience some recurrence of symptoms in the 5 years after remission¹
- Antipsychotics should be offered in conjunction with psychosocial and vocational programs¹
- Metabolic side effects are of concern with these young patients because there is a risk for longer term medical problems²

1. Lehman AF et al. *Am J Psychiatry*. 2004;161(2 Suppl):1-56;
2. Robinson DG et al. *Schizophr Bull*. 2005;31:705-722.

Potential Barriers to Early Intervention



1. McGorry PD et al. *World Psychiatry*. 2008;7:148-156;
2. Srihari VH et al. *Psychiatr Clin North Am*. 2012;35:613-631.

Outreach and Support Intervention Services (OASIS): 1-Year Findings

- Over the course of 1 year of treatment, significant improvement versus baseline was seen in:
 - Positive and negative symptoms ($p < 0.05$)
 - Role functioning ($p < 0.001$)
 - Global functioning ($p < 0.001$)
- In addition, the proportion of patients meeting symptom-remission and functional-remission criteria significantly increased ($p < 0.001$ and $p < 0.05$, respectively)

1. Uzenoff SR et al. *Soc Psychiatry Psychiatr Epidemiol.* 2012;47:1607-1615.

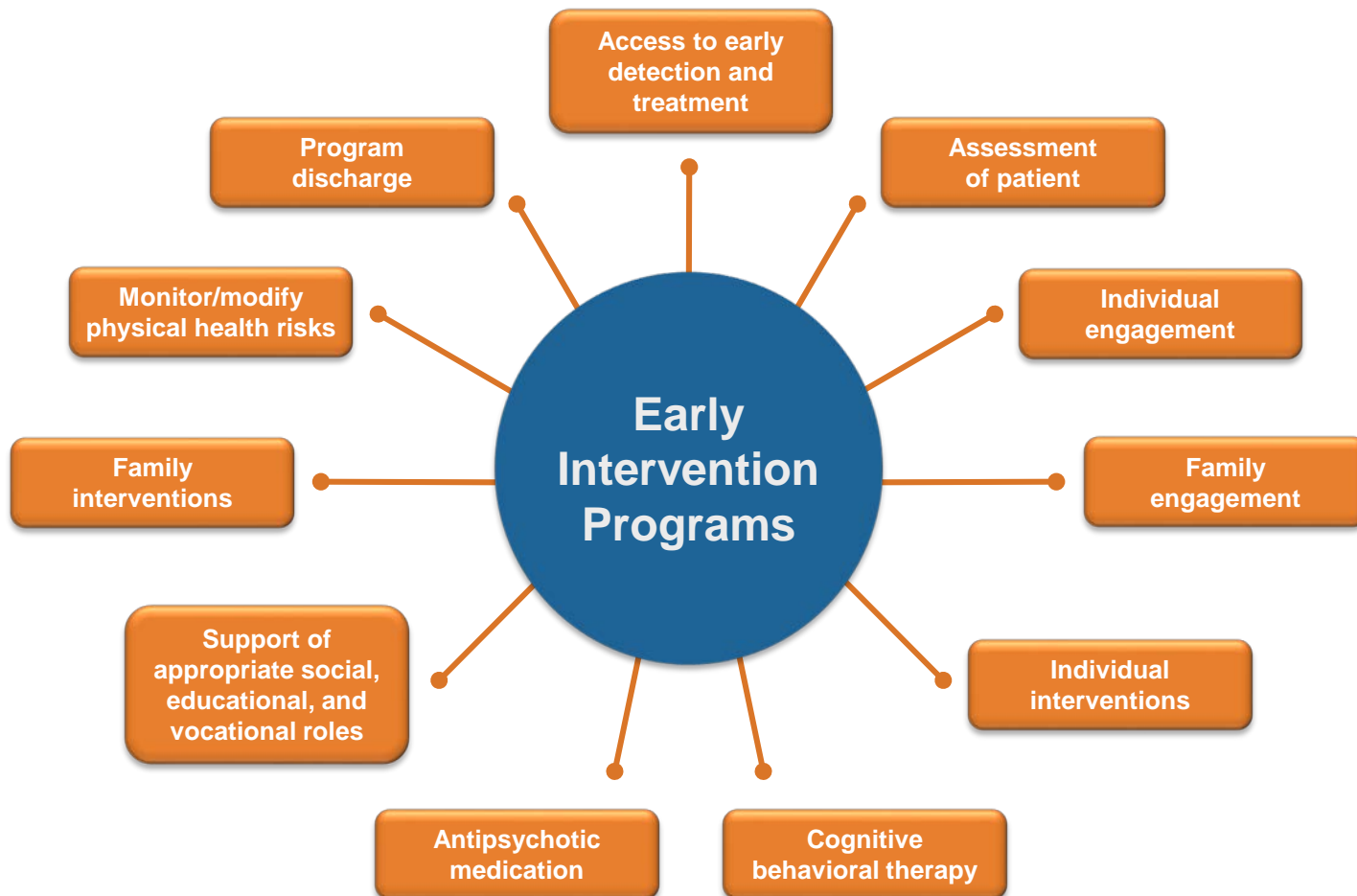
OPUS: 10-Year Findings

- There was follow-up with 347/547 patients
- Evidence of a differential 10-year course in the development of negative symptoms, psychiatric bed days, and possibly psychotic symptoms in favor of OPUS treatment compared with standard treatment:
 - Differences were driven by effects at earlier follow-ups and had diminished over time
- Statistically significant differences in the course of use of supported housing were present even after 8–10 years ($p < 0.001$)
- There were not any differences between OPUS and standard treatment regarding income, work-related outcomes, or marital status

OPUS, Danish first-episode psychosis study.

1. Secher RG et al. *Schiz Bull.* 2015;41(3):617-626.

IRIS: Components of Early Intervention Programs



IRIS, Incident Response Improvement System.

1. Mental Health Network NHS Confederation. IRIS guidelines update. Sept 2012. Available at: www.iris-initiative.org.uk/silo/files/iris-guidelines-update--september-2012.pdf. Accessed Aug 7, 2015.



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