

Early detection and Optimal Stage-Specific Treatment Results in Better Outcomes

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Presentation for Stakeholder meetings

*Key Findings in Early Psychosis Knowledge Sharing Initiative
Nova Scotia Early Psychosis Network*

DEPARTMENT OF PSYCHIATRY
Celebrating 65 years
1949-2014

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How do we improve outcomes in schizophrenia?

Research has focused on:

- Optimizing Treatment (pharmacologic and non-pharmacologic; multimodal care)
- Improving Early Recognition and Treatment Services
- Examining Pathways to Care
- Improving Somatic Health
- Addressing and Removing Barriers to Treatment (examine your system of care)

Long Treatment Delays

- Treatment delay, also called Duration of Untreated Psychosis (DUP), is the time from the onset of full psychosis to the start of effective treatment.
- People are often fully psychotic for months and even years before receiving effective treatment.
- Longer treatment delays are consistently associated with poorer long term outcomes.
- Reducing treatment delay results in better long term functional outcomes.

Can reducing Treatment Delay (DUP) improve outcomes?

- In a major study in Norway, DUP (treatment delay) was significantly reduced in several catchment areas by introducing intensive public and professional education and case finding.
- Outcomes in these catchment areas was compared with outcomes in other areas that did not try to reduce DUP.
- Treatment in all areas was exactly the same. Only the treatment delay was different.

Results of reduced DUP (from Norway study)

- First, intensive public and professional education and case finding was able to reduce DUP
 - Other researchers have found this difficult to accomplish.
- Second, with reduced DUP, symptoms at the start of treatment were less severe.
 - This was most noticeable with negative symptoms
 - Of particular importance was reduced suicidality.
- Third, long term follow up (now up to 10 years) showed improved functional recovery associated with reduced DUP.

What factors contribute to treatment delay?

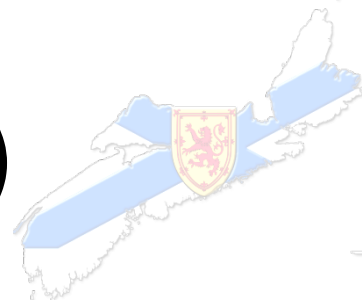
- Multiple factors contribute to treatment delay:
 - Insufficient information about the psychosis and its stages
 - Insufficient information about where to get help.
 - Fear of mental illness and associated stigma.
- People who develop psychosis generally have multiple contacts with health care professionals before it is recognized that they are experiencing psychosis, and begin effective treatment.
 - Some studies suggest that people who are already seeing professionals as the psychosis develops may even have a longer treatment delay.

Pathways To Care

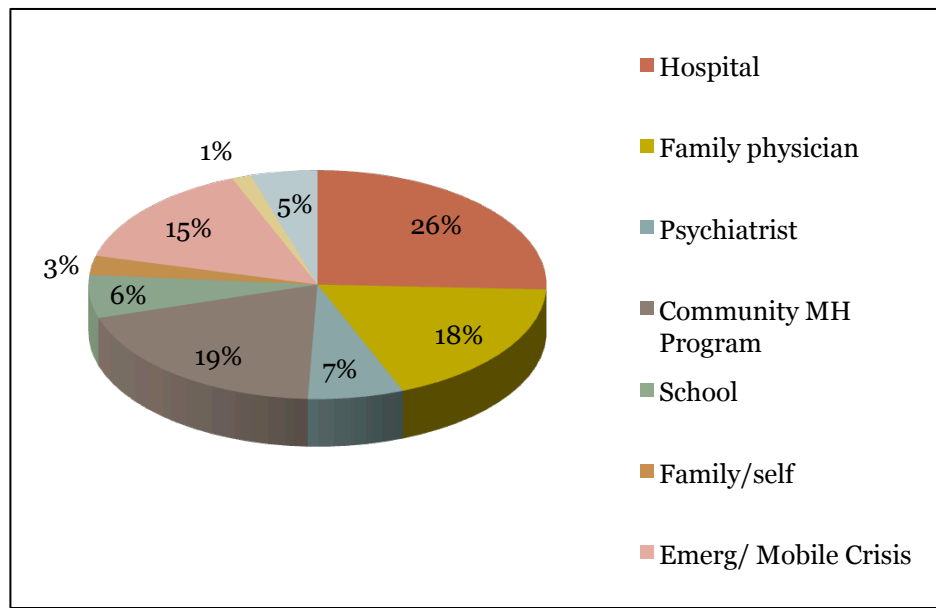
- In psychosis, routes of access to help are diverse and varied!
- Pathway has direction and structure
- Help-seeking efforts are not random
- Can be meaningfully understood within the socio-cultural milieu
- PTC is a much broader concept than simply help-seeking
- PTC encompasses service structures and “non-sought” routes to care

Know your regional pathways to care to ensure sensitized and educated gate keepers

Pathways To Care (NS findings)



- Urban and rural participants had similar symptom levels (PANSS) and total DUP (7.21 and 7.00 weeks, respectively).
- In both regions, the most common first help-seeking contact was emergency services followed by general practitioners.
- The most common referral source in both regions was inpatient teams.
- Family doctor referrals to specialty care were twice as common among urban participants (25.50%) than rural participants (12.50%).



NSEPP 2013-2014 Referral Sources

Barriers to Help-Seeking

Barriers to Help-Seeking: NS Urban vs Rural Cohort

	Urban	Rural
1) Patient too embarrassed to tell others/seek help	35.9%	36.4%
2) Family/others too embarrassed to tell others/seek help	12.8%	20.0%
3) Inability to get to treatment site	12.8%	45.5%*
4) Family/others discouraged patient from getting help	10.3%	9.1%
5) Patient did not understand seriousness of problem	61.5%*	90.9%*
6) Family/others did not understand seriousness of problem	48.7%*	54.4%*
7) Patient did not know where to go for help	46.2%*	36.4%
8) Was unable to get appointments/long wait time	12.8%	36.4%
9) Couldn't get health care providers to take symptoms seriously	15.4%	27.3%

**Indicates top 3 endorsed help-seeking barriers*

Pathways to Care: Alberta Data



Edmonton sample: very similar barriers to NS urban sample

1. Lack of appreciation of seriousness of problem by patient (62%)
 2. Embarrassment experienced by patient (37%)
 3. Lack of appreciation of seriousness of problem by family (36%)
 4. Inadequate information on where to go to get help (30%)
-
- Failure of the health care community to take symptoms seriously had longer DUP (M=153 days) compared to where not the case (M=82 days) ($p=0.045$); as well seeing a GP (M=120 days vs M=64 days)
 - Purdon, S., Roper, L., Aitchison, K.J., et al. Barriers to Care and Duration of Untreated Psychosis in a First-Episode Psychosis Sample. *Early Intervention in Psychiatry* 6(S1)112; October 2012.
 - Purser, S., Tibbo, P., Aitchison, K.J., et al Utilization of Health Services and the Cost of Pathways to Care in First-Episode Psychosis in Alberta. *Early Intervention in Psychiatry* 6(S1)104; October 2012.

Optimal treatment results in better outcomes.

- Specialized optimal, stage specific treatment programs for Early Psychosis have been developed and implemented in many different countries.
- These programs include a full range of therapeutic interventions in an atmosphere of realistic optimism for recovery.
- A number of studies have documented that people receiving care in optimal, stage specific programs have better outcomes than those cared for in generic mental health services.

Early Intervention Service for Psychosis

Compared to standard care specialized EIS for psychosis have demonstrated:

- significant reduction in DUP
- Greater reduction in positive and negative symptoms
- Higher rates of remission
- Greater retention in treatment and higher rates of medication adherence
- Reduced rates of relapse over 1 – 2 years of f/u.
- Reduced suicidality
- Improvement in quality of life

EIS Development in Canada

- Most of the developments in psychosis early intervention services have come about as a result of advocacy on the part of clinicians and/or families
- Some provincial governments (Ontario, Nova Scotia, British Columbia, New Brunswick) have responded positively to such advocacy through investment of modest resources
- Vast majority of initiatives, however, remain locally driven, using local resources

EIS Development in Canada

There is a need in establishing **national standards** of care, taking into consideration local contextual variation (e.g. size of the community, involvement in academic activities, provincial or local support)

*“Examination of Early Psychosis Intervention Programs in Canada:
Towards National Standards of Program Delivery of Care”*

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