Key Findings in Early Psychosis Knowledge Sharing Initiative

Five key findings:

Staging: Most fields of medicine employ a system of staging to guide treatment and treatment differs depending upon the stage of illness. It is only recently that this concept has been brought forward in the field of Psychiatry, and relevant assessment tools have been developed (Scott et al, 2013). Staging has been particularly well studied in relation to disorder that involves some degree of psychosis (hallucinations, delusions or disorganized thinking). Of particular importance is the finding that in the earliest stage (stage 0) the symptom presentation primarily involves anxiety and depression and that at this stage it is not possible to determine future diagnostic categories. As in most medical conditions, effective treatment in early stages can be less invasive. Thus, psychosocial interventions are recommended in stage 0, along with close monitoring. There is also evidence that some dietary supplements may be effective in the earliest stages (Amminger and McGorry, 2012).

Enhanced Outcomes: An extensive literature now supports the finding that outcomes are enhanced in disorder involving psychosis by early and optimal treatment. Early treatment addresses the issue, among other, that there is often a significant delay – months and even years – between the onset of a full-blown psychotic disorder and the start of effective treatment. This treatment delay is associated with negative consequences in terms of physiological and psychosocial function. Optimal, stage-specific treatment involves multi-component programming that includes pharmacological and psychosocial interventions (Meuser et al, 2013). Clinical trials demonstrate that patients receiving multi-component, stage specific treatment have better outcomes that those receiving usual care (Bertelson, 2008, Nordencroft, 2009).

Family engagement and education: The importance of including families in the treatment process and providing them with education regarding psychosis and its care is firmly established as evidenced based practice. (McFarlane et al, 1995a, 1995b, Pitschel-Walz et al 2001, Jewel, Downing, McFarlane, 2009). Multiple family group interventions are associated with reduced rates of relapse.

Treatment Delay: The research studies examining the factors that contribute to treatment delay have revealed a number of key issues. Patients and their families are often unaware of the signs and symptoms of significant mental disorder. As well, they often do not know where or how to access services. Importantly, even after entering the health care system, seeking help, there are frequently significant delays in recognizing the nature of the difficulties and referring the patient to the relevant clinical services (Anderson et al, 2012, Tibbo et al, unpublished).

Psychotic disorder is not a progressive brain disease: Perhaps the most significant overall conclusion from research in the field of Early Psychosis is that people experiencing a disorder involving psychosis (and often given a diagnosis of Schizophrenia) can accomplish significant and incremental recovery over time. This conclusion is supported by clinical evidence and also by brain imaging studies that disprove the belief, unfortunately held by some clinicians, that schizophrenia is a progressive brain disorder. While there are certainly changes in brain function and structure associated with mental disorders of all kinds, it is particularly important to stress that, in the case of disorder involving psychosis, these changes
are not progressive. (Zipursky, Reilly and Murray, 2012). The significance of this finding in clinical practice, and for young people with psychosis and for their families is highly relevant to this initiative.

References:


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