CONNECTICUT EARLY PSYCHOSIS LEARNING HEALTH NETWORK

Transforming Access, Care Quality, and Outcomes

STEP-CT

Early Psychosis Basics for PCPs

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ACCESS MH CT Presentation – 11/4/2021

Yale SCHOOL OF MEDICINE dmhas CTC Connecting to Care DCF CONNECTICUT

Early Psychosis Basics - Outline

Outline:

- Early Psychosis Basics:
  - Recognize signs and symptoms of early psychosis in adolescents and young adults
  - Why screen in primary care?
  - Discuss common differential diagnoses
  - Develop awareness of assessment tools and strategies

- Resources in the State (Beyond ACCESS MH Hub teams)
  - Connecticut Early Psychosis Learning Health Network
  - Yale - STEP & PRIME
  - IOL - ASAP & POTENTIAL

- Questions/Discussion

What is psychosis?

- Difficulty with perceiving reality accurately and with coherent thinking *"What's real? What's not real?"*
  - Disturbances in perception (hallucinations)
  - Belief and interpretation of the environment (delusions)
  - Disorganized speech patterns (thought disorder)

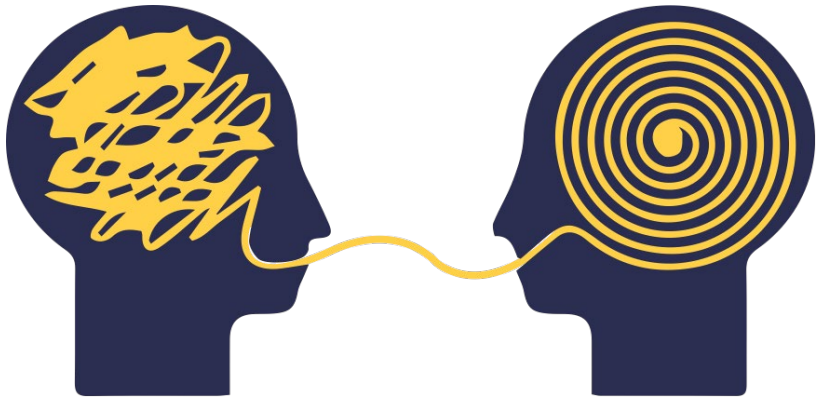
- ~ 3 in 100 people will experience psychosis
  (>2.2 million people)

- Usually develops age 16-35 (earlier in men than women)
  - Peak at **21 yrs** old (M:F, 3:1)
  - Women higher risk in their late 40s-50s
  - "Chronic diseases of the young" *(Insel, 2005)*

What is psychosis?

Common *causes* of psychosis:

- **Mental** illnesses (such as schizophrenia)
- **Medical** illnesses (such as Parkinson's)
- **Substances** (such as alcohol or drugs)



What is psychosis?
Common Signs and Symptoms

Positive - *add to* or *distort* an individual's normal functioning, perception or behavior

- Hallucinations, delusions, paranoia, bizarre behavior, disorganized communication…with ***limited insight***

Delusions

Believing in things that are not true, and may be impossible

Hallucinations

Hearing, seeing, tasting, or smelling things that are not there

Negative - a *reduction* or *loss* in an individual's normal functioning, perception or behavior

- Decreased motivation, energy and speech, social withdrawal, flat affect, no enjoyment, poor hygiene, decline in functioning

Withdrawal

Distancing oneself from people or previously enjoyable activities

Cognitive

- Executive functioning decline, attention, working memory, learning, preoccupation, thought blocking, reduced abstraction ability

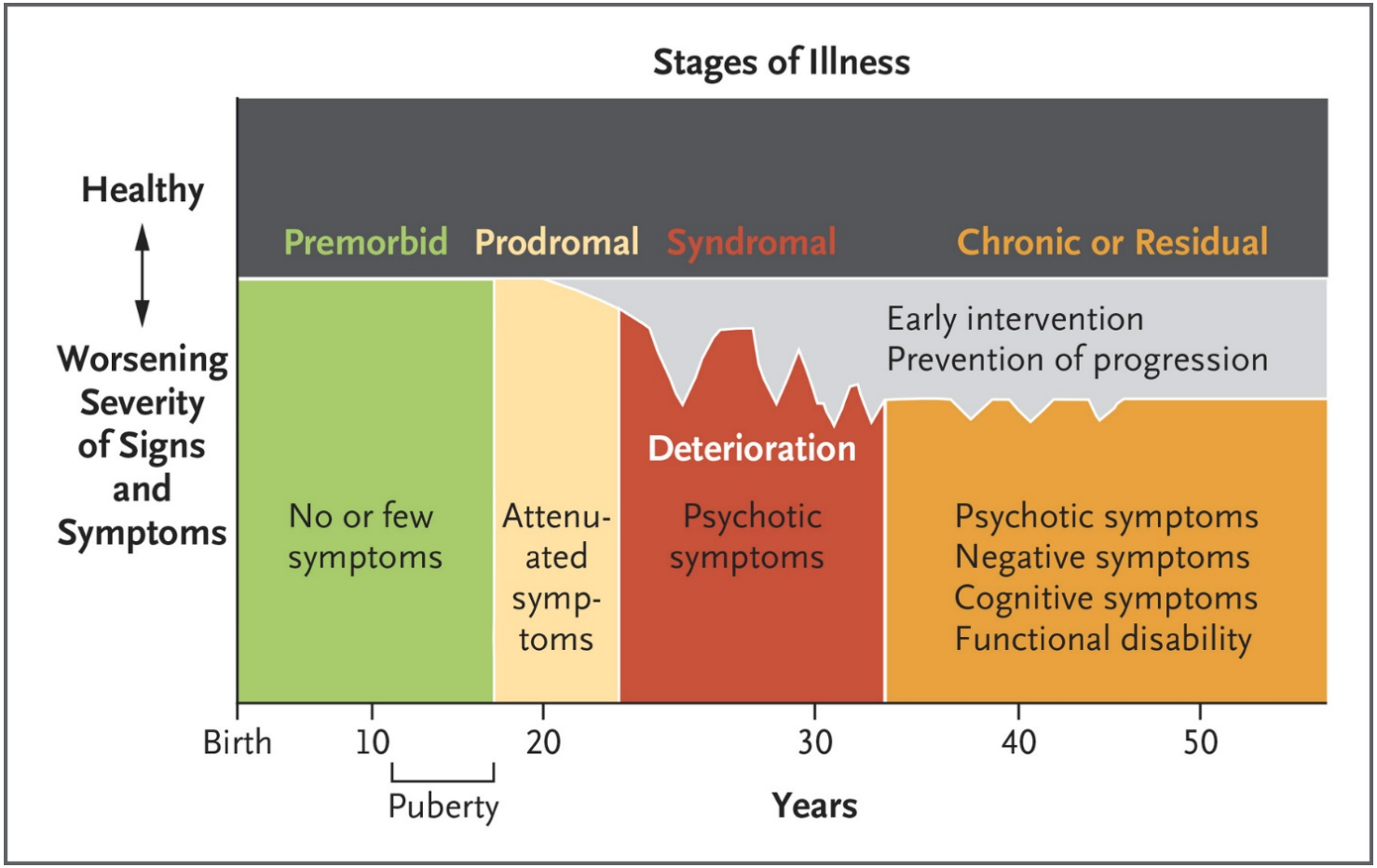
Increased Distractibility

Decline in cognitive abilities including memory and attention

Mood

- Fluctuations, anxiety, depression, suicidal ideation

Course of Schizophrenia



Jeffrey A. Lieberman, and Michael B. First. Psychotic Disorders. *N Engl J Med* 2018; 379:270-280

Why is treating psychosis important?

- **Individual and Family Impact:**
  - often leads to frequent hospitalization, and can derail functioning in school, career, and family
    - Risk of suicide (~1/100 w/FEP complete suicide, as many as 10% attempt suicide within the first 5 years)
    - Long-term cardiovascular and other physical health risks (shorter life expectancy)
  - Family / caregiving burden

- **Societal/Economic Impact:**
  - A top 10 leading cause of disability *(WHO)*
  - Criminal justice involvement
  - Homelessness (20% of have SMI) *(NAMI, Mental Health Ripple Effect)*
  - $193.2 billion in lost earnings in US / year *(Kessler, et al., 2008)*

What about risk?

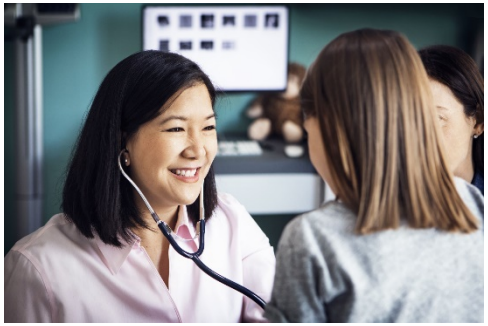
- **Risk of suicide:**
  - ~ 1/100 individuals with FEP die by suicide
  - In schizophrenia, nearly 50% of all suicides occur in the first 5 years of illness.

- **Risk of Violence:**
  - Majority of people with schizophrenia are NOT violent
  - The risk of violence in schizophrenia is highest for those with no, delayed, or inadequate treatment and comorbid substance use disorders during the initial episode

- **Risk of Neglect and Victimization:**
  - Rates of sexual / physical abuse 2x as high for women with psychosis
  - Men with schizophrenia more likely to die by homicide

Why screen in Primary Care?

- We CAN recognize CHR and FEP syndromes
- We are missing people during the peak window for intervention (adolescence)
  - 1.6 years is average delay to treatment, often traumatic PTC
  - DUP is important! Most deterioration within first 1-2 years of onset
- Primary Care is a low stigma setting
- Evidence that **medical visits increase in 3-10 months prior to psychosis dx**



- Longitudinal relationships with primary care, may be aware of family hx, insidious onset, other risk factors
- Primary care are trained to recognize diagnosing syndromes
- Need to balance early detection with minimizing harm (false positives, stigma, antipsychotic meds)

(Stentebjerg-Olesen et al., 2016; Schoer et al, 2020)

What should I look for?
Common signs of young people at-risk for psychosis

Neurotic symptoms	Anxiety Restlessness Anger, irritability
Mood-related symptoms	Depression Anhedonia Guilt Suicidal ideas Mood swings
Changes in volition	Apathy, loss of drive Boredom, loss of interest Fatigue, reduced energy
Cognitive changes	Disturbance of attention and concentration Preoccupation, daydreaming Thought blocking Reduced abstraction

"late onset" ADHD = red flag

Physical symptoms	Somatic complaints Loss of weight Poor appetite Sleep disturbance
Attenuated or subthreshold versions of psychotic symptoms	Perceptual abnormalities Suspiciousness Change in sense of self, others or the world
Other symptoms	Obsessive compulsive phenomena Dissociative phenomena Increased interpersonal sensitivity
Behavioural changes	Deterioration in role functioning Social withdrawal Impulsivity Odd behaviour Aggressive, disruptive behaviour

Adapted from Yung, Phillips and McGorry, 2004 [95].

(Orygen: Australian Clinical Guidelines for Early Psychosis, 2016)

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Functioning
Atypical perceptual experiences
Cognitive difficulties
Thought disturbances/unusual beliefs
Speech or behavior that is disorganized

RELATIVE CHANGES FOR THAT INDIVIDUAL!

"late onset" ADHD = red flag

Adapted from Yung, Phillips and McGorry, 2004 [95].

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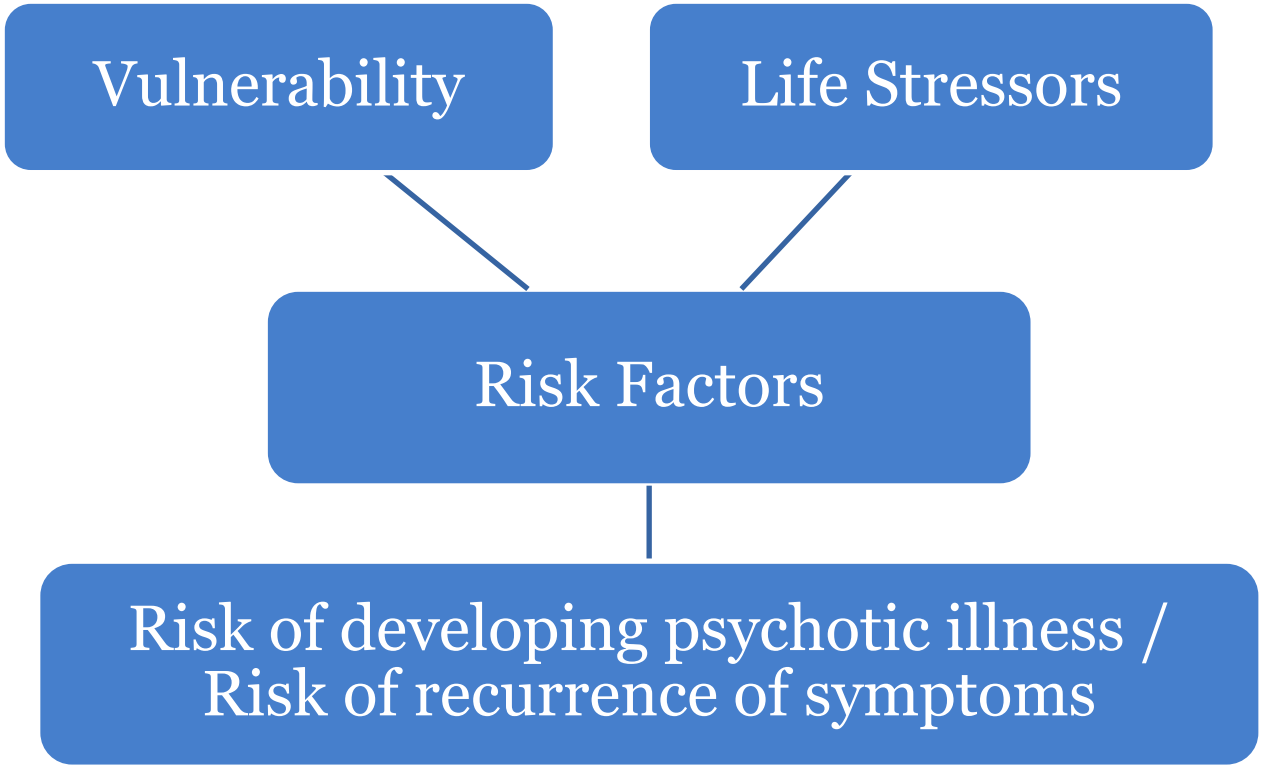
What contributes to the development of psychosis?



What are the risk factors for psychosis onset?

1st degree relative = **6-13x** more likely

Adolescent cannabis exposure = **2-4x more likely** to develop schizophrenia spectrum disorder

Greater freq, duration, earlier first use, and higher potency THC = greater risk

Distal (premorbid) risk factors	Proximal risk factors
Foetal life: • Maternal pregnancy complications/perinatal trauma, (especially foetal hypoxia)[51] • Family history of psychotic disorder (for a review, see Olin & Mednick, 1996 [52]) • Candidate genes (DTNBP1, NRG1, DAOA, RGS4, COMT, DISC1, DISC2, BDNF; for a review, see Weinberger & Berger, 2009 [53]) • Developmental delay (for a review, see Rustin et al., 1997 [54]) • Season of birth (late winter/early spring[55, 56]) • Ethnic minority group membership [57] **Early life:** • Quality of early rearing environment use or neglect) [58] personality (e.g., schizoid personality	**Late childhood/adolescence:** • Age [61] • Urbanicity [62] • Substance (especially cannabis) u • Traumatic head injury (for a review, see Kim et al., 2007 [64]) • Stressful life events (for a review, see Phillips et al., 2007 [65]) • Subtle impairments in cognition (for a review, see Pantelis et al., 2009 [66]) • Poor functioning [67, 68] • Cognitive, affective, and social disturbances subjectively experienced by the individual ('basic symptoms')[69] • Migration [70]

34% of people with FEP experienced childhood sexual / physical abuse

PTSD 10x higher than general population

Hormonal changes

2-4x risk with childhood migration in minority folks

(Orygen: Australian Clinical Guidelines for Early Psychosis, 2016)

"I can actually control other people's emotions with my thoughts, it's a special gift"

"Lately, I've been having a hard time telling what was in my dream and what was real"

"Every time I hear my classmates laughing in the hall, I'm pretty certain it's about me… "

Grandiosity

Confusion about what is real

Mind Reading

"I keep seeing blue cars, I wonder if that's a sign I should pay attention to, I think about it a lot"

"I feel like my family is tracking my every move and thought… they must've put a chip in my head while I was sleeping"

Suspiciousness

Positive Symptoms

Ideas of Reference

"Eminem is sending me coded messages through his songs, it's because I'm famous, too"

Disorganized Communication

"Everything has started to sound too loud and too close– I can hear everything at once"

Perceptual Disturbances

Odd Beliefs

"Sometimes I feel like my thoughts are being broadcast out loud for everyone to hear… so that's why I don't leave my house"

"They tell me I'm no good and that I should hurt myself"

(Images from FFT-CHR Manual; Miklowitz, O'Brien, et al., 2010)

Differential Psychiatric Diagnoses in Early Psychosis

- **(Non-Affective) Primary Psychotic Disorders**:
  - Brief Psychotic Disorder/Schizophreniform
  - Schizophrenia
  - Delusional Disorder
  - Schizoaffective Disorder
- **Affective/Mood Psychosis**:
  - Bipolar DO w/psychotic features
  - MDD w/psychotic features
- **Personality Disorders:**
  - Schizoid/Schizotypal
  - Borderline PD* ('micro-psychoses')
- **Other**:
  - Attenuated Psychotic Symptom Syndrome
  - Substance-Induced psychosis
  - Psychosis secondary to a medical condition
  - Psychosis related to complex trauma/PTSD

Questions to Guide Dx:

- Explained by medical illness or substance use?
- Prominent mood sx? (Schizoaffective, MDD, Bipolar DO)
- Mainly non-bizarre delusions? (Delusional disorder)
- Illness duration:
  <1 mo = Brief psychotic d/o
  1-6 mo schizophreniform
  > 6 mo schizophrenia
- Can't decide? (prodrome, unspecified, alternative)
- May need to "rule out" alternative diagnoses
- Consider timing of sx

Assessment tools and strategies

Assessments:

- Structured Interview for Psychosis Risk Syndromes (SIPS)
- Mini SIPS (+Online Training Program)
- We don't have a perfect screening tool…
  - Prodromal Questionnaire – Brief (PQ-B)
  - PQ-16
  - Prodrome Questionnaire - Brief Child Version (PQ-BC) (ages <10)

Strategies:

- Ask soft questions, consider cultural explanation, be patient, normalize, be curious… try not to overreact
  - What's it like? How is it impacting them? Is it recurring/progressing?
- Thorough review of medical records
- Use collateral supports for info (if available!)
- Consult your hub team

Symptoms on a Continuum

Ex.) Have you ever found yourself feeling suspicious or mistrustful of other people?

Positive Symptom SOPS

0	1	2	3	4	5	6
Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe but Not Psychotic	Severe and Psychotic

"NORMAL" LIMITS

" I don't completely trust my new roommate, my mom told me not to trust people right away"

CLINICAL HIGH RISK

" I think my roommate might be poisoning my food in the fridge; sometimes I throw it out just in case… but I'm probably just being paranoid"

CONVERSION

" I'm certain that my roommate is out to get me and is poisoning my food. Sometimes, I don't eat for days."

QUALIFIERS
-Description, onset, freq., duration
-Distress & interference
-Conviction/"insight"

Interviewer "throws a rope"

How to ask about symptoms of psychosis

- Do you ever feel that your mind is playing tricks on you? Or not working right?
- Have you felt confused whether an experience was real or imaginary? Have you thought that the world may not be real or that you may not be real?
- Have you felt that some person, force, or creature was around you, even though you couldn't see anyone?
- Have your thoughts been so strong that you felt you heard them or worried other people could hear them?
- Are you more sensitive to light? Have you seen objects, people, or animals that no one else could see?
- Do you find that you're more sensitive to sounds? Have you heard voices or sounds that no one else could hear?
- Have you thought that people were following or spying on you?
- Are you having more trouble understanding what people are saying? Getting your point across? Following multi-step directions?
- Have you ever felt that you are not in control of your own ideas or thoughts?

(SIPS; PsychosisScreening.org)

PSYCHOSIS SCREENING IN PRIMARY CARE

KNOW THE SIGNS

F **FUNCTIONAL** *decline*

A **ATYPICAL** *perceptual experiences*

C **COGNITIVE** *difficulties*

T **THOUGHT** *disturbance or unusual beliefs*

S **SPEECH** *or behavior that is disorganized*

FIND THE WORDS

- Have you started to wonder if your mind was trying to trick you or was not working right?
- Have you felt confused whether an experience was real or imaginary?
- Have you seen objects, people, or animals that no one else could see?
- Have you heard voices or sounds that no one else could hear?
- Have you thought that the world may not be real or that you may not be real?
- Have you thought that people were following or spying on you?

Follow up with questions to determine:

- What is the **EXPERIENCE** like?
- Is it **IMPACTING** them?
- Is it **RECURRING** or **PROGRESSING**?

For more information, go to psychosisscreening.org *Side 1*

Tips for talking with caregivers and families

BE DESCRIPTIVE about your concerns

- When adolescents/young adults have disclosed details to you, discuss ahead of time what to tell their parents, and how
- In talking to parents, be as specific as you can about what behaviors or symptoms are concerning
- Don't provide a big lead-up as if you are giving dreadful news
- Use a calm, straight-forward, "I want to look out for and do right by your child" tone: "I think it would be good to have someone who knows more about these types of experiences in children/adolescents/young adults conduct an assessment. I know a resource that has been really helpful to other young people and families. I think we should call them."

Help them EMBRACE UNCERTAINTY

- Uncertainty is an opportunity to gather additional information and provide early treatment for best outcomes
- Support getting information, but prepare them for not getting all of the answers
- Let them know that they will not be alone

EDUCATE them about Psychosis or Psychosis Risk, as appropriate

- Psychosis is a medical term for difficulty discerning what is not real from what is real
- Psychosis is treatable
- Psychosis does not define their child
- Be specific and check their understanding
- Repeat major points, if needed
- Don't overwhelm them. Focus just on what they need to know to take the next step
- Family Friendly Handouts: http://www.cedarclinic.org/index.php/more-information/resources-and-links/for-families/handouts-for-understanding-and-managing-psychosis

Why intervening *EARLY* is important?

Reducing the delay to treatment is associated with better outcomes

- Clinical, functional, and cognitive benefits
- Reducing the social consequences of psychosis onset
  - social isolation
  - unemployment
  - homelessness
  - deliberate self harm
  - violence toward others

Early identification and intervention can greatly minimize the disability and improve lives!

(Birchwood, Todd, & Jackson, 1998)

Resources

- PsychosisScreening.org - comprehensive resource for Primary Care Screening of Psychosis *(Woodberry et al., BIDMC)*
  - Downloadable booklet
  - Quick Screen Tip Card to hang in office

- CT Early Psychosis Learning Health Network – virtual resources for providers, families, individuals, schedules for upcoming offerings

- Yale – Specialized Treatment Early in Psychosis (STEP) Program
- Yale – PRIME (Prodromal Clinic and Research)
- IOL – Advanced Services for Adolescents with Psychosis (ASAP)
- IOL - POTENTIAL

Discussion/Questions

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www.CTearlypsychosisnetwork.org