



Early Intervention *in* Psychosis...



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Declaration of Interest:

1. Member of two Guideline Development Groups (GDG) for NICE:

- a) NICE guidance for children and young people affected by psychosis and schizophrenia
- b) NICE guidance for adults with psychosis and schizophrenia

The views expressed are not those of either GDG, NCCMH or NICE.

2. GP Advisor to National Audit of Schizophrenia

3. Carer



4. Chair of



Acknowledgement:

Special thanks to Dr Jackie Curtis, Consultant psychiatrist and Dr Katherine Samaras, Professor of Endocrinology for the inspiration of their Early Intervention in Psychosis service development in Sydney, New South Wales and their ongoing encouragement and sharing of ideas.



*"Well, the old body checks out. Now let's see what
Doc Atkins here makes of the old mind."*

PSYCHOSIS: THE MESSAGE OF DESPAIR

- This illness usually relapses or becomes chronic.
- You will need medication for the rest of your life.
- You should lower your expectations of what you will achieve in life.

The British Journal of Psychiatry 2010, **196**, 116–121.

Twenty-five year mortality of a community cohort with schizophrenia

Brown S, Kim M, Clemence, Mitchell C, Inskip H

Conclusions

People with schizophrenia have a mortality risk that is two to three times that of the general population.

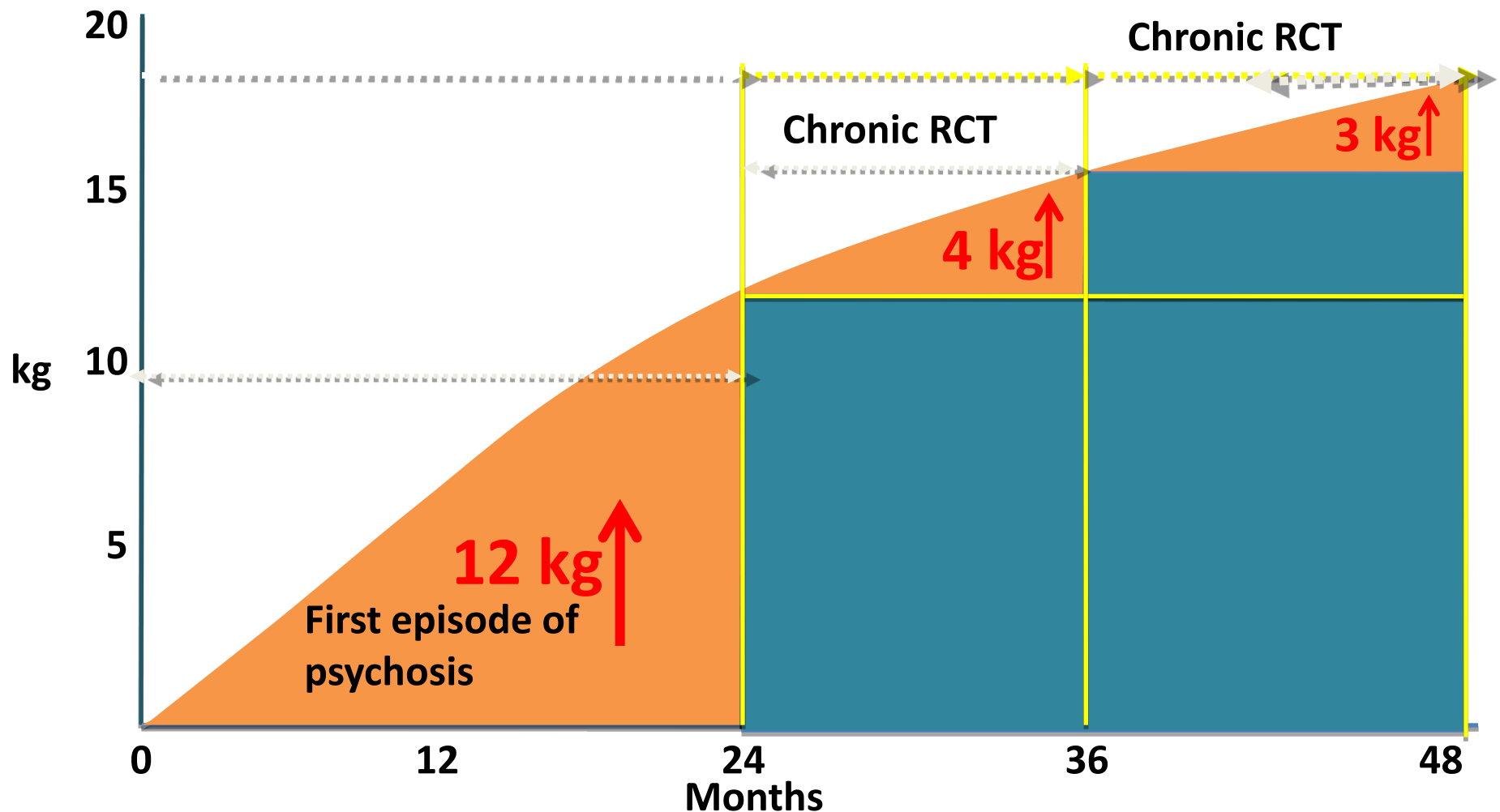
Most of the extra deaths are from natural causes, particularly cardiovascular disease.

People with schizophrenia appear to be missing out on the improved cardiovascular mortality of the general population.

Difference between general population and those with schizophrenia



Antipsychotic-Induced Weight Gain in Chronic and First-Episode Psychotic Disorders: a Systematic Critical Reappraisal



Effectiveness of antipsychotic drugs in first-episode schizophrenia and schizophreniform disorder: an open randomised clinical trial.

Weight gain with antipsychotics: EUFEST results	Haloperidol	Olanzapine	Quetiapine	Ziprasidone
Mean weight gain from baseline	7.3 kg (16 lbs)	13.9 kg (30.5 lbs)	10.5 kg (23.1 lbs)	4.8 kg (10.5 lbs)
% of patients who gained $\geq 7\%$ from baseline	53%	86%	65%	37%
Overweight (BMI ≥ 25) at baseline	21%	16%	20%	20%
Overweight at study end (1 year) (BMI ≥ 25)	37%	54%	45%	33%
<i>BMI = body mass index</i>	EUFEST: European First Episode Schizophrenia Trial			

EUFEST study group. Kahn RS, Fleischhacker WW, Boter H, et al
Lancet. 2008;371(9618):1085–1097.

Systematic Review of Early Cardio-metabolic Outcomes of the First Treated Episode of Psychosis

Foley DL & Morley KI

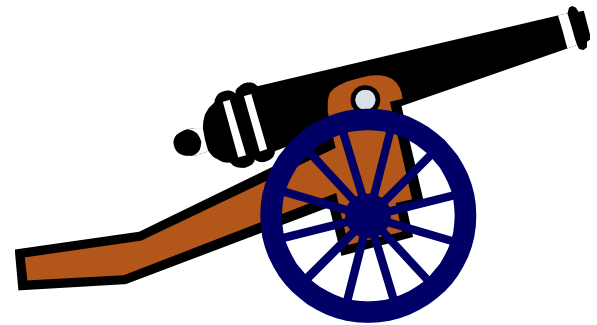
Arch Gen Psychiatry. Published online February 7, 2011. doi:10.1001/archgenpsychiatry.2011.2

Conclusion:

1. No difference in cardiovascular risk assessed by weight or metabolic indices between individuals with an untreated first episode of psychosis and healthy controls
2. Cardiovascular risk increases after first exposure to any antipsychotic drug

Social determinants?

- Excluded
- Poverty
- Diet
- More sedentary
- Smoking



+ medicines

“Genes load the gun.”

“Lifestyle pulls the trigger”

Dr. Elliot Joslin

THE JOURNAL OF
CLINICAL PSYCHIATRY

Journal of Clinical Psychiatry (2011) in press

Tobacco Use in First-episode Psychosis and After Treatment – A Systematic Review and Meta-Analysis

Myles N, Newall H, Curtis J, Nielssen O, Shiers D, Large M.

59% of patients with first-episode psychosis use tobacco at the time of presentation, a rate six times higher than peers without psychosis.

Tobacco use precedes psychosis by five years on average.

A path to CVD, type 2 diabetes and
premature death for some



More than premature death...



little pride, but a
lot of prejudice

“The provision of good medical care tends to vary inversely with the need for it in the population served.”

Julian Tudor Hart 1971

BEWARE...

...in the real world the Inverse

Care Law rules OK!!!

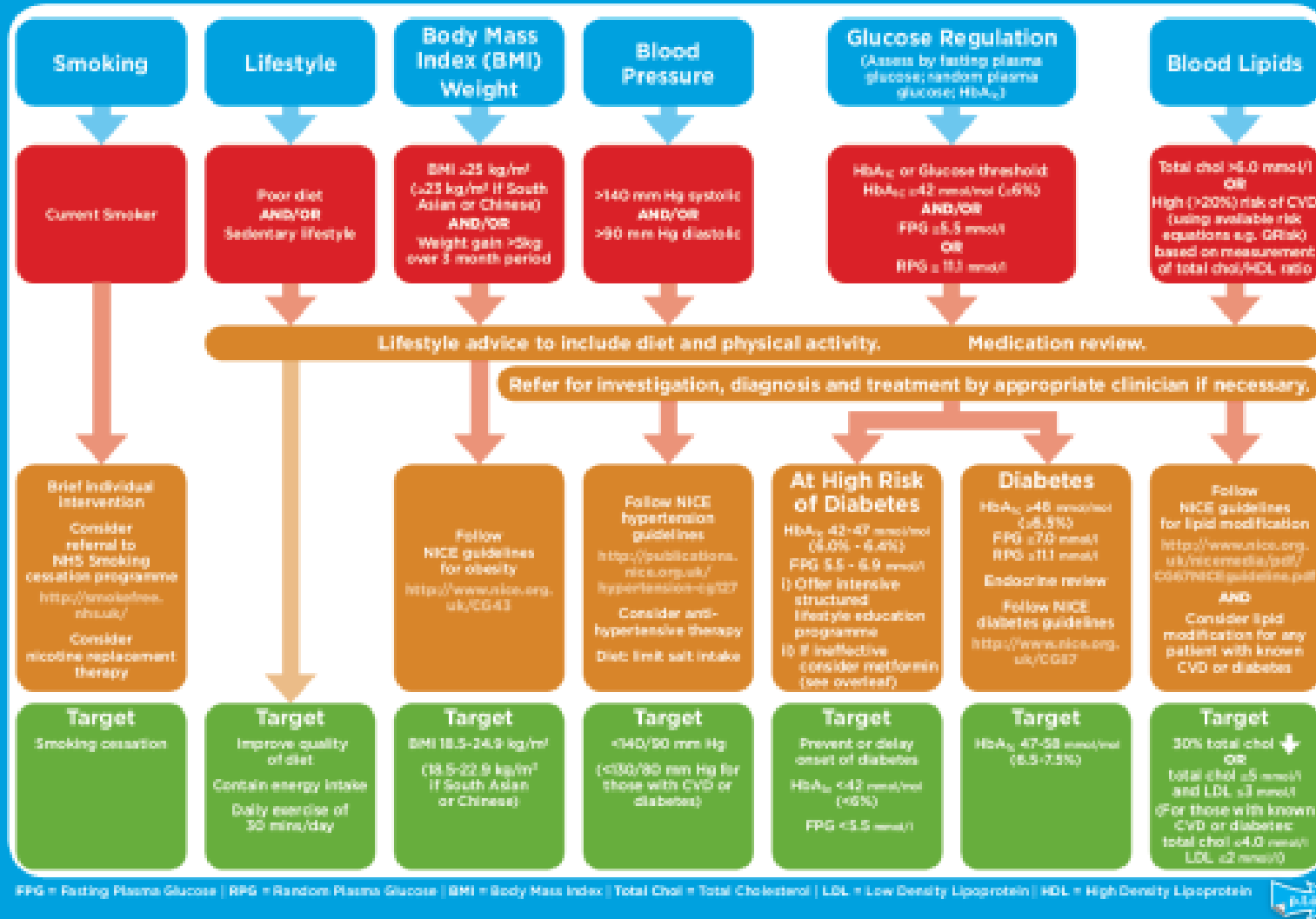




Who is Responsible?

Positive Cardiometabolic Health Resource

An intervention framework for patients with psychosis on antipsychotic medication



**Don't just
SCREEN -
INTERVENE**
for all patients in
the "red zone"

rgy
take.

fic

mmendations.

endations.

endations.

42-47 mmol/mol (6.0-6.4%)
tion and interventions for individuals

l (this would normally be GP supervised)
consent as described in the
[Good_Practice_in_Prescribing_](#)
MPS and MDU, and the use of metformin
Unions
or ensure renal function is adequate).
to 1500-2000 mg daily.
Should be a priority if
ion

en has played a causative role in
expected to offer less adverse effect
ons; rationalise any polypharmacy.
efits against risk of relapse of the psychosis
me (> 1 year) is likely to be minimal
the same treatment then ensure

triglycerides). If fasting samples are impractical then non-fasting samples are satisfactory for most measurements except for LDL or triglycerides.

ECG: Include if history of CVD, family history of CVD, or if patient taking certain antipsychotics (see Summary of Product Characteristics) or other drugs known to cause ECG abnormalities (eg erythromycin, tricyclic anti-depressants, anti-arrhythmics - see British National Formulary for further information).

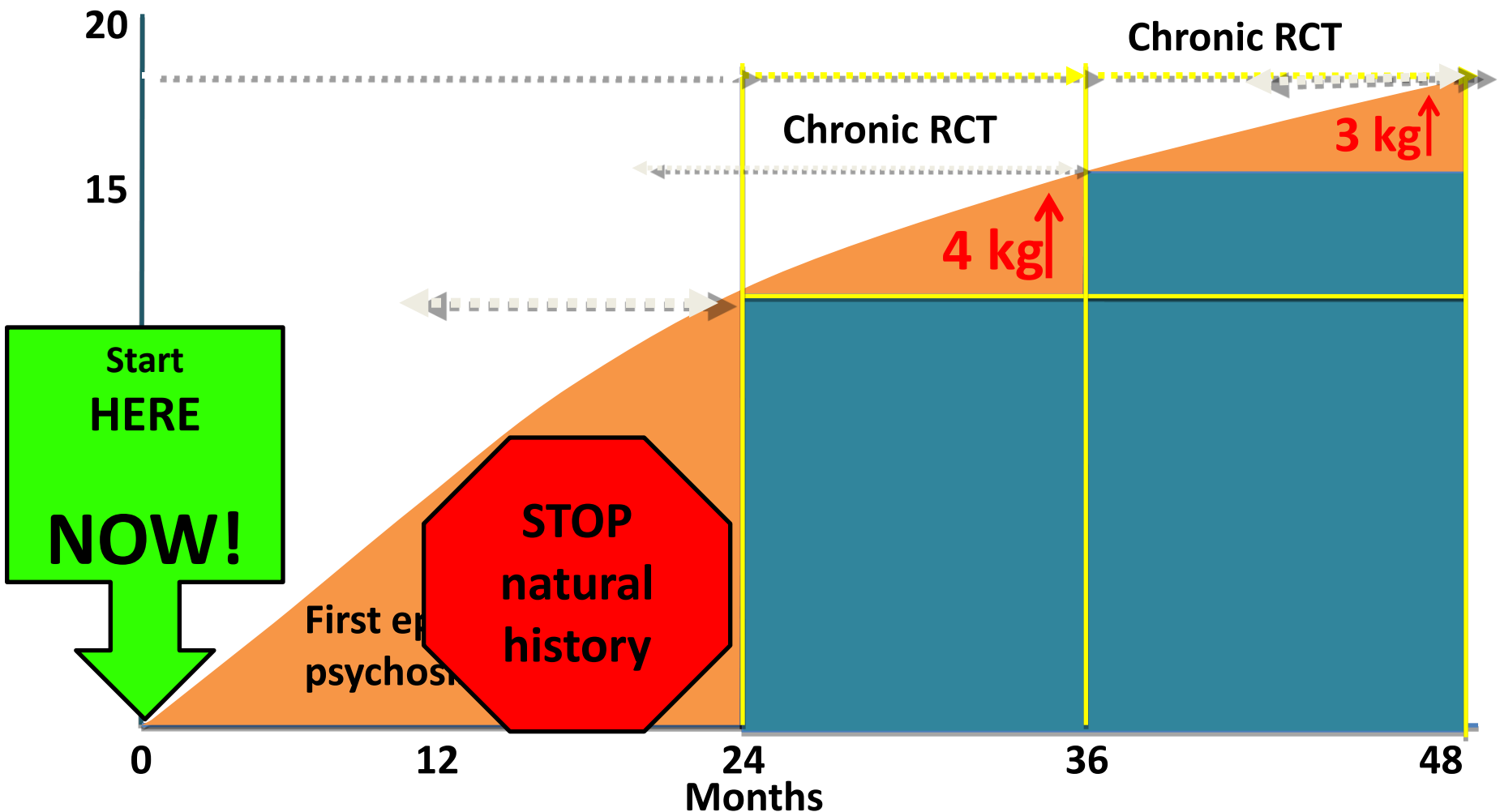


Royal College of
General Practitioners

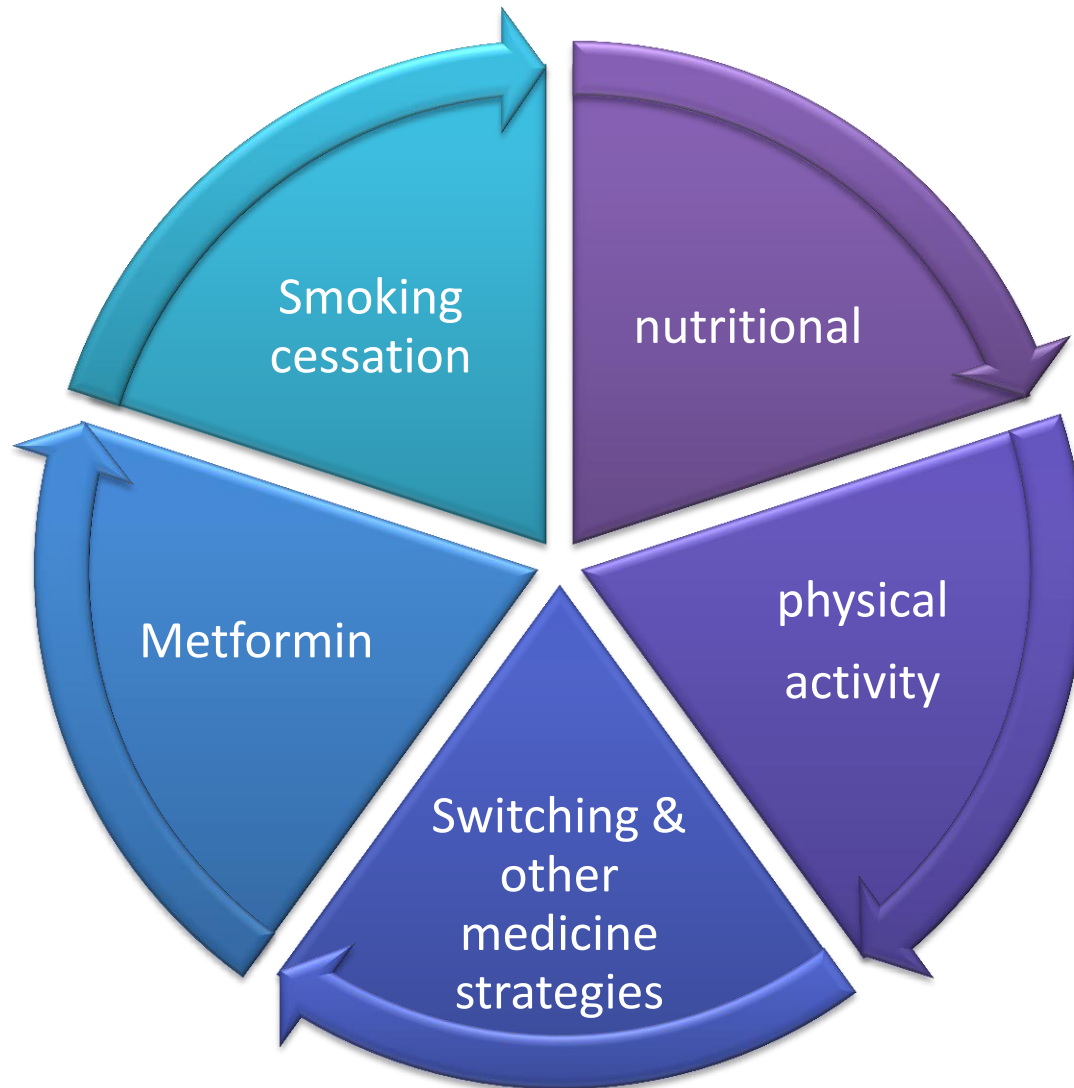


Download Lester UK Adaptation:
www.rcpsych.ac.uk/quality/NAS/resources

Time to keep the body in mind?



Don't just SCREEN – INTERVENE





10% shift in
body weight

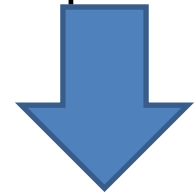


20-25% more premature mortality

50% more type 2 DM

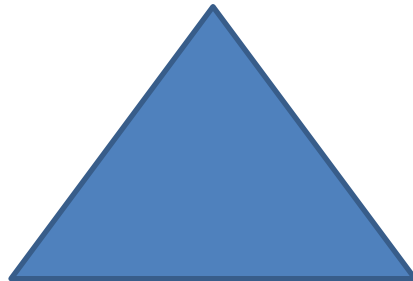
10% higher total cholesterol / 30%
higher triglycerides

10mmHg higher systolic / 20mmHg
higher diastolic blood pressure



*Lean M: Is long term weight loss possible? B J Nutrition
2000; 83. S103-111*

*Goldstein DJ: Beneficial health effects of moderate weight
loss. Int J Obes Relat Disorders 1992, 16: 397-415*



THE JOURNAL OF CLINICAL PSYCHIATRY

J Clin Psychiatry ahead of print doi:10.4088/JCP.10m06822

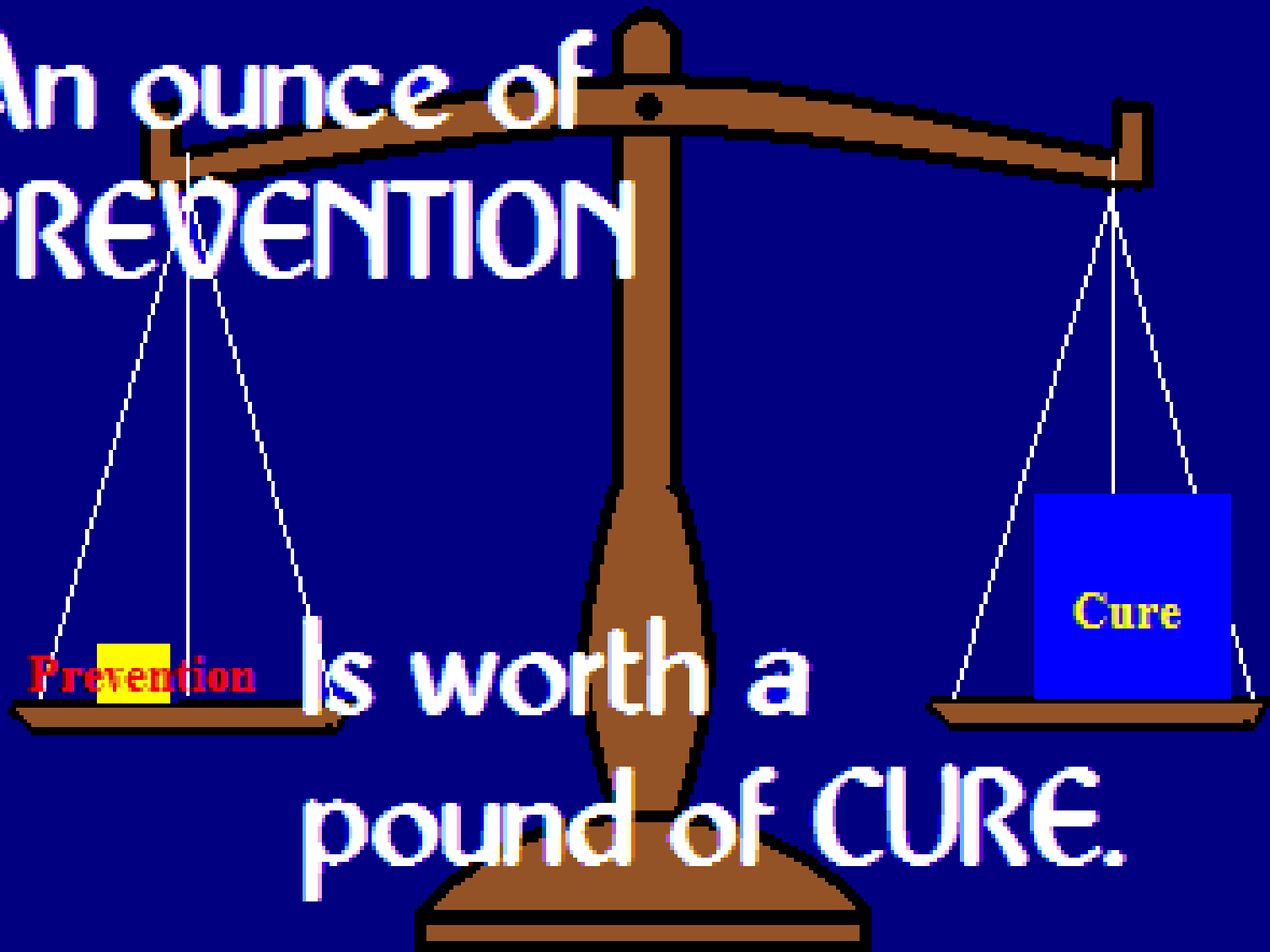
Prediabetes in Patients Treated With Antipsychotic Drugs

Manu P, Correll C, van Winkel R, Wampers M, De Hert M

“Simply put, the antipsychotic-related diabetes mellitus generally is an irreversible condition...

...the medical treatment of a prediabetic state offers the chance of avoiding a disease that leads to multi-organ dysfunction, shortens life, and contributes greatly to the cost of medical care worldwide.”

An ounce of
PREVENTION



Is worth a
pound of CURE.

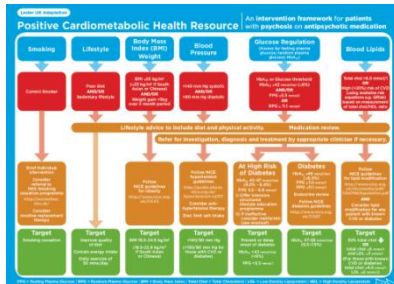
PSYCHOSIS:

THE MESSAGE OF HOPE

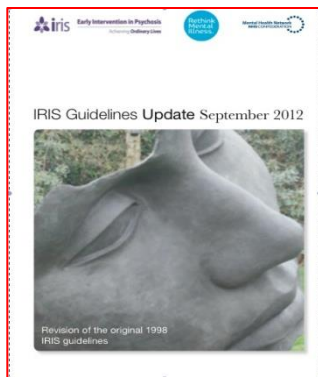
You are distressed by your experiences now, but we expect that you will get better.

Medication can be very helpful, but there are a lot of other ways that we can help you to help yourself.

The aim is that you achieve what you want out of life.



www.rcpsych.ac.uk/quality/NAS/resources



www.iris-initiative.org.uk

Acknowledgement to sculptor Keld Moseholm

Slide 7: *To be or not to be* (Sculpture By The Sea 2009 Bondi)

Slide 13: *Rolling pin* (Sculpture By The Sea 20011 Bondi)

Slide 23: *Balance with energies*, (Sculpture By The Sea 2012 Bondi)