Early Intervention in Psychosis...
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 iris

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.
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

First episode of psychosis

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

Chronic RCT

12 kg

4 kg

3 kg

Alvarez-Jimenez et al; CNS Drugs, 2008
Effectiveness of antipsychotic drugs in first-episode schizophrenia and schizophreniform disorder: an open randomised clinical trial.

<table>
<thead>
<tr>
<th>Weight gain with antipsychotics: EUFEST results</th>
<th>Haloperidol</th>
<th>Olanzapine</th>
<th>Quetiapine</th>
<th>Ziprasidone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean weight gain from baseline</td>
<td>7.3 kg (16 lbs)</td>
<td>13.9 kg (30.5 lbs)</td>
<td>10.5 kg (23.1 lbs)</td>
<td>4.8 kg (10.5 lbs)</td>
</tr>
<tr>
<td>% of patients who gained ≥7% from baseline</td>
<td>53%</td>
<td>86%</td>
<td>65%</td>
<td>37%</td>
</tr>
<tr>
<td>Overweight (BMI ≥25) at baseline</td>
<td>21%</td>
<td>16%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Overweight at study end (1 year) (BMI ≥25)</td>
<td>37%</td>
<td>54%</td>
<td>45%</td>
<td>33%</td>
</tr>
</tbody>
</table>

*BMI = body mass index*

EUFEST: European First Episode Schizophrenia Trial

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

"Genes load the gun. "

Lifestyle pulls the trigger"

+ medicines

Dr. Elliot Joslin
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?
Time to keep the body in mind?

First episode of psychosis

STOP natural history

Start HERE

NOW!

Chronic RCT

3 kg

4 kg

0 12 24 36 48 Months

kg

10

15

20

Alvarez - Jimenez et al; CNS Drugs, 2008 22 (7): 547-562

Start HERE

NOW!

STOP natural history

First episode of psychosis

Chronic RCT

3 kg

4 kg

0 12 24 36 48 Months
Don’t just SCREEN – INTERVENE

- Smoking cessation
- Nutritional strategies
- Physical activity
- Metformin
- Switching & other medicine strategies
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

Acknowledgement to sculptor Keld Moseholm

*Balance with energies* (Sculpture By The Sea 2012 Bondi)

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

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.
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.
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)