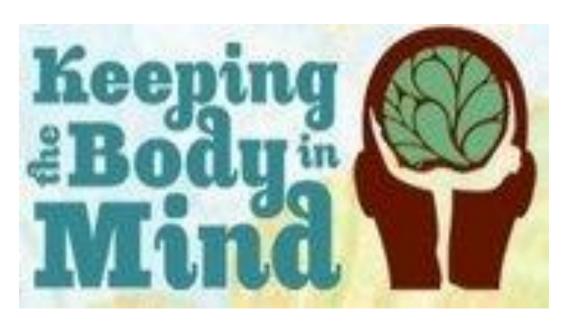


Early Intervention in Psychosis...



Dec 7th Wakefield David.Shiers@doctors.org.uk

Declaration of Interest:

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



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.

4. Chair of





"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.

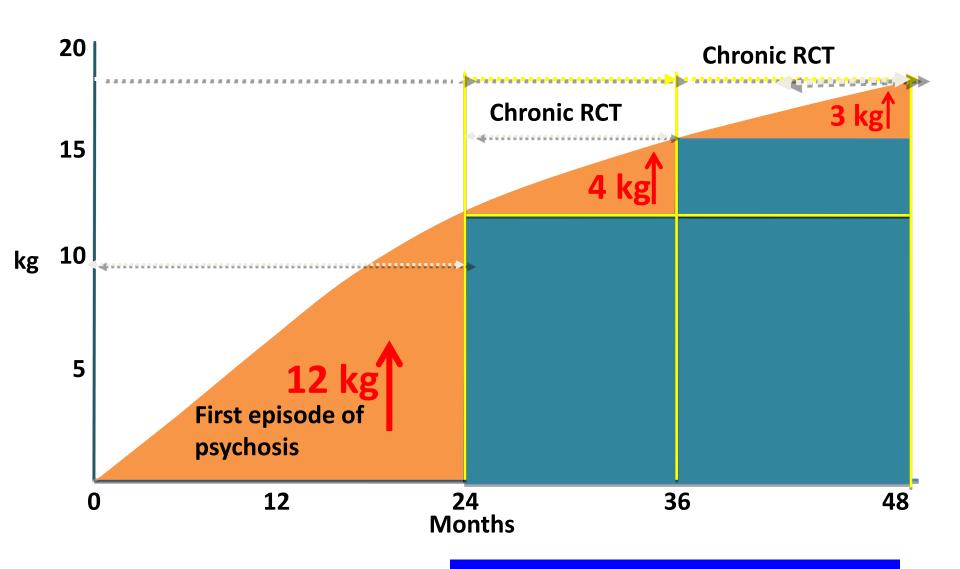
People with schizophrenia appear to be missing out on the improved cardiovascular mortality of the general population.

Difference between general population and those with schizophrenia





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



Alvarez-Jimenez et al; CNS Drugs, 2008

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 ≥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%
BMI = body mass index	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 Cardiometabolic 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:

- 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





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?

An intervention framework for patients Positive Cardiometabolic Health Resource with psychosis on antipsychotic medication **Body Mass** Glucose Regulation Blood Index (BMI) (Assess by fasting plasma Lifestyle Blood Lipids Smoking Pressure glucose; nandom plasma Weight glucoses HbA₆): Total chal >6.0 mmol/1 BMI s25 kg/m/ HbA_{IC} or Glucose threshold: OR: 6,23 ka/m² If South HbAss a42 mest/not Ca6765 >140 mm Hg systolic Poor diet High (1420%) risk of CVD Asian or Chinesell AND/OR Current Smoker AND/OR AND/OR (using available risk AND/OR FPG a5.5 model. Sedentary Westyle ≥90 mm Hg diastolic equations e.g. GRisk) Weight gain 25kg OR based on measurement. over 3 month period RPS = 11.1 model of total chol/HDL ratio Don't just SCREEN -Lifestyle advice to include diet and physical activity. Medication review. rgy **INTERVENE** take. Refer for investigation, diagnosis and treatment by appropriate clinician if necessary. for all patients in the "red zone" At High Risk Diabetes Brief individual mmendations. Follow NICE: of Diabetes intervention NICE guidelines for lipid modification HbA_{rc} x48 mag/mot hypertension: (a6.5%) FPG a7.0 mmst/l Consider HBA_{re}, 42:47 mmst/mot endations. Follow: referral to (6.0% - 6.4%) NICE guidelines uk/nicemedia/pdf/ S60N4CB guideline po NHS Smoking FPG 5.5 - 6.9 mooth for obesity endations. Endocrine review Offer intensive http://www.nice.org. uk/9643 AND 42-47 mmol/mol (6.0-6.4%) Follow NICE Consider anti-Consider lipidi tion and interventions for individuals diabetes guidelines hypertensive theraps patient with known I (this would normally be GP supervised) Dilet: limit salt intake CVD or diabetes onsent as described in the Good Practice in Prescribing MPS and MDU, and the use of metformin Target Target: Target: Target Target Target Target ar ensure renal function is adequate). BMI 18.5-24.9 kg/m/ 30% total chol 4140/90 mm Hg HbA_{te} 47-58 mmol/mol Smoking cassation: Prevent or delay to 1500-2000 mg daily. OR total chol uS most and LDL uS most onset of diabetes 08.5-7.5%3 Should be a priority if (18.5-22.9 km/m² <130/90 mm Hg for History 442 ment/met Contain energy intake If South Asian those with CVO or or Chinese) diabetes): Daily eventise of 30 mins/day For those with known en has played a causative role in FPG <5.5 mont/1 expected to offer less adverse effect ns; rationalise any polypharmacy. fits against risk of relapse of the psychosis FPG = Fasting Plasma Glucose | RPG = Random Plasma Glucose | BMI = Body Mass Index | Total Choi = Total Choi esterol | LDL = Low Density Lipoprotein | HDL = High Density Lipoprotein ime (>1 year) is likely to be minimal he same treatment then ensure trigiycendes). ir rasting samples are impractical tri non-fasting samples are satisfactory for most measurements except for LDL or triglycerides. ECG: Include if history of CVD, family history of CVD, Royal College of

Lester UK Adaptation

PSYCH

Royal College of Physicians

Royal College

Download Lester UK Adaptation:

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

General Practitioners

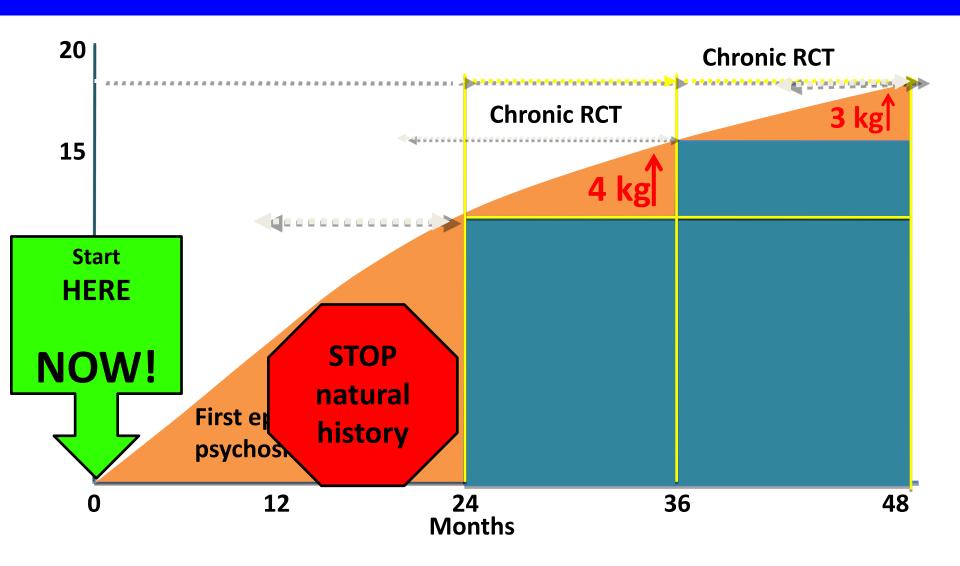
DIABETES UK

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-arrythmics - see British National

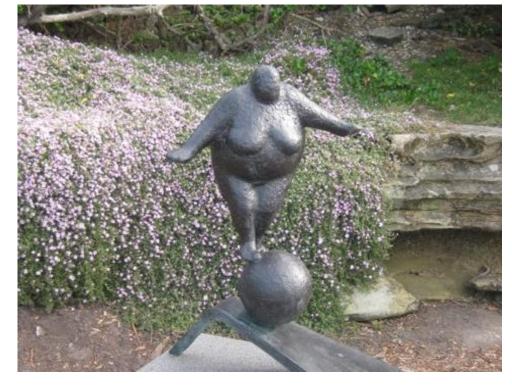
Formulary for further information).

Time to keep the body in mind?



Don't just SCREEN — INTERVENE



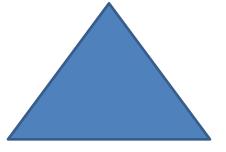


10% shift in body weight

20-25% more premature mortality 50% more type 2 DM

10% higher total cholesterol / 30% higher triglycerides

10mmHg higher systolic / 20mmHg higher diastolic blood <u>pre</u>ssure



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

Acknowledgement to sculptor Keld Moseholm

Balance with energies (Sculpture By The Sea 2012 Bondi)

CLINICAL PSY CHIATRY

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."



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)

Slide13: Rolling pin (Sculpture By The Sea 20011 Bondi)

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