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*Mental Health Evaluation &
Community Consultation Unit
Department of Psychiatry*

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EARLY PSYCHOSIS

A GUIDE
FOR **PHYSICIANS**

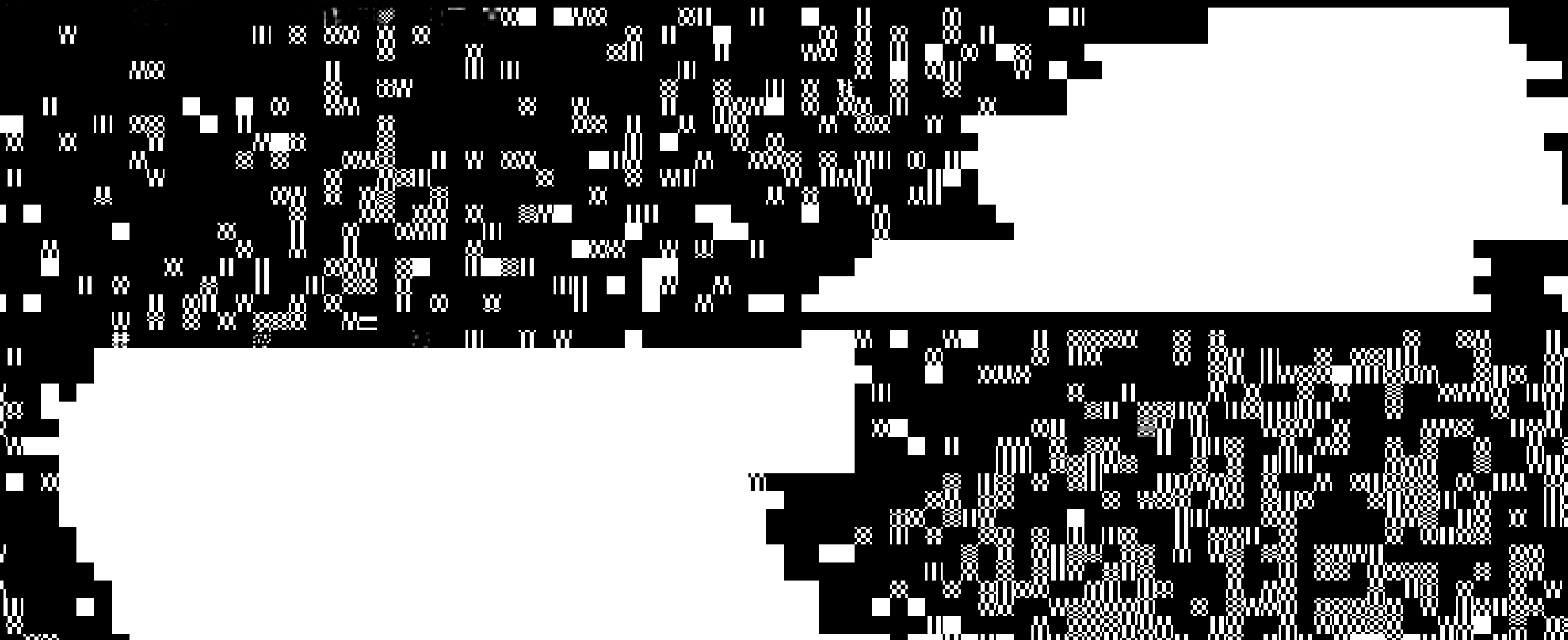


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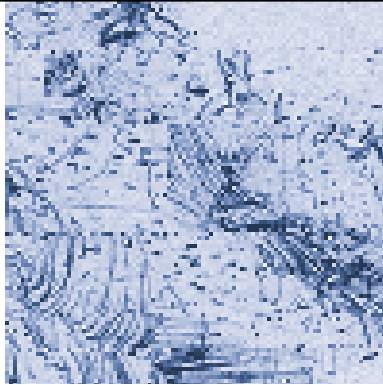
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EARLY PSYCHOSIS



A GUIDE
FOR PHYSICIANS



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MENTAL HEALTH SERVICES
& COMMUNITY CARE AT UBC

YEAR 2000

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Practical Guides

FOR FIRST-EPIISODE PSYCHOSIS

EARLY DETECTION

Prodromal symptoms

- [Recognizing prodromal symptoms](#)
- [Recognizing prodromal symptoms](#)
- [Recognizing prodromal symptoms](#)

Emerging psychotic symptoms

- [Recognizing emerging psychotic symptoms](#)
- [Recognizing emerging psychotic symptoms](#)
- [Recognizing emerging psychotic symptoms](#)

DIAGNOSIS

- [Diagnosing first-episode psychosis](#)
- [Diagnosing first-episode psychosis](#)

WORKING RELATIONSHIPS

- [Working relationships](#)
- [Working relationships](#)
- [Working relationships](#)

RACIAL ISSUES

- [Racial issues](#)
- [Racial issues](#)
- [Racial issues](#)

LIAISON WITH MENTAL HEALTH AGENCIES

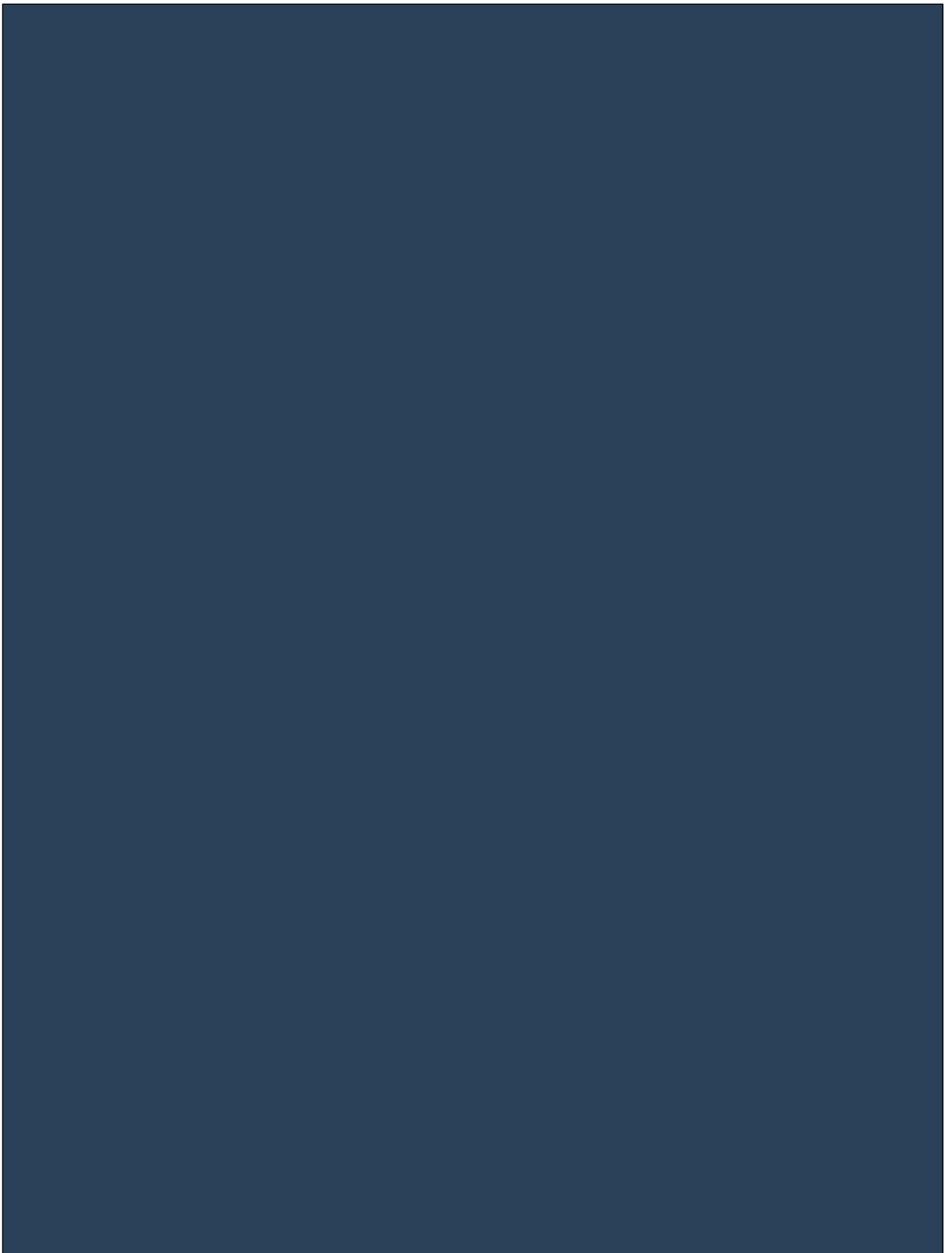
- **W**ork with the police, courts, and other agencies to ensure that the person is safe and that the community is protected.

INPATIENT ADMISSIONS

- **W**ork with the police, courts, and other agencies to ensure that the person is safe and that the community is protected.
- **V**oluntary admission: The person is admitted to the hospital voluntarily.
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- **W**ork with the police, courts, and other agencies to ensure that the person is safe and that the community is protected.

- 1. is suffering from a mental disorder that seriously impairs the person's ability to react appropriately to his or her environment or to associate with others;*
- 2. requires psychiatric treatment in or through a designated facility;*
- 3. requires care, supervision and control in or through a designated facility to prevent the person's substantial mental or physical deterioration or for the person's own protection or the protection of others; and*
- 4. is not suitable as a voluntary patient*

- **V**oluntary admission: The person is admitted to the hospital voluntarily.
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- **V**oluntary admission: The person is admitted to the hospital voluntarily.







Why is Early Intervention Needed?

• **W**ith early intervention, the brain has a better chance of recovering from the effects of psychosis. **V**ery early treatment can help reduce the severity of symptoms and improve long-term outcomes.

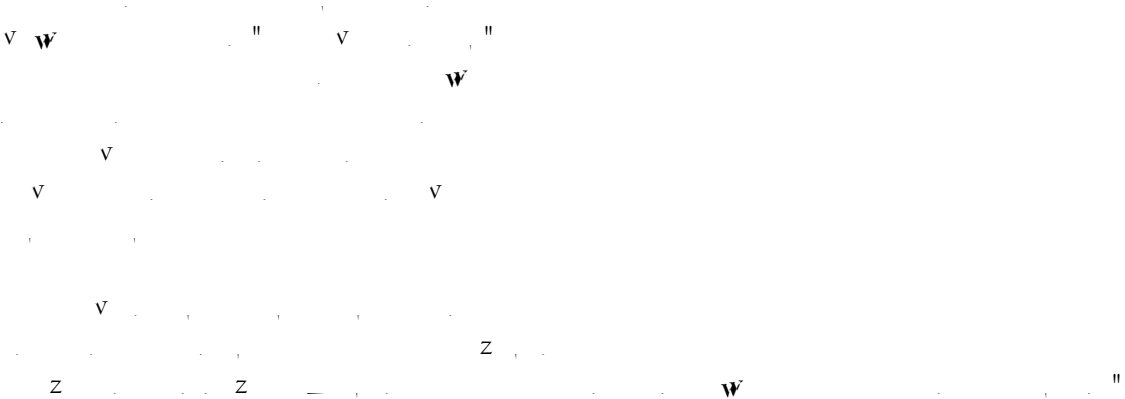
• **W**ithout early intervention, the brain may become more vulnerable to future episodes of psychosis. **V**ery early treatment can help reduce the risk of relapse and hospitalization.

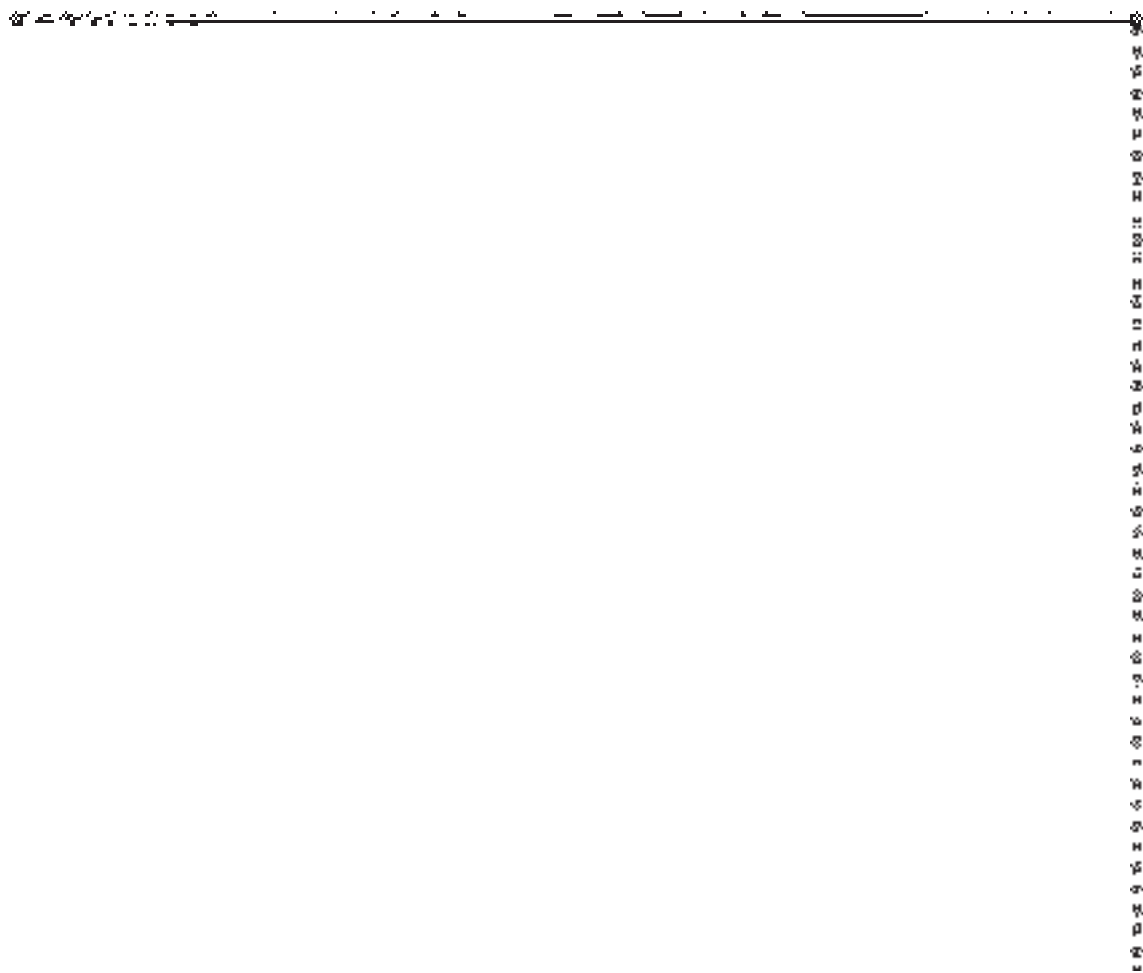
• **W**ith early intervention, the brain has a better chance of recovering from the effects of psychosis. **V**ery early treatment can help reduce the severity of symptoms and improve long-term outcomes.

Delayed Treatment Can Result In...

- Poorer clinical outcomes
- Higher rates of hospitalization
- Increased risk of violence
- Higher rates of substance use
- Higher rates of homelessness
- Higher rates of incarceration
- Higher rates of suicide
- Higher rates of self-harm
- Higher rates of comorbid conditions
- Higher rates of chronicity

Stress-Vulnerability Model of Onset

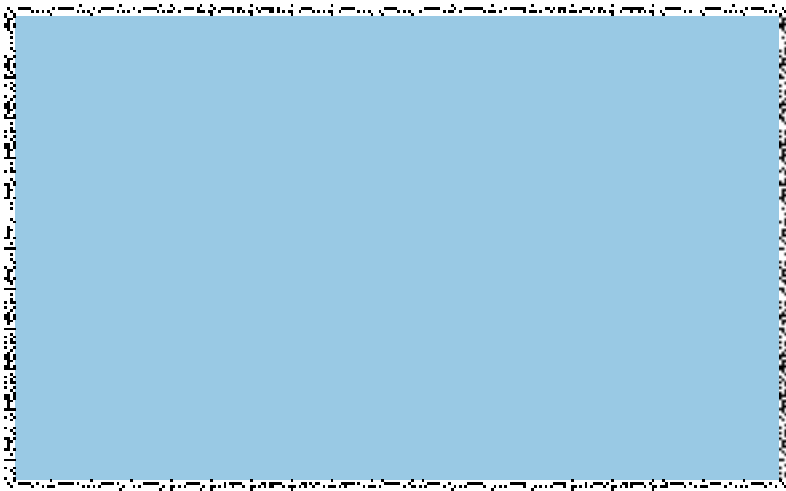






Acute Phase

During the acute phase of psychosis, the patient's symptoms are most severe and the risk of harm to the patient and others is highest. The primary goal of treatment is to stabilize the patient and reduce the severity of symptoms. This is typically achieved through the use of antipsychotic medications, which are often administered in the hospital setting. In addition to medication, other interventions such as crisis stabilization, family support, and case management are crucial in managing the acute phase. The acute phase is a critical period for intervention, as it sets the stage for the patient's long-term recovery and functional outcomes.



Recovery Phase

V The recovery phase is the period of time following the initial shock of a disaster, during which the affected community begins to rebuild and return to normalcy. This phase is characterized by a period of intense activity and effort, as individuals and organizations work to restore their lives and communities to a state of stability and well-being.

V The recovery phase is a complex and multi-faceted process that involves a wide range of activities, including the reconstruction of physical infrastructure, the provision of social and economic support, and the restoration of community ties and social networks. It is a process that takes time and requires the coordinated efforts of government, the private sector, and the community itself.

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Summary of First-Episode Psychosis

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Role of the General Practitioner

There is a growing emphasis on the role of the general practitioner (GP) in the early identification and management of psychosis. This role is becoming increasingly important as the prevalence of mental health problems continues to rise. The GP is often the first point of contact for a patient experiencing a mental health problem, and it is crucial that they are able to identify and manage these problems effectively. This role involves a range of activities, including identifying symptoms, conducting assessments, providing initial treatment, and referring patients to specialist services when necessary. The GP also plays a key role in providing ongoing support and monitoring for patients with mental health problems, and in coordinating care with other professionals involved in the patient's care. This role is essential for ensuring that patients receive the best possible care and support, and for reducing the burden of mental health problems on the health system.

The role of the GP in the early identification and management of psychosis is a complex one, and it requires a range of skills and knowledge. GPs need to be able to identify the signs and symptoms of psychosis, and to understand the underlying causes of these symptoms. They also need to be able to conduct a thorough assessment of the patient, and to provide appropriate initial treatment. This may involve prescribing medication, providing psychological support, and referring the patient to specialist services. The GP also needs to be able to provide ongoing support and monitoring for the patient, and to coordinate care with other professionals involved in the patient's care. This role is essential for ensuring that patients receive the best possible care and support, and for reducing the burden of mental health problems on the health system.

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Table 1

COMPONENTS OF A MENTAL STATUS EXAMINATION

The Mental Status Examination is a review of psychiatric symptoms. The following mnemonic may aid in remembering all of the areas to review.

A B C Stamp Licker

Appearance: Is the patient well-groomed and clean? Is there any evidence of self-harm or neglect? Is there any evidence of substance use?

Behavior: Is the patient cooperative? Are there any signs of aggression or hostility? Are there any signs of catatonia or stupor?

Content of speech: Is the patient's speech goal-directed? Is there any evidence of tangentiality, circumstantiality, or incoherence? Are there any signs of thought disorder (e.g., loose associations, flight of ideas, or neologisms)?

Sentiment: Is the patient's mood congruent with the content of their speech? Are there any signs of depression (e.g., sadness, tearfulness, or anhedonia)? Are there any signs of mania (e.g., elevated mood, irritability, or grandiosity)?

Thought: Is the patient's thought process goal-directed? Are there any signs of thought disorder (e.g., loose associations, flight of ideas, or neologisms)? Are there any signs of delusions or hallucinations?

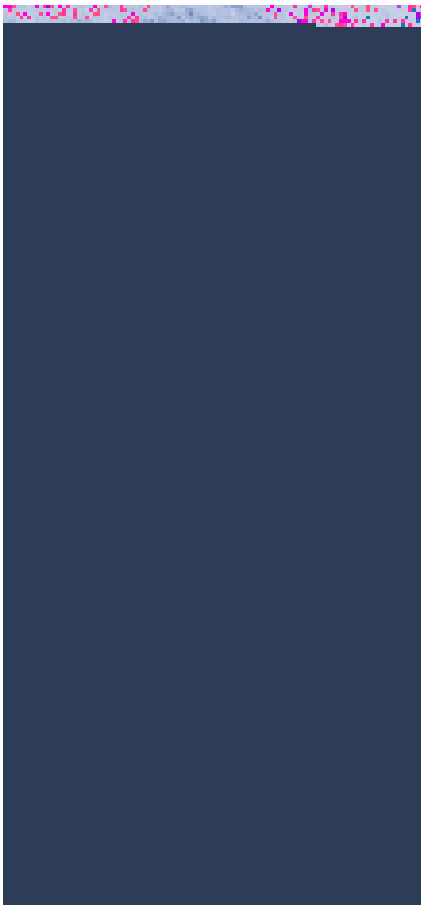
Affect: Is the patient's affect appropriate to the situation? Are there any signs of flat affect (e.g., lack of facial expression or monotone speech)? Are there any signs of labile affect (e.g., rapid mood swings)?



Interview Considerations

When interviewing a patient with a suspected psychotic disorder, it is important to be aware of the patient's safety and the safety of others. The following are some key considerations:

- **Assess for risk of harm:** Ask the patient about thoughts of self-harm or harm to others, and about any recent suicidal or violent thoughts or actions.
- **Assess for insight and judgment:** Ask the patient about their understanding of their illness and their ability to make decisions about their care.
- **Assess for social support:** Ask the patient about their relationships with family and friends, and about any recent changes in their social support.
- **Assess for medication adherence:** Ask the patient about their use of any prescribed medications, and about any side effects or concerns.
- **Assess for substance use:** Ask the patient about their use of alcohol, drugs, and other substances.
- **Assess for cultural and linguistic differences:** Be aware of the patient's cultural and linguistic background, and how this may affect their communication and understanding of illness.
- **Assess for comorbid conditions:** Ask the patient about any other medical or mental health conditions they may have.
- **Assess for legal and ethical issues:** Be aware of any legal or ethical issues that may arise, such as the patient's capacity to consent to treatment or the need for involuntary hospitalization.



Family Concerns

Family members often have concerns about the patient's illness and the impact it may have on the family. It is important to address these concerns and provide support and resources. The following are some common family concerns and how to address them:

Concern 1: Safety of the patient and family
Family members may be concerned about the safety of the patient and themselves. It is important to assess the risk of harm to the patient or others and provide appropriate interventions. This may include hospitalization, medication management, and safety planning. **W**

Concern 2: Financial strain
The cost of treatment and the impact of the illness on the family's finances can be a significant concern. It is important to discuss financial options, such as insurance coverage, financial assistance programs, and community resources. **V**

Concern 3: Impact on family relationships
The illness can strain family relationships and cause conflict. It is important to provide support and resources to help family members cope with the illness and maintain healthy relationships. This may include family therapy, support groups, and individual counseling. **V**

Concern 4: Stigma and social isolation
Family members may experience stigma and social isolation due to the patient's illness. It is important to provide education and support to help family members understand the illness and reduce stigma. This may include support groups, community resources, and individual counseling. **V**

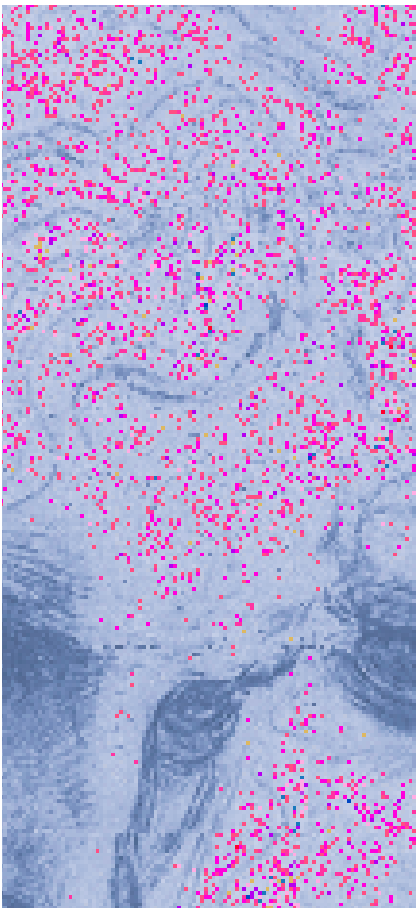
Concern 5: Lack of information and understanding
Family members may lack information and understanding about the patient's illness and treatment. It is important to provide education and resources to help family members understand the illness and treatment. This may include patient education materials, support groups, and individual counseling. **V**

Addressing family concerns is an important part of the assessment and treatment process. It is important to listen to family members, provide support and resources, and address their concerns in a sensitive and empathetic manner. **W**

Family members may also have concerns about the patient's long-term prognosis and the impact of the illness on their future. It is important to provide information and support to help family members understand the patient's prognosis and the impact of the illness on their future. **V**

It is important to provide support and resources to help family members cope with the illness and maintain healthy relationships. This may include family therapy, support groups, and individual counseling. **W**

Investigations in First-Episode Psychosis



Investigations in first-episode psychosis (FEP) are essential for identifying the underlying cause of the symptoms and for guiding treatment. The following table summarizes the key investigations and their findings:

Investigation	Findings
Physical Examination	Normal
Neurological Examination	Normal
Psychiatric Examination	Positive
Psychological Testing	Positive
Brain Imaging	Normal
Genetic Testing	Normal
Blood Tests	Normal
Urine Tests	Normal
ECG	Normal
EEG	Normal
Lumbar Puncture	Normal

The findings indicate that the patient's symptoms are likely due to a primary psychiatric disorder, such as schizophrenia, rather than a medical condition. Further investigation and treatment are recommended.

Table 2

**SELECTED MEDICAL AND NEUROLOGICAL CONDITIONS
THAT MAY PRESENT WITH SYMPTOMS OF PSYCHOSIS**

DISEASE	PRESENTING PSYCHIATRIC SIGNS/SYMPTOMS	DIFFERENTIAL DIAGNOSIS
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OTHER MEDICAL CONDITIONS ASSOCIATED WITH PSYCHOTIC SYMPTOMS

- **V**itamin B12 deficiency
- **W**orm infestation
- **H**ypothyroidism 10% 10%
- **H**yperthyroidism 10%
- **H**epatic encephalopathy
- **H**ypocalcaemia
- **V**itamin D deficiency
- **H**ypoparathyroidism

Referral Issues

When a patient is referred to a mental health professional, the referring physician should provide a clear and concise summary of the patient's history and current symptoms.

- ✓ Provide a clear and concise summary of the patient's history and current symptoms.
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"The patient is a 25-year-old male who has been experiencing symptoms of psychosis for the past 6 months. He has been referred to you for a comprehensive psychiatric evaluation and management plan." "The patient is a 25-year-old male who has been experiencing symptoms of psychosis for the past 6 months. He has been referred to you for a comprehensive psychiatric evaluation and management plan."

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The patient's symptoms include delusions, hallucinations, and disorganized thinking. He has been unable to maintain employment and has been living with his parents. He has a history of substance use, including alcohol and marijuana. He has been referred to you for a comprehensive psychiatric evaluation and management plan. The patient's symptoms include delusions, hallucinations, and disorganized thinking. He has been unable to maintain employment and has been living with his parents. He has a history of substance use, including alcohol and marijuana. He has been referred to you for a comprehensive psychiatric evaluation and management plan.

Hospitalization

When a patient is hospitalized, the physician should be aware of the patient's medical history, current symptoms, and the patient's response to treatment. The physician should also be aware of the patient's social history, including the patient's living situation, family support, and access to resources. The physician should also be aware of the patient's legal status, including the patient's ability to make decisions and the patient's consent to treatment.

The physician should also be aware of the patient's mental health history, including the patient's previous diagnoses, treatments, and hospitalizations. The physician should also be aware of the patient's current symptoms, including the patient's mood, thought, and behavior. The physician should also be aware of the patient's response to treatment, including the patient's adherence to medication and the patient's response to therapy.

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2. The physician should be aware of the patient's social history, including the patient's living situation, family support, and access to resources.
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4. The physician should be aware of the patient's mental health history, including the patient's previous diagnoses, treatments, and hospitalizations.



Index

Guidelines

Guidelines for the diagnosis and treatment of early psychosis, including information on the use of antipsychotics, mood stabilizers, and antidepressants. **V**

Initiating Treatment

Guidelines for the initiation of treatment, including information on the use of antipsychotics, mood stabilizers, and antidepressants. **V**

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PHARMACOLOGICAL INTERVENTIONS

Antipsychotic Free Period

Antipsychotic free period (AFP) is a period of time during which a patient is not taking any antipsychotic medication. AFP is a common occurrence in the treatment of early psychosis, and it is important to understand the reasons for its occurrence and the potential consequences. AFP can be caused by a variety of factors, including medication non-adherence, medication discontinuation, or medication resistance. The duration of AFP can vary from a few days to several months. The consequences of AFP can include relapse of symptoms, hospitalization, and increased risk of long-term outcomes. It is important to monitor patients closely during an AFP and to provide support and education to help them understand the importance of medication adherence.

Pharmacotherapy Options

Pharmacotherapy options for early psychosis include antipsychotics, mood stabilizers, and antidepressants. Antipsychotics are the first-line treatment for early psychosis, and they are effective in reducing symptoms and improving outcomes. There are several different types of antipsychotics, including first-generation antipsychotics (FGAs) and second-generation antipsychotics (SGAs). SGAs are generally preferred over FGAs because they have a lower risk of side effects and are more effective in treating negative symptoms. Mood stabilizers are used to treat mood symptoms, and antidepressants are used to treat depressive symptoms. It is important to choose the right medication for the patient based on their symptoms, medical history, and preferences. Close monitoring and support are essential for successful pharmacotherapy.



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Summary of Strategies for Early Intervention

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1. **Engage the patient and family** in the process of care. **Use** a collaborative approach to care that involves the patient and family in decision-making. **Use** a patient-centered approach to care that focuses on the patient's needs and preferences.

2

2. **Assess the patient's** current level of functioning and the impact of symptoms on the patient's life. **Use** a comprehensive assessment that includes a clinical history, physical examination, and psychological testing.

3

3. **Develop a treatment plan** that is tailored to the patient's needs and preferences. **Use** a combination of medication and psychosocial interventions.

4

4. **Monitor the patient's** response to treatment and make adjustments as needed. **Use** a combination of clinical observation and standardized assessment tools.

5

5. **Provide ongoing support** and resources to the patient and family. **Use** a combination of individual and group therapy, as well as community resources.

6

6. **Evaluate the effectiveness** of the treatment plan and make adjustments as needed. **Use** a combination of clinical observation and standardized assessment tools.

7

▼ **W**hen a patient with a first episode of psychosis is admitted to the hospital, the physician should be alert to the possibility of a medical condition that may be causing the symptoms.

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Other Resources

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