

Upfront About Psychosis

Psychosis Risk Assessment and Referral in
Primary Care and Emergency Medical Settings

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SCHOOL OF
PUBLIC HEALTH



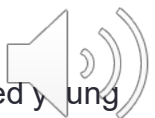
Conflicts of Interest

I have no biomedical/financial/ethical conflicts of interest to report.

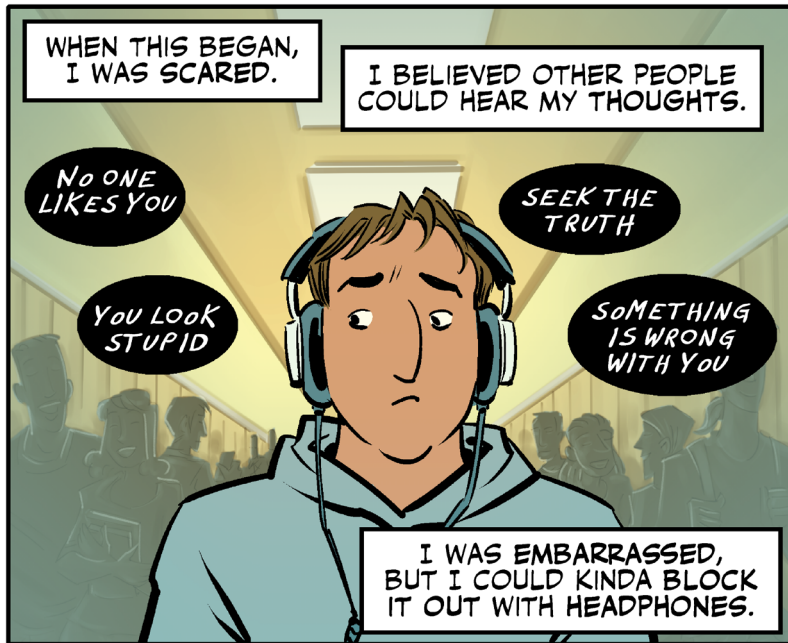


First Episode Psychosis: Morbidity & Inadequate Care

- 2017 study of insured individuals age 16-30 in the year following a 1st episode of psychosis (FEP):
 - 24x morbidity compared to general population of same-age people
 - 89x compared to general population
 - 41% did not receive any psychotherapy
 - 61% did not fill any antipsychotic medication prescriptions



Early intervention helps



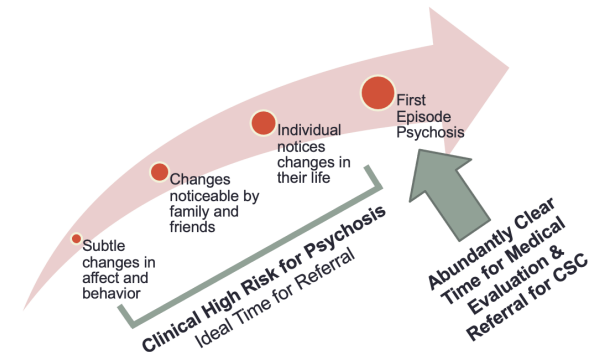
RAISE Study

- 34 clinics in 21 states
- ½ utilized coordinate specialty care (NAVIGATE)
- ½ treatment as usual (TAU)
- NAVIGATE group:
 - More improvement in symptoms and quality of life
 - Remained in treatment longer
 - Improved work and school participation
- Particularly for those with a duration of untreated psychosis (DUP) <74 weeks.



You can help!

- Most youth visit their primary care providers or emergency medical providers in the early phases of their illness
- In one of study comparing 11,690 individuals diagnosed with schizophrenia spectrum disorders, compared to controls (n = 81,793) they **consulted their PCP 14 x's more often**
- You can help **detect** psychosis and risk for psychosis, **reassure** families, and **refer** to appropriate service



www.easacommunity.org



CREATING OPPORTUNITIES
for young people who have experienced psychosis

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Why do I feel this way?

Are you or someone you know...

Seeing or hearing things that other people don't, like shadows in the corner of your eyes?

Having unusual thoughts, like experiencing the TV, Internet, or music sending you special messages?

Having a lot more energy than usual and racing thoughts, so much that you can't sleep for days?

Need Help Now?

Call 911, go to the emergency room, or call the local crisis line services if you need them.

24/7 Suicide Prevention & Crisis Hotline:
1-800-273-8255

National Suicide Prevention Lifeline

[Local Crisis Lines](#) +

[Refer to EASA](#) +

Click here to find the contact information for the intake coordinator in the individual's county.



DSM-5 Definition of Schizophrenia

Symptoms that have an impact on social/academic/occupational functioning for at least 6mos, featuring at least 2 of these symptoms:

- ✓ **D**elusions
- ✓ **H**allucinations
- ✓ Disorganized **S**peech
 - ✓ Disorganized **B**ehavior
 - ✓ **N**egative **S**ymptoms

“**DHS BeNS**”

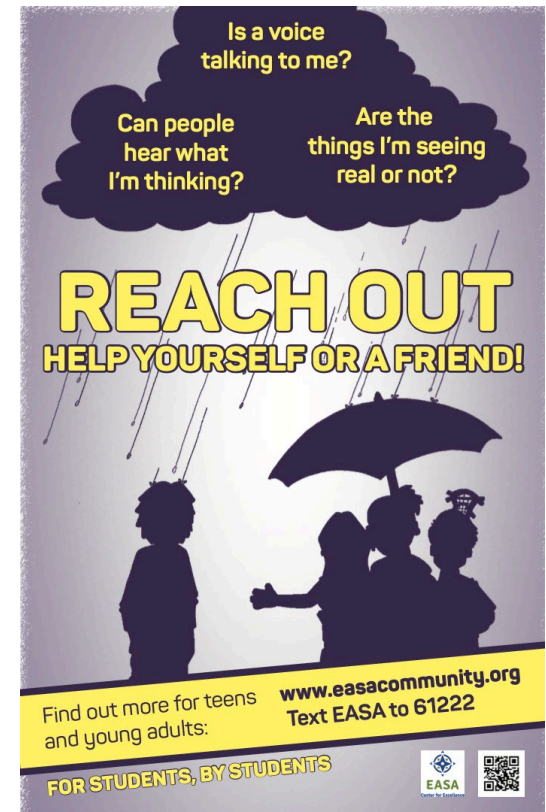


At least one symptom has to be **DHS**

Delusions

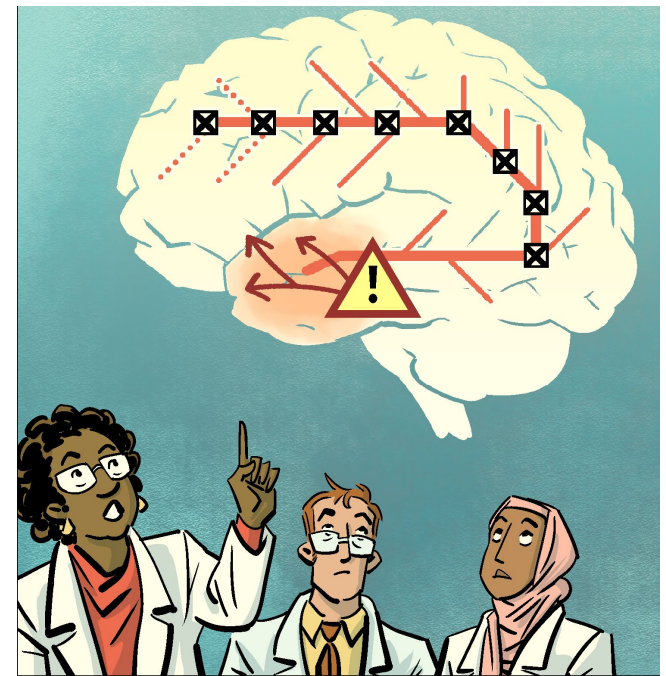
Often persecutory in nature, this might involve an individual believing they are being spied on, followed, cheated on, or poisoned

A grandiose delusion might involve the sense that one is special, a “chosen one” or that they can communicate directly with famous people, or that they can telepathically connect with others



Hallucinations

- **Hallucinations:** “erroneous percepts in the absence of identifiable stimuli”¹ or “a sensory experience in which a person can see, hear, smell, taste, or feel something that is not there.”²
- **Illusion:** a pattern/phenomenon which emerges from an identifiable stimuli, but which morphs into something only the individual senses
- **AVH:** auditory verbal hallucination: often voice or voices commenting
- **Nonverbal Auditory Hallucination:**
 - Buzzing
 - Clicking
 - Drilling
 - Knocking
 - Whooshing



1 Jardri R, Bartels-Velthuis AA, Debbané M, Jenner JA, Kelleher I, Dauvilliers Y, Plazzi G, Demeulemeester M, David CN, Rapoport J, Dobbelaë from phenomenology to neurophysiological understanding of hallucinations in children and adolescents. Schizophrenia bulletin. 2014 Jun 13;40(Suppl_4):S221-S22. 2 Majjer K, Hayward M, Fernyhough C, Calkins ME, Debbané M, Jardri R, Kelleher I, Raballo A, Rammou A, Scott JG, Shinn AK. Hallucinations in children and adolescents: an updated review and practical recommendations for clinicians. Schizophrenia bulletin. 2019 Feb 1;45(Supplement_1):S5-23.

Hallucinations = ↑ Psychiatric Risk

- 1) Auditory Hallucinations in Youth are Common¹
 - 2) Persistence of Auditory Hallucinations is associated with psychiatric risk²
 - 3) Distress is one of our best indicators of progression to psychosis³
- Both Distressing and Nondistressing AH are linked to trauma and being distracted
 - Vulnerability factors to experiencing distress with AH include:
 - Negative Self Worth
 - Bullying, Trauma
 - Low Self-efficacy
 - Less family support



1 Majjer K, Begemann MJH, Palmen S, Leucht S, Sommer IEC. Auditory hallucinations across the lifespan: a systematic review and meta-analysis. Psychol Med . 2017;48:879–888.

2 van Os J, Guloksuz S. A critique of the “ultra-high risk” and “transition” paradigm. World Psychiatry. 2017 Jun;16(2):200–206.

3 Løberg EM, Gjestad R, Posserud MB, Kompus K, Lundervold AJ. Psychosocial characteristics differentiate non-distressing and distressing voices in 10,346 adolescents. European child & adolescent psychiatry. 2019 Feb 28:1-1.

Disorganized Speech

Speech that represents a deviation from baseline and is marked by:

- incoherence
- being illogical
- frequently shift to unrelated topics

Behavioral Dysregulation

Again, represents clear deviation from baseline and may include:

- Change in dress or wearing weather inappropriate attire
- Odd affects (smiling, laughing, crying in an off-topic manner)
- Socially withdrawing (for a previously out-going person)
- Confronting others or making accusations or statements that, to others, seem out-of-the-blue

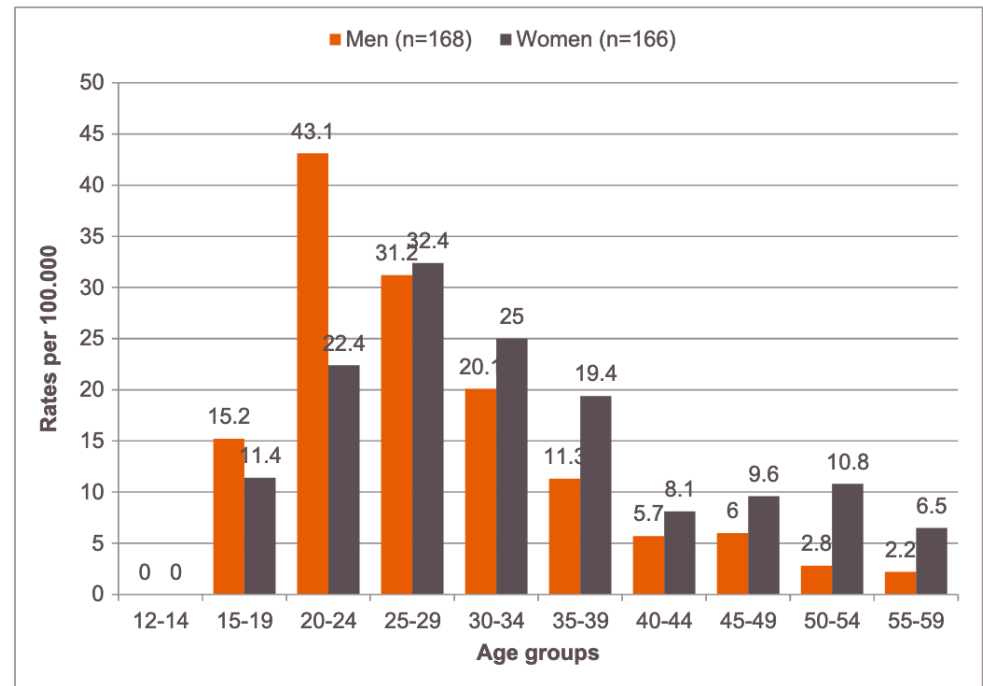
Negative/Cognitive Symptoms

- Motor activity that is less coordinated or slowed
- Difficulties with social cognition (thinking about what others are thinking and feeling)
- Decreased ability to initiate, sustain, and shift attention
- Difficulties with executive functioning (planning, sequencing, carrying out tasks)



Age of First Schizophrenia Spectrum Disorder Diagnosis

- Most men develop schizophrenia at age 15-25, young women 20-30
- Approximately 12.5 – 33% of people develop symptoms before age 18
- The male to female ratio is 1.4:1.
- Childhood-onset schizophrenia (COS) is defined as onset 13 and younger and is extremely rare (1:100,000)
- Internationally, the prevalence of schizophrenia is 1-2%



From: Riecher-Rössler A, Butler S, Kulkarni J. Sex and gender differences in schizophrenic psychoses-a critical review. *Arch Womens Ment Health*. 2018;21(6):627-648



Who is most vulnerable?

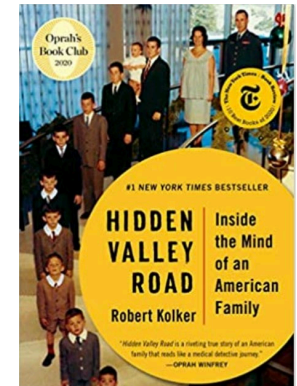
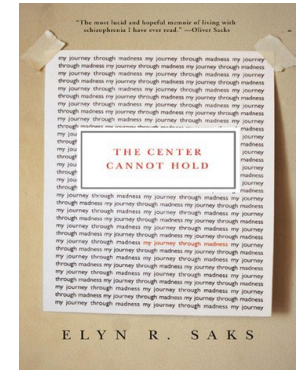
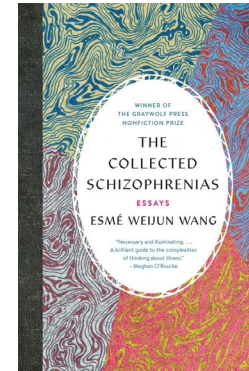
- People with a family history of schizophrenia spectrum disorders
- Individuals who have had previous brief psychotic episodes or attenuated psychotic symptoms
- Trauma / Violence
- Adverse Childhood Events
- Displacement
- Confusion About Language / Worry About Missing Communication
- Poverty
- Bullying
- Racism
- Poor Nutrition during Gestation
- Disrupted Early Attachments...



Most people don't first seek treatment for “psychosis risk syndrome”

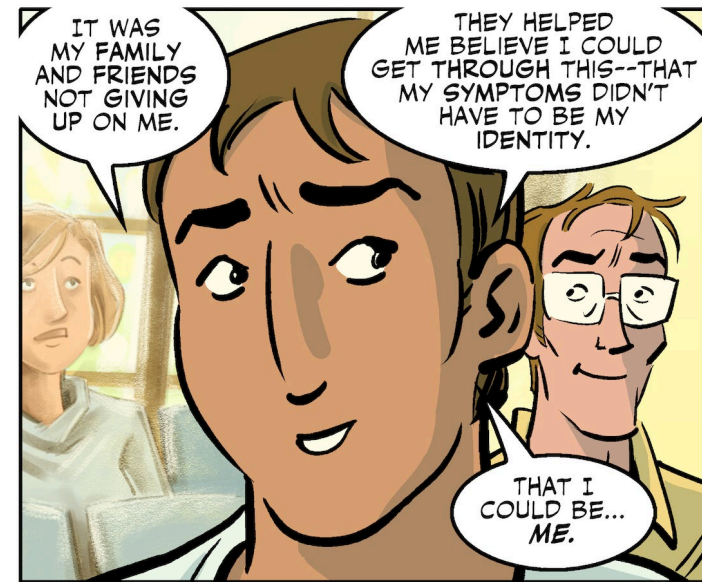
In one study of 232 patients with first-episode of schizophrenia spectrum disorder, they first sought treatment for:

- 19% - Restlessness
- 19% - Depression
- 18% - Anxiety
- 16% - Trouble with thinking and concentration
- 15% - Worrying
- 13% - Lack of self-confidence
- 12% - Lack of energy, slowness
- 11% - Poor work performance
- 10% - Social withdrawal, distrust
- 10% - Social withdrawal, communication



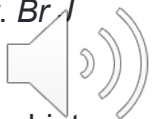
Most People Do Well

- 2014 study in Scotland, only 12.6% individuals with acute and transient psychotic disorders (loosely equivalent to DSM5 brief psychotic disorder and schizophreniform disorder) developed schizophrenia within 3-5 years
- 2001 examination of 15 and 25-year international follow-up data showed that 60-80% of people with FEP went on to enjoy functional recovery or significant improvement



Harrison G, Hopper K, Craig T, et al. Recovery from psychotic illness: a 15- and 25-year international follow-up study. *Br J Psychiatry*. 2001;178:506-517.


Queirazza F, Semple DM, Lawrie SM. Transition to schizophrenia in acute and transient psychotic disorders. *Br J Psychiatry* 2014;204:299-305.



If you suspect psychosis...

- Ask the types of questions listed on the PsychosisScreening.Org website **and/or** administer the Psychosis Questionnaire Brief (PQB).
- The PQB is a 21 question screening tool found here:
 - EASA website:
https://portlandstate.qualtrics.com/jfe/form/SV_033kbbJOtKgG3DT
 - PDF here:
<https://www.psychosisscreening.org/uploads/1/2/3/9/123971055/pqb.pdf>

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**?



Medical Workup of First Episode Psychosis

- Mental Status Examination
- Neurological Examination
- Labs
 - Complete Blood Count
 - Comprehensive Metabolic Panel
 - Urine Toxicology
 - Serum Toxicology
 - Thyroid Stimulating Hormone, FT4 anti microsomal antibodies, consider anti thyroglobulin antibodies*
 - Parathyroid Hormone (especially if hypercalcemic)
 - ESR and CRP
 - STI Panel
 - Pb Level
- Pre-Treatment Screens (Second-generation Antipsychotics)
 - EKG
 - HBA1c
 - Fasting Lipid Panel



Consider EEG and MRI if:

- History of absence seizure-like symptoms
- New, unremitting headaches
- Recent head trauma
- Concern about encephalopathy (confusion/delirium/rapid onset/waxing and waning course)
- Multimodal Hallucinations (particularly VH)

Consider Evaluation of Auto-Immune Encephalitis (LP + Mayo Serum + CSF Panels) if:


- Rapid-onset or rapid progression (3 months) of working memory deficits (short-term memory loss), altered mental status, or psychotic symptoms
- Age of onset seems outside the bounds of norm (<13yoa) or symptoms follow viral illness and involve motor functioning



Questions? Call OPAL & EASA!

Oregon Psychiatric Access Line

- Youth (OPAL - K)
- Adults (OPAL – A)
- Monday – Friday - 9am – 5pm
- 1-855-966-7255
- Intended for Primary Care Providers
- Staffed by OHSU psychiatrists and child and adolescent psychiatrists
- Help considering bio-psycho-social formulation of cases
- Help thinking evaluation, treatment, and resource options
- Written consultation summary

A blue poster for the OPAL Program. At the top, it says 'OPAL Program' in white, followed by '(Oregon Psychiatric Access Line)' and 'OPAL-K for kids and OPAL-A for adults'. Below this, it states 'Offering psychiatric telephone consultations to health care providers in Oregon.' and provides the phone number '855-966-7255' and website 'www.ohsu.edu/opal'. At the bottom left is the 'Oregon Health Authority' logo, and at the bottom right is the 'OHSU' logo with a stylized flame icon above it.

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(Oregon Psychiatric Access Line)
OPAL-K for kids and OPAL-A for adults

Offering psychiatric telephone consultations
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855-966-7255
www.ohsu.edu/opal

Oregon Health Authority
OHSU



Refer to EASA

- If you suspect that someone may have a psychotic illness or is at high risk for one, contact the Early Assessment & Support Alliance (EASA) Program in the young person's county of residence:
- EASA programs are multidisciplinary teams that:
 - evaluate and support individuals ages 12-30
 - utilize the Structured Interview for Psychosis-Risk Syndromes (SIPS)
 - complete thorough diagnostic screening/interviewing responding
 - offer treatment for young people and their support network (family/identified family) for 2 years
 - provide academic/occupational/housing support as needed
 - offer multifamily groups, cognitive behavioral therapy for psychosis **and medication treatment as warranted**



MAKE THE CONNECTION

EASA can help sort out the symptoms and connect the person to care

1

REASSURE *the young person and family:*
symptoms are common and help is available

2

*Make the connection to EASA: **CALL EASA while the patient is in your office***

- Schedule another visit and initiate medical tests
- EASA will meet the young person at the location of their choice; we can come to your office.
- If EASA services are not recommended, we will help connect to appropriate care

3

CALL CRISIS SERVICES *if there are immediate safety concerns*

<https://easacommunity.org/easa-programs.php>



EASA =

Recovery Oriented Coordinated Specialty Care

- **Psychoeducation**
 - You are not alone. This has happened to others! It gets better, usually a lot, and recovery is possible
- **Individual Therapy**
 - Symptoms are neurological deceptions; we can acknowledge voices or disruptions and find ways to work with/around them
- **Functional / Patient-Guided Collaborative Teamwork**
 - What are your goals? How can we achieve them?
- **Family Therapy/Guidance**
 - Let's solve problems together
- **Housing / Food Assistance**
 - Safe place to live
- **Employment Support**
 - What kind of work would you like to do/do you do? How can help you make this work better/easier/more fulfilling?
- **Academic Support**
 - 504 plans / IEP / safe place and people to turn to for support
- **Safety Planning**
 - Suicide is a major risk in psychosis; what strategies can we use to help in case of crisis?

