



First Episode Psychosis

What are the signs?

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Psychoses are disorders affecting the brain, in which there is a distortion/loss of contact with reality. Psychoses affect a person's ability to think, feel, perceive, and act. A first episode of psychosis usually occurs in adolescence or early adulthood.

Approximately three out of every 100 people worldwide will experience at least one psychotic episode during their lifetime, and approximately one in 100 will be diagnosed with schizophrenia.

What is the differential diagnosis?

Psychotic symptoms can occur in a number of different disorders (Table 1). Signs and symptoms may fluctuate, especially in first episode psychosis. It may be necessary to follow the course of the illness longitudinally for many months before a definitive Diagnostic and Statistical Manual of Mental Disorders (fourth edition) diagnosis can be made.

Why is early detection important?

During the past decade, there has been increased emphasis on detecting the first episode psychosis earlier in the course of the illness (Figure 1).

Examples of psychotic symptoms

- Delusions,
- Hallucinations,
- Disorganized thinking; and
- Disorganized or bizarre behaviour.

Numerous studies have demonstrated there are often prolonged delays in initiating appropriate treatment for psychotic disorders. Although these delays can vary widely from one individual to another, studies have shown the average length of time between onset of psychosis and initiation of appropriate treatment (duration of untreated psychosis) is often greater than one year.^{1,2}

The duration of untreated psychosis has been correlated with both short- and long-term outcome.^{3,4} The onset of psychosis is typically a distressing and disruptive experience for both the affected individual and their family. The longer the psychosis is untreated, the greater the risk that other serious problems will occur, such as declining performance at school or work, social isolation, depression, self-harm or suicide, drug or alcohol abuse, or aggressive behaviour.

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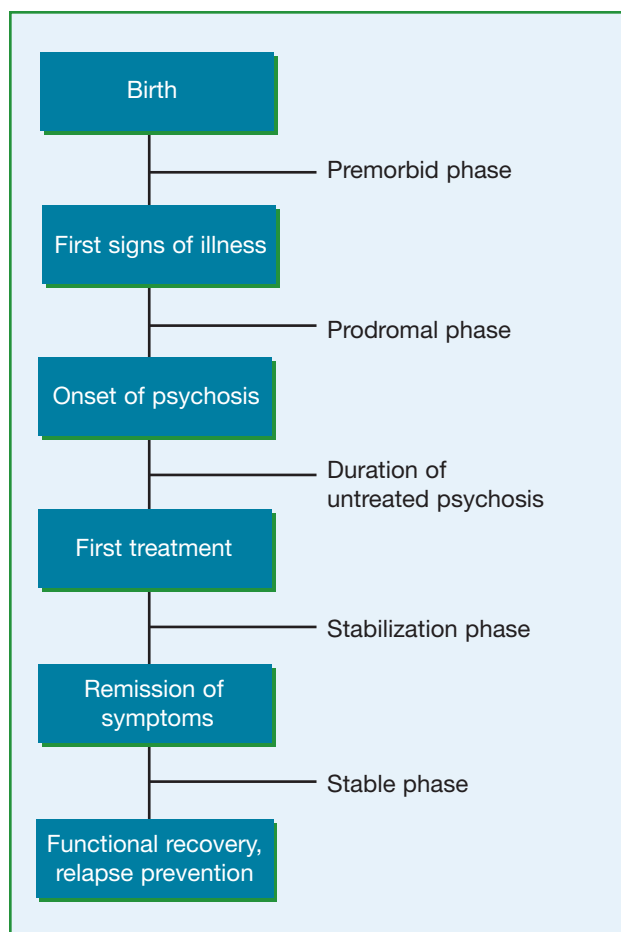


Figure 1. Phases of first episode psychosis.

Intensive treatment in the critical early phase of psychotic disorders (first five years following onset of illness)⁵ has been shown to be beneficial^{6,7} and cost-effective,⁸ at least in the short term.

What is the family physician's role?

Many factors can contribute to delays in initiating appropriate treatment for individuals affected by a first episode of psychosis. Failure to recognize that something is wrong, lack of

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understanding of psychosis, and stigma associated with mental illness can lead to delays in seeking help.

Even when an affected individual or their family seeks appropriate help, delays in diagnosis and treatment may occur. Delays can result from various system level barriers, and gaps in knowledge and skills of health-care professionals.⁹ One recent Canadian study found that individuals suffering from a first episode psychosis made, on average, 2.3 (range one to six) help-seeking contacts (mainly to family physicians or emergency services) before being diagnosed.¹⁰ Therefore, family physicians can play an important role in the earlier detection of first episode psychosis.

What are early signs and symptoms?

The onset of illness begins with the prodromal phase (Table 2). In this phase, the person begins to experience changes in their feelings, thoughts, perceptions, and behaviour. Common signs and symptoms include reduced concentration and attention, reduced drive and motivation, depressed mood, sleep disturbance, anxiety, social withdrawal, irritability, and deterioration in functioning. The changes that occur may vary from one person to another.

The length of the prodromal phase varies, but on average it lasts from two to five years. It is important to note the changes that occur dur-

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Frequently Asked Questions

What is the key to diagnosis?

The key is to determine if psychosis is present rather than make a definitive DSM IV diagnosis.

What is the importance of substance use?

Substance use is common and may trigger the onset of a psychotic episode in biologically vulnerable individuals, but is rarely the cause of a first episode of psychosis. Suspect primary psychotic disorder when:

- Symptoms precede onset of substance use,
- Symptoms persist for period of time after cessation of acute intoxication or withdrawal, and
- Symptoms are in excess of what would be expected given the type or amount of substance used or the duration of use.

Why is early detection important?

The duration of untreated first episode psychosis is unacceptably long: months, and even years. Family physicians have an important role in earlier detection and in reducing treatment delay.

What's the key to early detection?

The key is to have a high index of suspicion if you see a young person experiencing persistent changes in behaviour and functioning. This is particularly the case if other risk factors, such as family history or history of neurodevelopmental problems, are present.

ing the prodromal phase can be very vague, and can result from a number of different physical or psychiatric disorders.

The appearance of signs and symptoms, such as disorganized thinking, disorganized or bizarre behaviour, delusions or hallucinations, mark the onset of overt psychosis.

What assessments and investigations are appropriate?

Comprehensive assessment, including thorough history, mental status examination, physical, neurologic examinations, and laboratory investigations, is needed. Collateral information from family/significant others should be obtained, as patients are often

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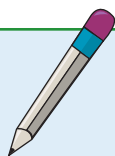
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Table 1

Differential diagnosis of a psychotic disorder

Disorder	Characteristics
Schizophrenia	Signs of illness for > 6 months; psychotic symptoms for > 1 month; social/occupational dysfunction.
Schizophreniform psychosis	Similar to schizophrenia except duration of illness of < 6 months.
Schizoaffective disorder	Symptoms of schizophrenia and mood disorder occur concurrently, and > 2 weeks of delusions or hallucinations in absence of prominent mood symptoms.
Delusional disorder	Nonbizarre delusions for > 1 month and does not meet criteria for schizophrenia.
Brief psychotic disorder	Psychotic symptoms for > 1 day, but < one month may or may not be related to marked stressor. Eventual full return to premorbid level of functioning.
Substance induced psychotic disorder	Delusions or hallucinations develop during/within 1 month of substance intoxication or withdrawal or are etiologically related to medication use and are not better accounted for by another psychotic disorder.
Psychotic disorder	Delusions or hallucinations are the direct physiologic due to a general consequence of a medical condition, and occur in the medical condition absence of delirium.
Psychotic disorder not otherwise specified	Psychotic symptoms present but criteria for a specific otherwise specified disorder is not met, or there is insufficient or contradictory information.
Major depression with psychotic features	Major depressive episode with mood congruent psychotic features (most common), or mood incongruent psychotic symptoms.
Bipolar disorder	Manic episode with mood congruent (most common), or mood incongruent psychotic symptoms.

Take-home message



What is psychosis?

Psychoses are disorders affecting the brain, in which there is a distortion/loss of contact with reality.

What are the signs?

The onset of illness begins with the patient experiencing changes in feelings, thoughts, perceptions, and behaviour.

What about treatment?

Intensive treatment in the critical early phase of psychotic disorders has been beneficial, at least in the short-term. The longer psychosis goes untreated, the greater the risk that other serious problems will occur.

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Table 2

Early signs and symptoms

Changes in emotions

- Anxiety
- Depression
- Mood swings
- Irritability
- Anger

Disturbances in thinking

- Difficulties in concentration, attention or memory
- Feeling that thoughts are slowed or speeded up
- Difficulty organizing or expressing thoughts
- Odd ideas or preoccupation

Changes in behaviour

- Deterioration in functioning in home, school, or work
- Social withdrawal or isolation
- Loss of usual interests
- Decline in energy or motivation
- Markedly unusual or inappropriate behaviour

Physical symptoms

- Sleep disturbances
- Changes in appetite

Changes in sense of self, others or the environment

- Feeling different from one's usual self or from others
- Feeling that things in the environment seem different
- Having increased sensitivity to auditory or visual stimuli
- Suspiciousness

unable or unwilling to provide a comprehensive, reliable history.

Several sessions may be required before it will be possible to complete a comprehensive assessment.

How is it treated?

Antipsychotic medications are currently the most effective treatment. The atypical antipsychotics (olanzapine, quetiapine, risperidone) are now considered first line treatment of choice because of the significantly reduced risk of EPS and tardive dyskinesia. Also, there is increasing evidence atypical antipsychotics may be advantageous in first episode psychosis

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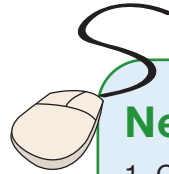
when it comes to improving negative symptoms, mood symptoms, cognitive deficits, and in preventing relapse.

Psychosocial interventions (e.g., supportive psychotherapy, individual and family psychoeducation, cognitive behavioural therapy, stress management, social and occupational skills

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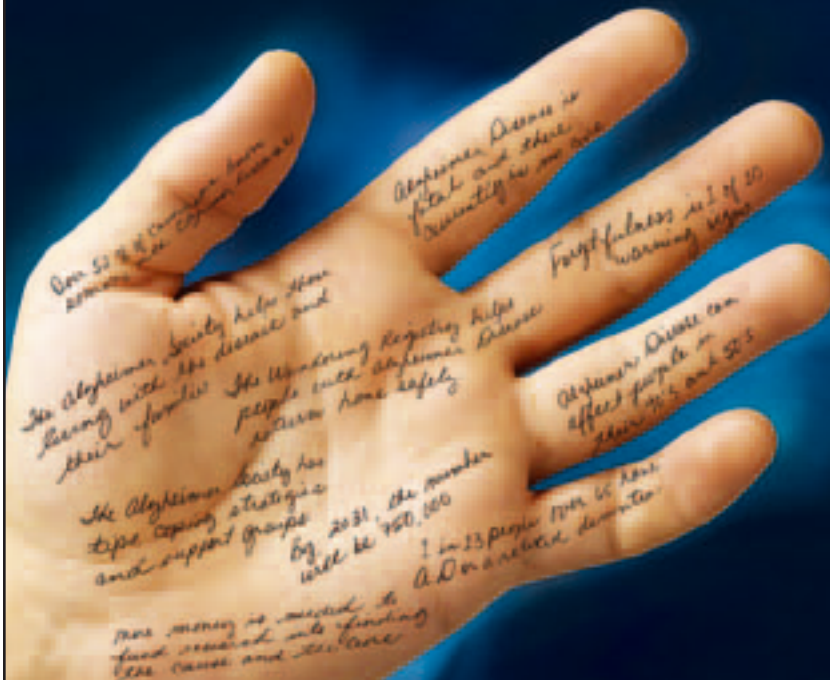
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Net Readings

1. Capital Health:
www.cdha.nshealth.ca/programsandservices/mentalhealth
2. PsychDirect:
www.psychdirect.com/psychosis/psy-firstepisode.pu.htm
3. Canadian Mental Health Association:
www.cmha.ca
4. The Prevention and Early Intervention Program for Psychosis:
www.pepp.ca

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training, case management, crisis intervention) need to be integrated with the use of antipsychotic medications in order to promote adherence to treatment, and optimize outcome. CME

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