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FEP awareness resources for primary care

For more info and referral contact details visit
https://www.iris-initiative.org

Web address to view FEP training film for primary care; endorsed by the RCGP

https://vimeo.com/bigpicturecharityfilms/review/222205508/658be0247a

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GP Guidance:

Early detection of emerging psychosis

What do you need to know.....

MENTAL HEALTH
Living well for longer

2014 update

GP Guidance: Early Detection of Emerging Psychosis – What you Need to Know

KEY LEARNING POINTS

- Psychosis is usually heralded by a gradual deterioration in intellectual and social functioning.
- GP recognition of early changes, clinical intuition, and acting on family concerns are the key to early detection.

Ask yourself:

"Would I be surprised if this turned out to be psychosis within the next six months?"

Why is this important for GPs?

Psychosis is a very serious condition.

- There is a 10% lifetime risk of suicide, usually within the first 5 years. The highest risk is at first relapse[1].
- 88% of people with psychosis end up without a job, which is a path to social exclusion[2].
- In the longer term, people with psychosis die 15-20 years prematurely on average, mainly from cardiovascular disorders[3].

The first appearance of psychosis can be bewildering for an individual and their family. GPs are often their first point of contact with a health professional.

There is overwhelming evidence for the benefits of intervening early in the illness:

- The risk of suicide is halved.[4]
- Over 50% will secure a job[5]
- Early intervention can delay or even prevent the onset of what is a disabling and stigmatising illness[6].

Who is at risk?

Psychosis is about as common as insulin dependent diabetes. In the past, GPs have tended to rely on family history to alert them to risk. However, only a small proportion of those with psychosis have an immediate family member with psychosis.

We now know:

- The full lifetime risk of developing a psychosis is 3-4 per 100 people[7]
- Psychosis is about 3 times more common for those living in inner city areas[9]
- Cannabis use increases the risk of developing psychosis[10]
- Psychosis usually develops when young[8]:
  - 80% of new psychosis patients are age 16-30.
  - 5% are 15 or younger.

An awareness of those at the highest risk as well as sensitivity to the earliest symptoms can allow GPs to predict individuals with 30-40% chance of developing psychosis[11].

Early signs of emerging psychosis

Emerging psychosis tends not to present in neat parcels. Many GPs suspect that something is *not quite right* prior to the emergence of clear symptoms of psychosis, such as hallucinations or delusions.

Early symptoms which are often difficult to define or indeed uncover may include:

- Poor sleep
- Panic, mood changes
- Social withdrawal and isolation, including; job loss, poor education attendance and broken relationships
- Early psychotic thinking such as suspicion, mistrust or perceptual changes.

If uncertain, do not simply dismiss as *adolescence* or substance misuse. Be prepared to monitor the patient and follow up any missed appointments. Family concerns should also be taken seriously; they can often provide important clues.

Early detection saves lives – **you** can make a difference

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Early intervention in Psychosis

Keeping the Body in Mind

MENTAL HEALTH
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Early Intervention in Psychosis – Keeping the Body in Mind

KEY LEARNING POINTS

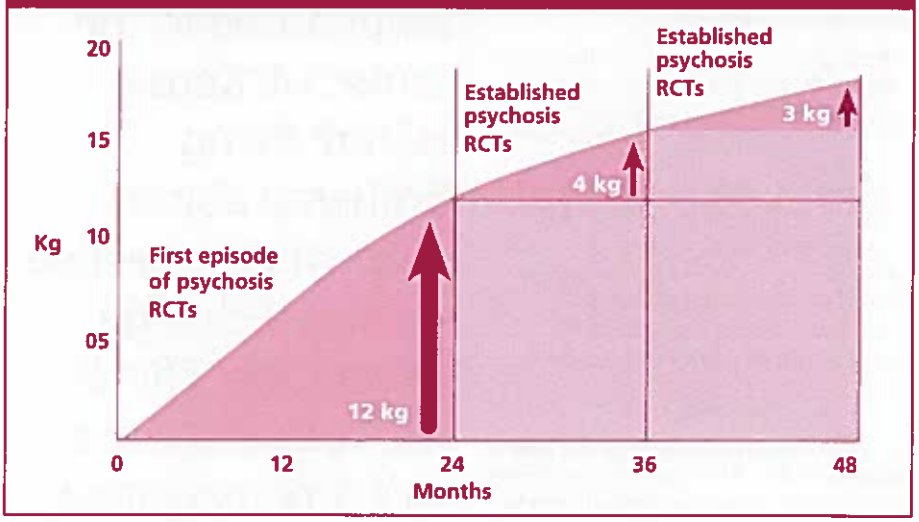
- **Compared to the general population, the life expectancy of people with severe mental illness is reduced by around 15-20 years:**
  - There is a 3 times increased risk of premature death.
  - Around 75% of these premature deaths are caused by physical disorders.
  - Cardiovascular disease is the single biggest cause of premature mortality. It is more common than suicide, and potentially preventable.
- **Poor physical health impacts negatively on self-esteem, mental health, stigma, discrimination, and quality of life.**
- **The early phase of psychosis is a critical period for preventing or modifying cardiometabolic risk, avoiding premature death and reducing health inequalities.**
  - Weight gain and metabolic disturbance may occur very early in the course of psychosis, accelerating within weeks of treatment initiation.
  - Health risk behaviours including smoking, alcohol and drug misuse, poor nutrition and physical inactivity are common and are powerfully influenced by social determinants of health.

Don't just screen – intervene!

The Lester approach to protecting cardiometabolic health in psychosis

FIGURE 1. Antipsychotic-induced weight gain in chronic and first-episode psychotic disorders: a systematic critical reappraisal

Alvarez-Jimenez et al; C562. NS Drugs, 2008, 22: 547-562.



With thanks to Dr Mario Alvarez-Jimenez for the permission to show this graph.

About half of those commencing antipsychotic medication gain more than 7% of their body weight within the first 12 months, varying with the antipsychotic prescribed [17].

3) Medication: Adverse effects of antipsychotic medication can combine with illness factors and social disadvantage to create serious weight gain and metabolic disturbances in the early phase of psychosis

- About half of those commencing antipsychotic medication gain more than 7% of their body weight within the first 12 months, varying with the antipsychotic prescribed [17]. *And see figure 1 [18] above*
- Adverse effects on lipid and glucose metabolism can appear within weeks of commencing antipsychotic treatment [19]. Insulin resistance can be observed within 9 days in healthy volunteers exposed to antipsychotic medication [20]
- These disturbances tend to be more pronounced in younger patients [21].

4) The inverse care law? People with severe mental illnesses receive suboptimal health care, despite their higher risk for physical illness:

- The National Audit of Schizophrenia reported only 29% of people with schizophrenia had a record of an adequate cardiometabolic assessment in the previous 12 months [22]
- Systematic under-recognition and under-treatment of CVD in people with schizophrenia in primary care (Scottish study of 314 general practices) [23]
- Patients with severe mental illness are almost half as likely to see a practice nurse (key providers of CVD risk screening and health promotion) as the general wider practice population [24]
- Even when health risks are detected treatment rates remain low; e.g. Rates of non-treatment ranged from 30% for diabetes, to 62% for hypertension, and 88% for Dyslipidaemia [25]
- Patients with diabetes are given fewer routine eye checks and have poorer glycaemic and lipid control [26].
- The decision to retire the requirement to measure weight, glucose and lipids from the GP Quality Outcome Framework in April 2015 may further widen these health inequalities [27].

5) Lowered reporting of physical symptoms: People with schizophrenia are less likely than healthy controls to report physical symptoms spontaneously [28].

What can be done?

People with severe mental illness are as interested in their physical health as the general population. Yet they are less likely to receive effective healthcare in clinical practice, particularly when compared to patients without mental illness [29].

Effective intervention to prevent, monitor and act early can prevent future physical disease and a large proportion of premature deaths.

The Lester Positive Cardiometabolic Resource [31] offers a systematic and evidence based approach endorsed by RCGP, RC Psychs, RCN, RCP, Diabetes UK and Rethink, and is recommended by the Schizophrenia Commission [32] and NICE as an implementation resource [33].

Don't just screen, intervene!

1) Evaluate and monitor cardiometabolic risks according to the Lester Positive Cardiometabolic Health Resource [31].

The tool provides practitioners in both primary and secondary care, irrespective of professional background, a simple assessment and intervention framework based around 6 key cardiometabolic parameters:

- Smoking status
- Lifestyle (including physical activity and nutritional status)
- Body Mass Index or weight
- Blood pressure
- Glucose regulation
- Blood lipids

2) Prioritise a systematic preventative approach to protecting the physical health and wellbeing of people with a first episode of psychosis (See HeAL consensus [34]).

Move from simply box-ticking measurements towards more creative targets which encourage improved outcomes of care. For example:

- Rather than just assessing the patient's weight, encourage the uptake of programmes of weight management and physical activity which focus on preserving the level of health they have right from the start of psychosis and its treatment [34]
- Rather than simply recording smoking status, encourage uptake of smoking cessation programmes (these are rarely accessed currently despite very high rates of smoking) [34].

Useful Resources

Lester H, Shiers D, Rafi I, Cooper S, Holt R (2012). Positive Cardiometabolic Health Resource: An Intervention Framework for Patients with Psychosis on Antipsychotic Medication. Royal College of Psychiatrists, London | www.rcpsych.ac.uk/quality/NAS/resources

NICE Clinical Guidelines for Psychosis and Schizophrenia in Children and Young People (CG155) 2013 | http://guidance.nice.org.uk/CG155

NICE guidance: Psychosis & Schizophrenia in Adults (NICE CG 178) | http://guidance.nice.org.uk/CG178 | NICE 2014

Holt RIG. Cardiovascular Disease and Diabetes in People with Severe Mental Illness: Causes, Consequences and Pragmatic Management. PCCJ Practice Review 2012 Epublication ahead of print; doi:10.3132/pccj.2011.085 | http://www.pccj.eu/images/stories/AheadOfPrint/PCCJ_Holt_FINALONLINE_JAN.pdf

Shiers D & Holt RIG. Protecting the Cardiometabolic Health of People with Severe Mental Illness. Diabetes UK 2012 Factfile 13 | http://www.rcpsych.ac.uk/pdf/Diabetes%20UK%20factfile%20on%20severe%20mental%20illness.pdf

Healthy Active Lives International Consensus statement | http://guidance.nice.org.uk/CG178/HeALConsensusStatement/pdf/English

Primary Care Guidance on Smoking and Mental Disorder | http://www.rcgp.org.uk/clinical-and-research/clinical-resources/mental-health.aspx

Evidence-based Guidelines for the Pharmacological Treatment of Schizophrenia: Recommendations from the British Association for Psychopharmacology | http://www.bap.org.uk/pdfs/Schizophrenia_Consensus_Guideline_Document.pdf

Rethink Mental Illness Physical health check tool (and other resources) – developed with Michael Phelan and expert steering group | http://www.rethink.org/about-us/health-professionals/physical-health-resources

Integrated Physical Health Pathway (2012) collaboration between RCGP, RCPsych and Rethink Mental Illness | http://www.rcpsych.ac.uk/pdf/NAS%20Integrated%20Physical%20Health%20Pathway%20Dec%2012.pdf

Authors

Dr David Shiers
GP advisor to National Audit of Schizophrenia; retired GP from North Staffordshire; former joint lead of the National Early Intervention in Psychosis Development Programme (2004-10).

Dr Jonathan Campion
Previously worked as a GP and now consultant psychiatrist and director of public mental health at South London & Maudsley NHS Foundation Trust, director of population mental health at UCLPartners and Visiting Professor of Population Mental Health at UCL.

Professor Peter Jones
Honorary consultant psychiatrist, CAMEO, Cambridgeshire & Peterborough NHS Foundation Trust.

Professor David Taylor
Director of Pharmacy and Pathology; Head of Pharmaceutical Sciences Clinical Academic Group, King's Health Partners; Editor-in-Chief – Therapeutic Advances in Psychopharmacology, South London and Maudsley NHS Foundation Trust.

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Endorsements

Royal College of General Practitioners (RCGP)
Royal College of Psychiatrists (RCPsych)
Royal College of Surgeons (RC Surgeons)
UK Faculty of Public Health (FPH)
International Early Psychosis Associations (IEPA)
Diabetes UK
Rethink Mental Illness
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Royal college of General Practitioners

Top 10 tips to protect the physical health of patients experiencing psychosis

For GP's and primary care staff

Royal College of General Practitioners

Ten top tips to protect the physical health of patients experiencing psychosis

Introduction: People with severe mental illness (SMI: schizophrenia, bipolar disorder, severe depression):

- Die on average 15-20 years earlier than their peers
- 75% of these premature deaths are from physical health's 'usual suspects' of cardiovascular and pulmonary disorders, diabetes, cancer and infections...
- Cardiovascular disease (CVD is the single largest cause of a widening mortality gap, and far commoner than suicide.

Yet disorders like CVD and diabetes are predictable and potentially preventable.

Psychosis typically emerges in late adolescence to early twenties, causing a young and vulnerable population to become exposed to a toxic interaction between poor mental health, consequential unhealthy lifestyles, obesogenic and diabetogenic antipsychotic treatments, and social disadvantage (Shiers et al, 2015). This can result in an early and rapid escalation in cardiometabolic risk, putting people with SMI on a path towards poor future health **at a much earlier age** than the general population. The mitigation of this risk with its potentially tragic consequences is the focus of these top-ten tips. Useful resource: Early intervention in psychosis – keeping the body in mind. 2014 update

Paradoxically GPs, while experts in primary prevention and treatment of CVD, have focused on the middle aged or elderly general population, with QOF screening and the NHS Health Check commencing from age 40 years.

- However by the age of 40 people with SMI are already 3-4 times more likely to have metabolic syndrome than the general population.
- The implications for such a young SMI population are that those with metabolic syndrome are twice as likely to die from, and 3 times as likely to experience a heart attack or stroke; and 5 times as likely to develop type 2 diabetes (Alberti et al, 2005) - and all this in a population who are also 3-4 times more likely to smoke.
- Moreover services are often insensitive to these specific needs and clinicians run the risk of framing symptoms of emerging physical disorders as being mental health related; so called 'diagnostic overshadowing'.

These health inequalities prompted the RCGP and the RCPsych, in a process led by the late Professor Helen Lester, to develop a simple evidence-based assessment and intervention framework to protect cardiometabolic health, the NICE-endorsed **Lester Resource** with its call for action - ***'Don't just screen, intervene'.***
Useful resources: Lester Positive Cardiometabolic Health Resource – 2014 update:

d. And can ease poverty, given that people with schizophrenia may spend a third of their income on tobacco.

Useful resource: Primary Care Guidance on Smoking and Mental Disorders 2014 update.

7. Maintain an **up-to-date practice SMI register**. Start from first diagnosis to combat the frequently aggressive weight gain and metabolic disturbance that may accompany antipsychotic initiation, often compounded by high smoking rates.
8. Using the practice SMI register (and annual QOF review where relevant), initiate an audit cycle based on quality standards derived from the ***Lester resource*** to measure and improve how well your practice ***screens and intervenes***.
9. **Target particularly those on the SMI register that have a comorbidity** such as CVD, DM or COPD, for preventive care in the community:
    a. Prioritise this co-morbid group who are at high risk of complications and hospitalization (e.g. high rates of attending emergency departments, acute medical admission is up to 10 times more common and they have 3 times the length of stay than a patient with the same LTC but without SMI).
    b. Ensure proactive Multi-Disciplinary Team review and care coordination with close collaboration between your practice and other services e.g. acute medical or surgical services, liaison psychiatry and substance misuse services.
10. **Make reasonable adjustments** to aid and assist access to equality of primary care (a principle familiar to practices in caring for those with learning disabilities & autism):
    a. This might include flagging notes, offering proactive care, providing longer pre-bookable appointments, identifying and supporting carers.
    b. Review those patients who remain disengaged after exhausting all efforts to make reasonable adjustments; consider providing as part of an integrated primary care model a combined outreach approach with the mental health team.

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Psychotic disorders

BMJ Visual Summary

thebmj Visual summary

Psychotic disorders

Identification and management

The term psychosis embraces a constellation of symptoms characterized by "positive" symptoms, such as hallucinations or delusions. Less obvious "negative" symptoms include decreased enjoyment and motivation

Positive psychotic symptoms

- Delusions
- Thought disorder
- Hallucinations
- Disorganized behavior

Negative psychotic symptoms

- Decreased enjoyment
- Decreased motivation
- Social withdrawal
- Neurocognitive impairments

Differential diagnosis for positive symptoms

Positive psychotic symptoms have a wide differential, and can manifest as a result of other disorders, deficiencies, and infections

PSYCHOTIC DISORDERS

PRODROMAL

Emerging psychosis

- Subthreshold experiences

BRIEF/TRANSIENT

Less than 1 month

- Acute and transient disorders
- Schizophreniform
- Substance induced psychosis

ENDURING

1 month or longer

- Schizophrenia
- Schizoaffective disorder
- Persistent Delusional Disorder

Unspecified non-organic psychosis

NON-PSYCHOTIC

- Personality disorders
- Dissociative disorder
- PTSD
- Anxiety disorders
- Autism spectrum disorder

ORGANIC CAUSES

- Temporal lobe epilepsy
- Space occupying lesion
- Limbic encephalitis
- B12 deficiency
- Hyperthyroidism
- HIV infection

PRIMARY MOOD DISORDERS

- Depressive psychosis
- Manic episode with psychotic features
- Mixed affective state with psychosis
- Bipolar disorder

ALSO CONSIDER:

- Acute intoxication state
- Postpartum psychosis
- Non-pathological symptoms, in context of developmental/environmental change
- Medication-induced symptoms: Steroids, Mefloquine, Dopamine agonists

Management of psychotic disorders

Early referral to specialist services is beneficial. However, longer term cases may involve management in primary care. A General Practitioner (GP) may support four to eight patients with psychotic disorder and see one new presentation each year

Prodromal

Prodromal illness can only be established retrospectively. However, it is possible to identify patients at high risk for developing psychosis

Subthreshold experiences

Subtle changes in cognition may underlie transition to psychosis

KEY REFLECTION:

Would I be surprised if this turned out to be psychosis over the next 6 months?

Offer

Brief / transient

Occur abruptly within two weeks and are usually related to an acute stressful event or use of a drug

Acute and transient disorders

Occur abruptly within two weeks and are related to an acute stressful event

Substance induced psychosis

Usually begins to resolve within days of stopping use of substance

- Cannabis
- Cocaine
- Amphetamines

Consider

Enduring

Enduring or recurring symptoms may indicate a longer-lasting condition

Schizophrenia

Enduring/recurring psychosis, or single episode of illness followed by remission

Schizoaffective Disorder

Equally prominent symptoms of schizophrenia and a mood disorder

Persistent Delusional Disorder

Predominantly delusional content, typically lasting several months

Unspecified non-organic psychosis

does not satisfy criteria for the other types of psychosis as above

Offer

Bio-psycho-social approach

Treatment is tailored around symptoms and effects on quality of life and function

Specialist early intervention teams

Community based services are the preferred model of care for people over 14, including:

- Allocated keyworker
- Psychiatrist
- A multidisciplinary approach

Antipsychotic medication

2nd generation (These tend to be preferred due to fewer extra-pyramidal side effects)

- Risperidone
- Olanzapine
- Quetiapine
- Aripiprazole

1st generation

- Haloperidol

If treatment resistant consider

- Clozapine

Physical health

Monitor for cardio-metabolic risk

Psychological therapies

These are a cornerstone of treatment, and can be offered adjunctively to medication. They can be used preemptively before a formal diagnosis to reduce or delay onset of psychosis

- Cognitive behavioural therapy
- Family interventions

Social and occupational

- Suitable accommodation
- Options for employment

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Things to remember about psychosis

Poster

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THINGS TO REMEMBER ABOUT PSYCHOSIS

FACTS ABOUT PSYCHOSIS

Afecting 3% of people, psychosis is more common than insulin dependent diabetes

Psychosis often starts in adolescent but can start at any time

There may often be a slide into psychosis with a deterioration in functioning

WHAT TO ASK

Ask about voices and paranoia, they may not know how to tell you

Ask about mood and check their current risk

What help do you need immediately?

MESSAGES TO GET ACROSS

Don't be judgemental about substance use, often distress precedes drug use

Psychosis is treatable, recovery is expected

Remind them they are not alone, unusual experiences are common and help is at hand

PLEASE REMEMBER

There is a target to see everyone with a first episode of psychosis within two weeks

Your local EIP service will see them quickly

Physical health monitoring is essential with those taking certain types of medication

FOR REFERENCE: HTTP://IRIS-INITIATIVE.ORG.UK