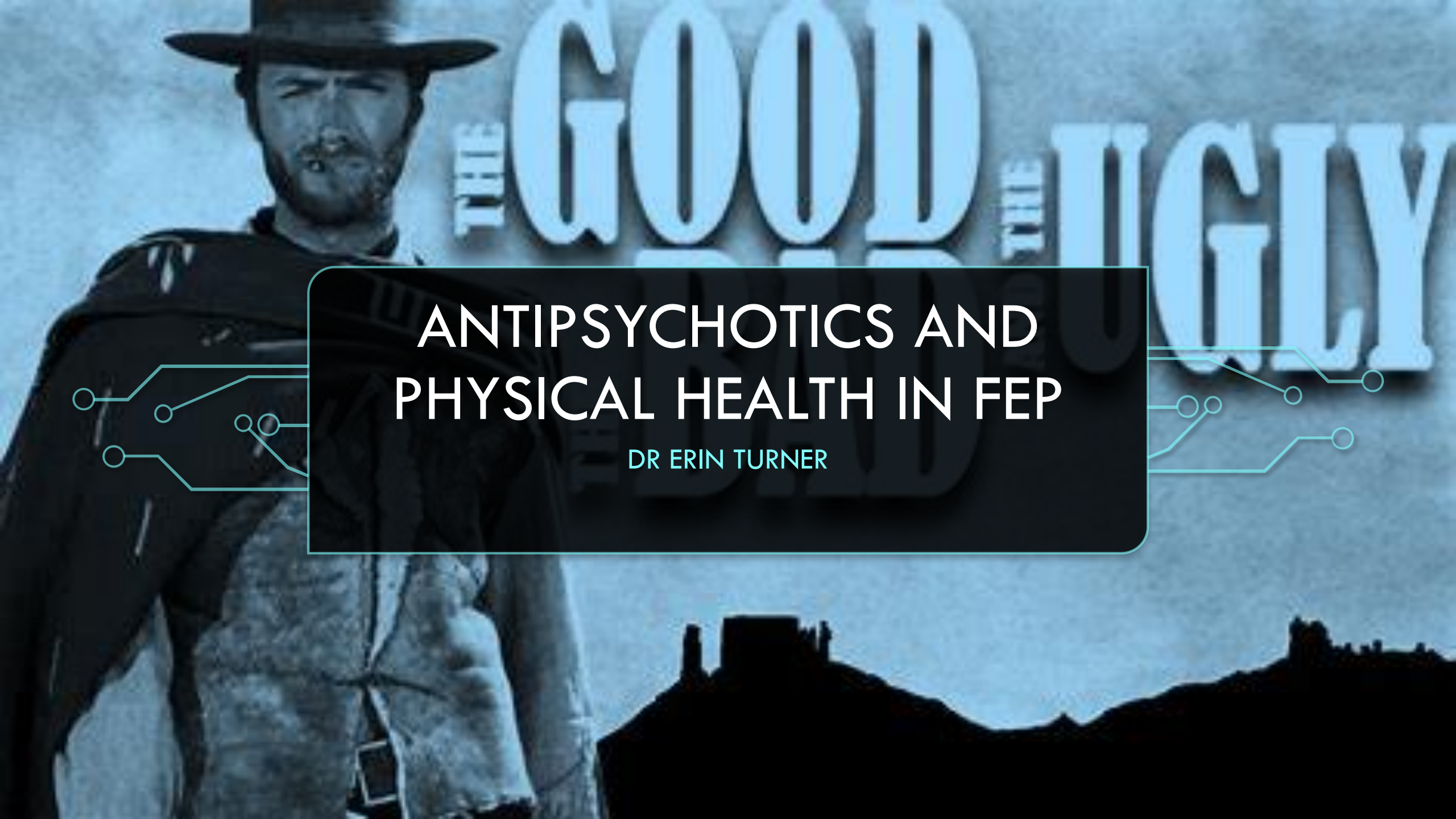
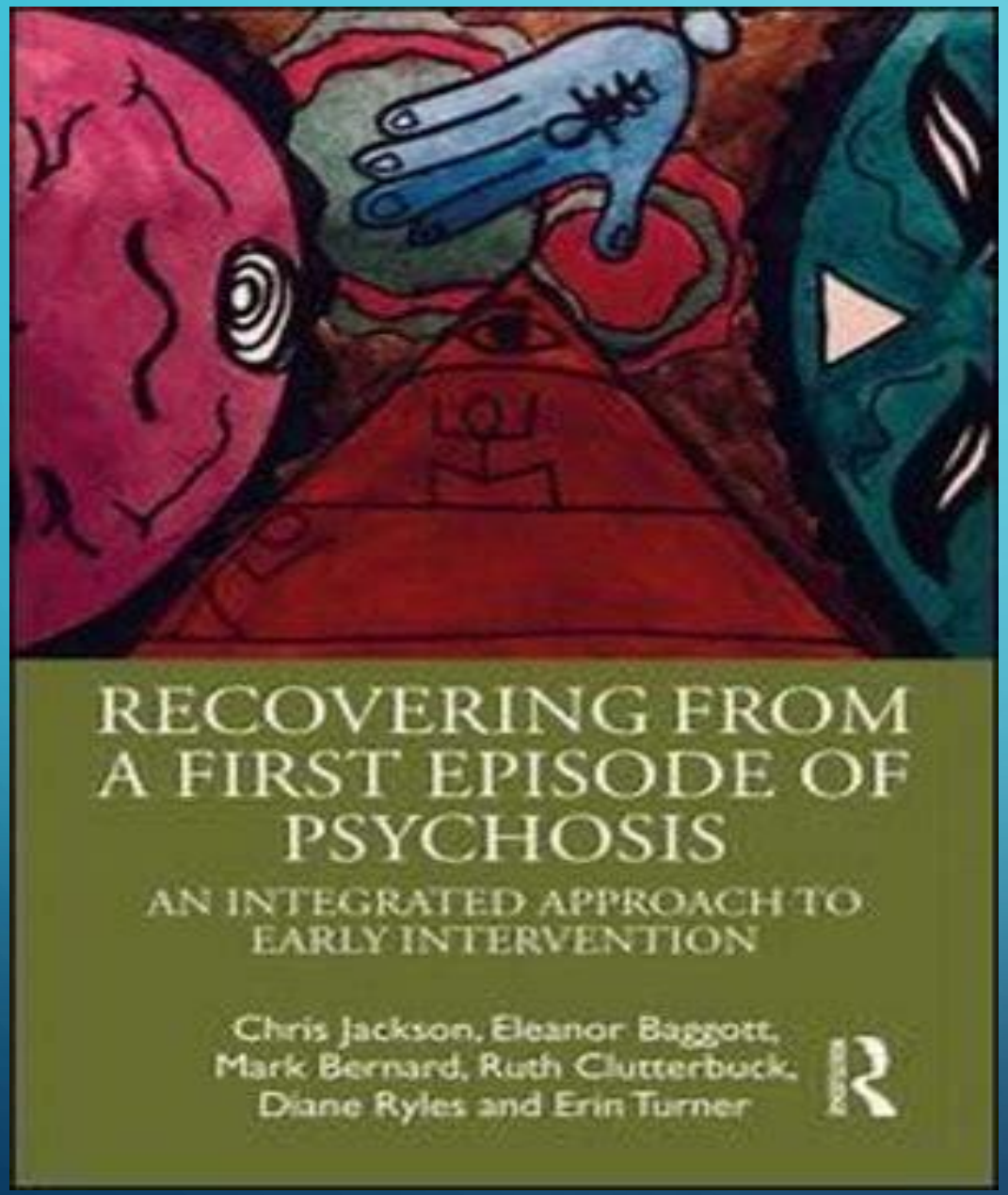
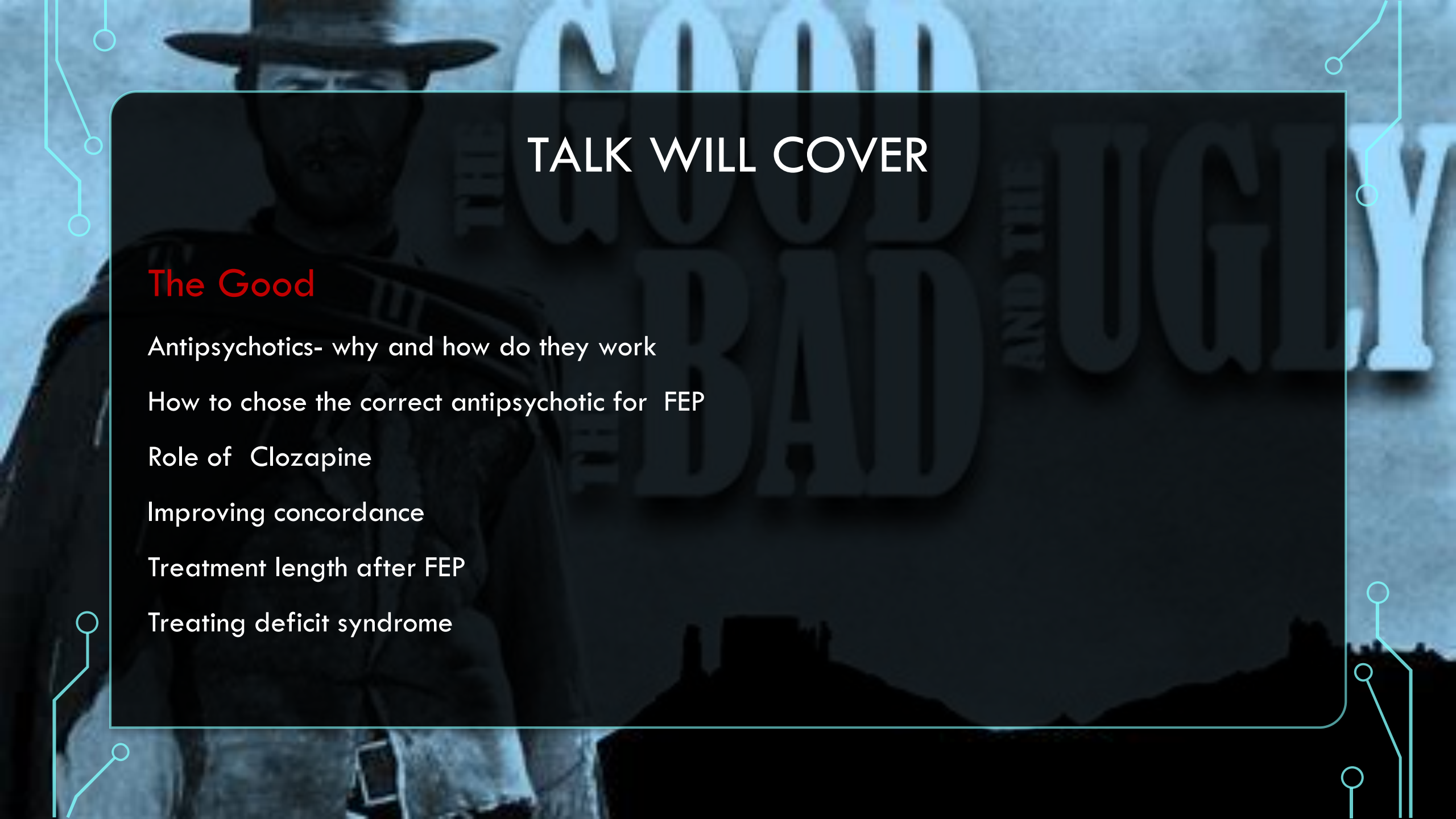


ANTIPSYCHOTICS AND PHYSICAL HEALTH IN FEP

DR ERIN TURNER


RECOVERING FROM A FIRST EPISODE OF PSYCHOSIS
AN INTEGRATED APPROACH TO EARLY INTERVENTION
Chris Jackson, Eleanor Baggott, Mark Bernard, Ruth Clutterbuck, Diane Ryles and Erin Turner



TALK WILL COVER

The Good

Antipsychotics- why and how do they work

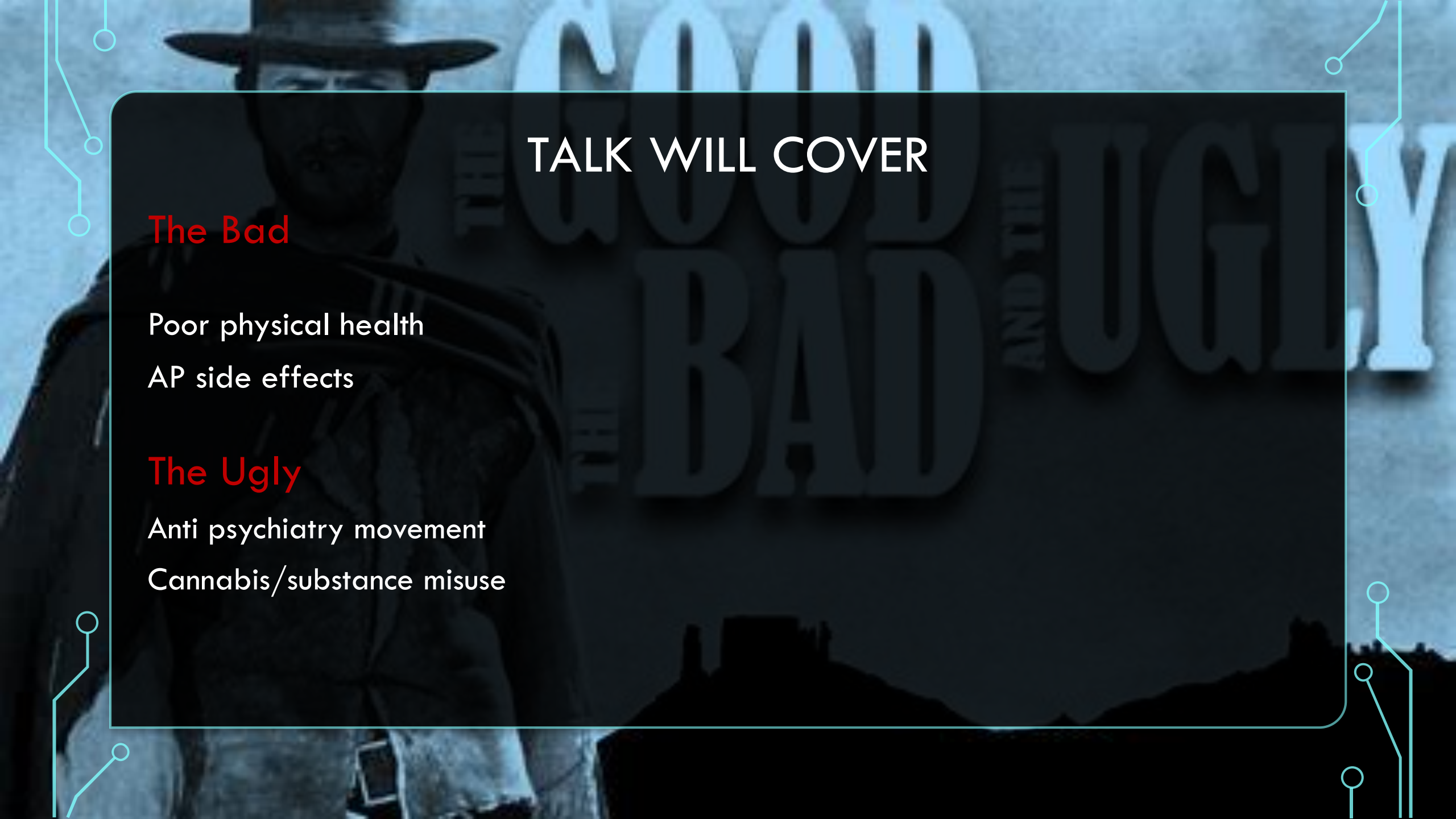
How to chose the correct antipsychotic for FEP

Role of Clozapine

Improving concordance

Treatment length after FEP

Treating deficit syndrome



TALK WILL COVER

The Bad

Poor physical health

AP side effects

The Ugly

Anti psychiatry movement

Cannabis/substance misuse

TREATMENT GOALS ANTIPSYCHOTICS

1. Reduction of Distress – rapid Agid 2003 Kapur 20005
2. Symptom Reduction/Remission- 75-80% within weeks Elmsley, Rabinowitz,Medori 2006, Norman 2017
3. Relapse prevention – from 67% to 27% *Leucht 2012*
4. Risk minimisation- to self and others Tiihonen 2006

AP REDUCTION OF RISK

- Lifetime risk suicide scz and psychosis 5.6%
  Nordentoft,Madse,Fedyszyn 2015

- Observational study 2230 patients FEP *Tiihonen 2006*
- patients on AP I suicide
- untreated patients 75 deaths (26 suicide)

- Homicide rare, more likely during untreated phase *Nielssen and Large 2008*
- Aggressive acts reduce from 12%-2% *Leucht et al 2012*

PRINCIPLES OF STARTING ANTIPSYCHOTICS

COLLABORATIVE

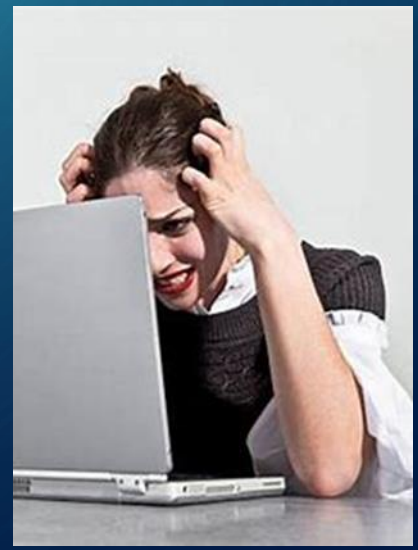
INFORMATIVE

FLEXIBLE

CREATIVE

HOW DO THEY WORK?

- Dopamine theory –oversensitivity to dopamine in mesolimbic system
- Stress vulnerability model
- Toxicity of stress to brain



METAPHORS

WHICH ANTIPSYCHOTIC?

- CATIE, CUtLASS, EUFEST- all large scale RCTS
  - FGAs and SGAs equal efficacy in positive symptoms
  - SGAs better tolerated in FEP
  - FEP Discontinuation rate for all antipsychotics 75%
  - Clozapine consistently outperforms other antipsychotics

TYPICALS/FIRST GEN ANTIPSYCHOTICS DOPAMINE BLOCKADE

Extra-pyramidal – reduced arm swing, tremor, rigidity/dystonia

Tardive dyskinesia

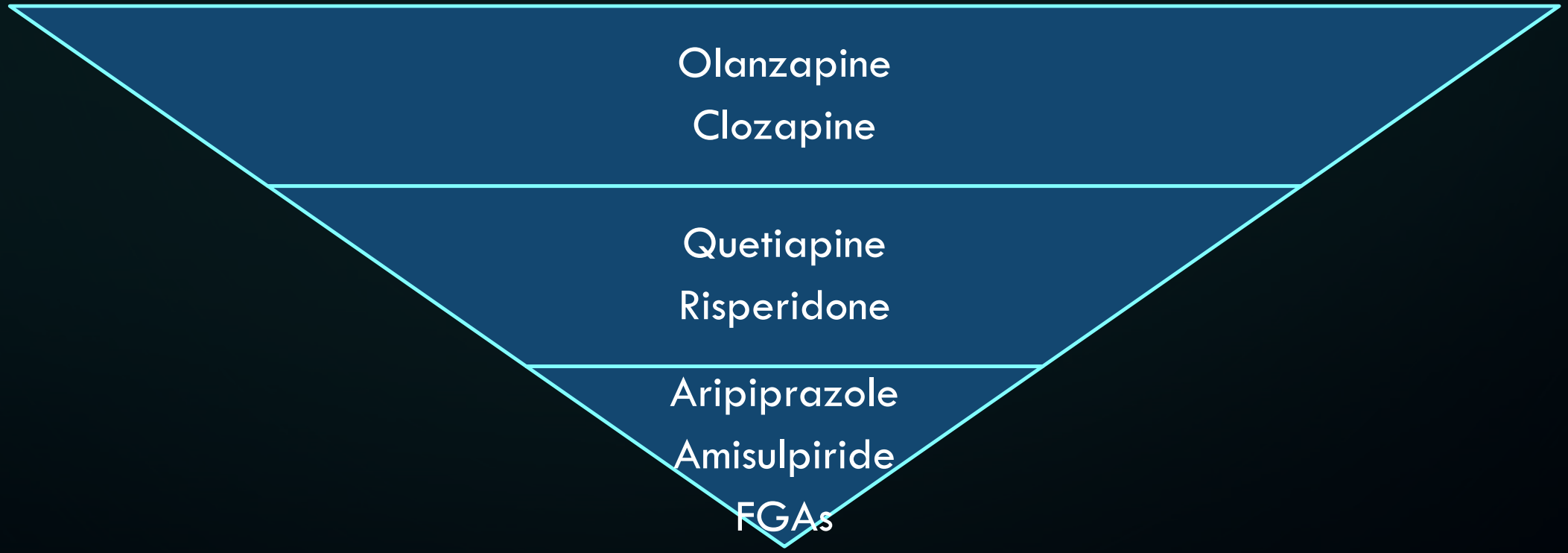
Akathesia

Hyperprolactinaemia

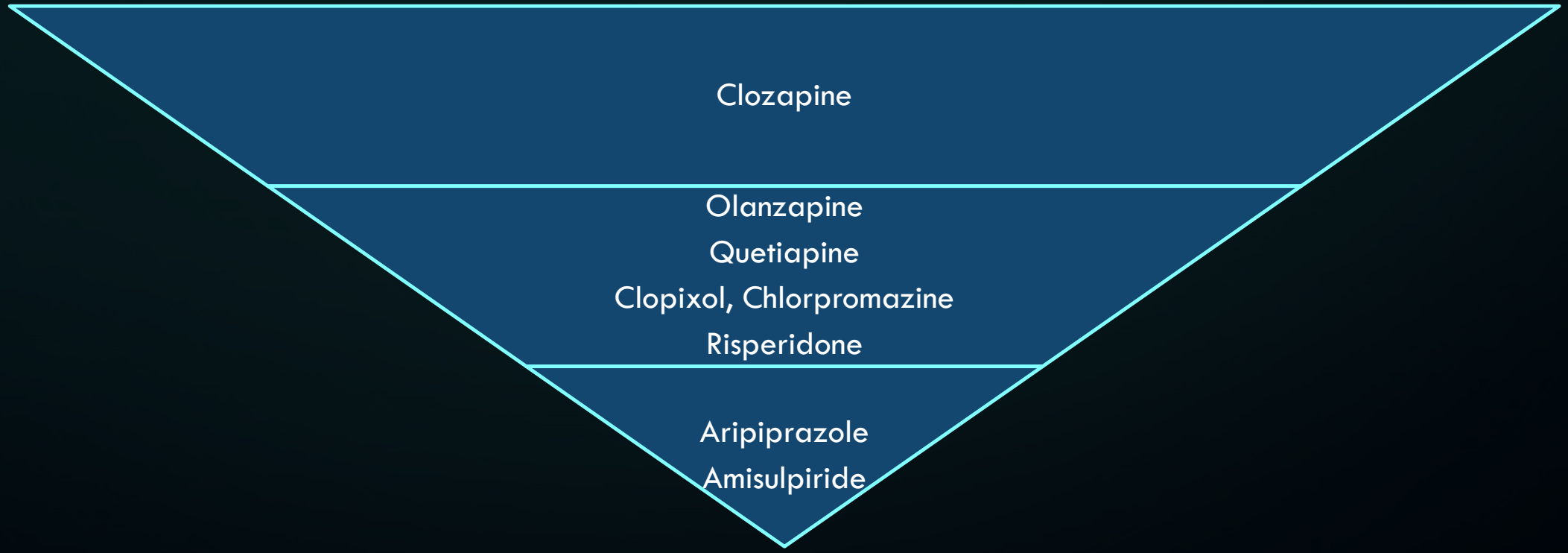
ATYPICAL ANTIPSYCHOTICS- METABOLIC SYNDROME

- Obesity
- Hypertension
- Dyslipidaemia
- Insulin resistance

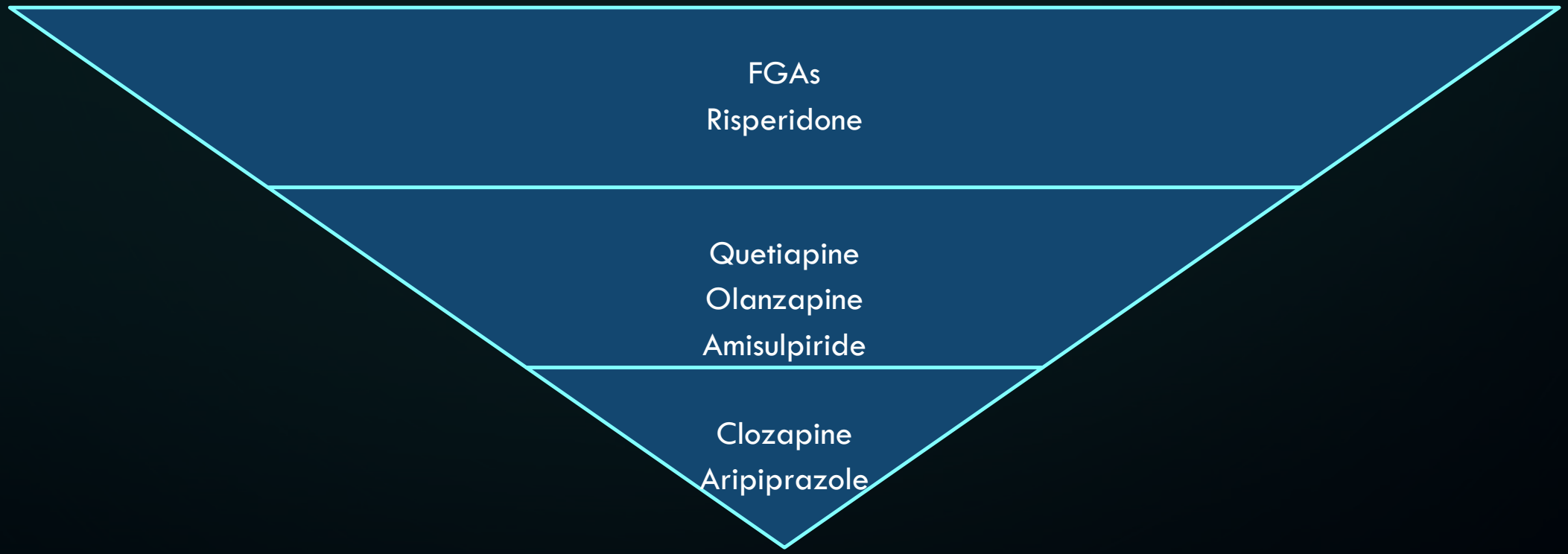
WEIGHT GAIN


Olanzapine
Clozapine
Quetiapine
Risperidone
Aripiprazole
Amisulpiride
FGAs

SEDATION


Clozapine
Olanzapine
Quetiapine
Clopixol, Chlorpromazine
Risperidone
Aripiprazole
Amisulpiride

HYPERPROLACTINAEMIA AND EPSE



TIPS

- Choice depends on side effect profile and degree of agitation. Try to use side effects advantageously
- Olanzapine well tolerated
- Risperidone if pt overweight. Watch EPSEs at higher doses
- Quetiapine- Affective psychosis. Large dosing window
- Aripiprazole perhaps not as effective in acute phase. Very useful as prophylactic and adjunct
- Amisulpiride- well tolerated, min weight gain, EPSEs

ROLE OF CLOZAPINE

17-25% FEP no remission *Tang et al 2016; Lambert et al. 2008*

Clozapine Advantages

- 75% Rx Res show improvement *McEvoy 2006, Lieberman 2003, Lewis 2006*
- Better tolerated *Guirgis 2011*
- Reduced hospitalisation *Duggan et al. 2003; Gee, Shergill and Taylor 2016; Doyle 2017*
- Reduced impulsivity, aggression & suicidality (83% reduction) *Walker et al 1997*
- Improved cognition and employment *Lee 1999, Meltzer 1999*
- Cost saving £8.3M UK *Duggan 2003.*

CLOZAPINE UNDER USED

- National Schizophrenia audit 2014- clozapine significantly under utilised
- 4-7 year delay *Oliver et al 2012; Doyle 2017*

- Why?
- Audit *Tungaraza and Farooq (2015)*

1. Side effects
2. Neutropenia and blood tests
3. Resources
4. Under confidence

CLOZAPINE – DON'T MISS THE BOAT

- Earlier identification of treatment resistance
- Develop home initiation policy
- Access to good physical health monitoring

CONCORDANCE

- 50-75% FEP non concordant 1st year

(Abdel- Baki, Ouellet-Plamondon and Malla 2012; Lambert et al., 2010; Perkins et al., 2008; Whale et al 2016)

IMPROVING CONCORDANCE

Collaborative decision making

Regular review side effects and tailoring accordingly

Compliance aids

DEPOTS IN EIP

- < 1% APs prescribed in 7 EIP sites in first 12 months Whale et al 2016
- LAI depts highest rates of relapse prevention(alongside clozapine) in schizophrenia *Tiihonen 2017*
- Lower rates of hospitalisation cf oral for patients with FEP *Tiihonen et al 2017*

Action

Audit your use of LAI depot

If needle phobic consider long acting oral penfluridol

HOW LONG TO TREAT WITH ANTIPSYCHOTICS?

- Relapse rate 67% in 12 months after AP discontinuation *Di Capite, Upthegrove & Mallikarjun, 2016*
- NICE recommendation 12-24 months
- Mesifos study recommends 18 months of continued AP medication following FEP Wunderink et al 2007

STOPPING APS?

- Give patients dates eg in July we start reduction if……. x,y,z
- Incentivise changes in lifestyle
- Complete relapse prevention plan
- Discontinue AP conservatively
- Future FEP psychopharmacology - increasing specificity of using a clinical staging model

  Fusar-Poli, McGorry & Kane,2017
- Better to do while with EIP to catch early warning signs of relapse

DEFICIT SYNDROME

- Anergia
- Lack of motivation
- Reduced drive
- Blunted affect
- Processing speed
- Problem solving difficulties
- Short term memory loss
- Reduced Concentration

TREATING DEFICIT SYMPTOMS?

- Consider

1. Altering dose AP
2. Changing AP to less sedative AP
3. Screen and treat depression

- Bad news- NO Medications successfully treat deficit symptoms (apart from clozapine)
- Need psychosocial interventions/cognitive remediation

POST PSYCHOTIC DEPRESSION

- Affects 50% FEP
- Associated with poorer prognosis and suicide
- Can be difficult to differentiate from deficit symptoms- anhedonia, tearfulness, hopelessness, suicidality
- Antidepressants as effective in post psychotic depression
- ADEEP study – SSRIs as prevention?

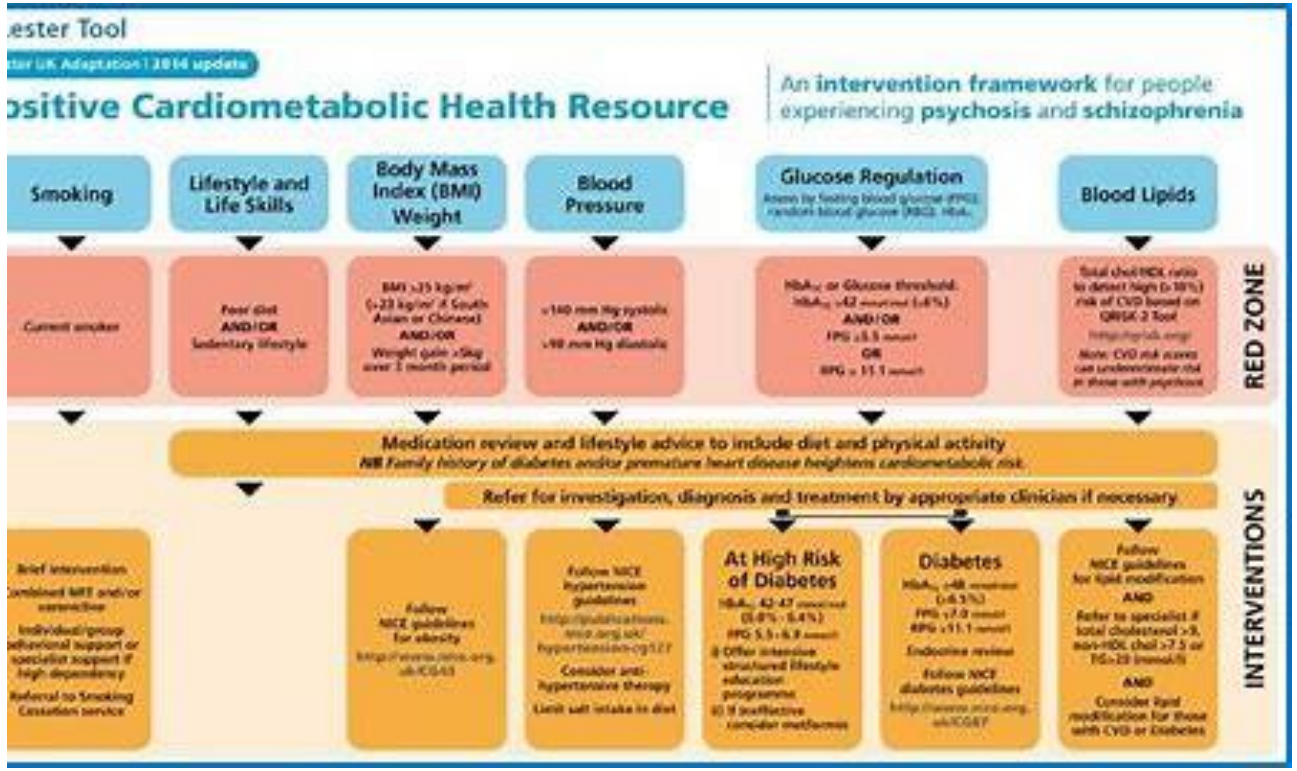
PHYSICAL HEALTH AND SIDE EFFECTS

- Health disparities
- 15-20 year life expectancy
- Cardiovascular Risks
- Poorer access to healthcare

- Don’t fall foul of Balint’s ‘Collusion of anonymity’

ATYPICAL ANTIPSYCHOTICS- METABOLIC SYNDROME

- Obesity
- Hypertension
- Dyslipidaemia
- Insulin resistance



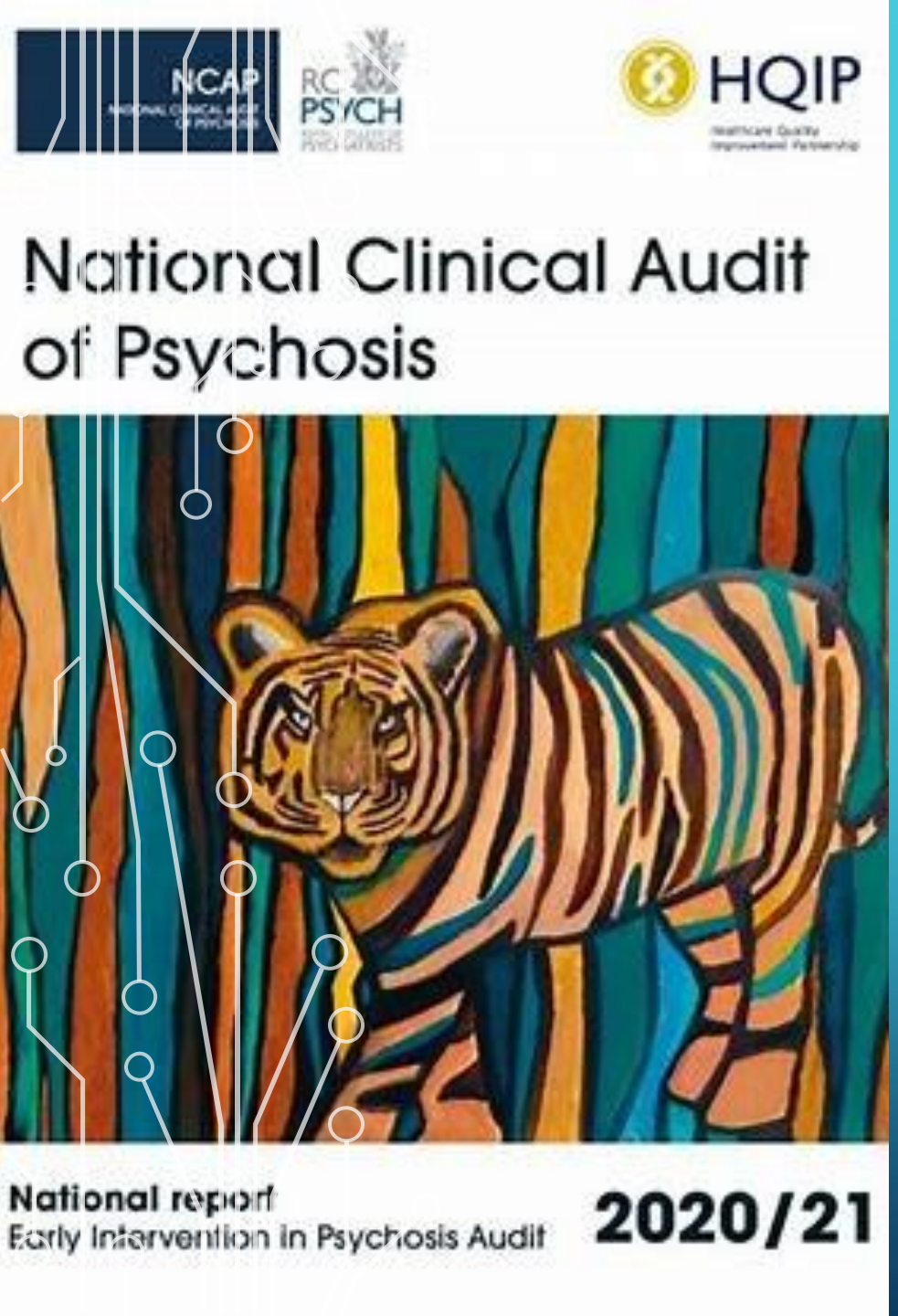
DON'T JUST SCREEN…..INTERVENE

HELEN LESTER, 2012

PHYSICAL HEALTH

- National Audit Schizophrenia 2012/2014

- 33% Scz had physical health monitored appropriately
- 52% weight recorded
- 64% of abnormal glucose identified was ignored

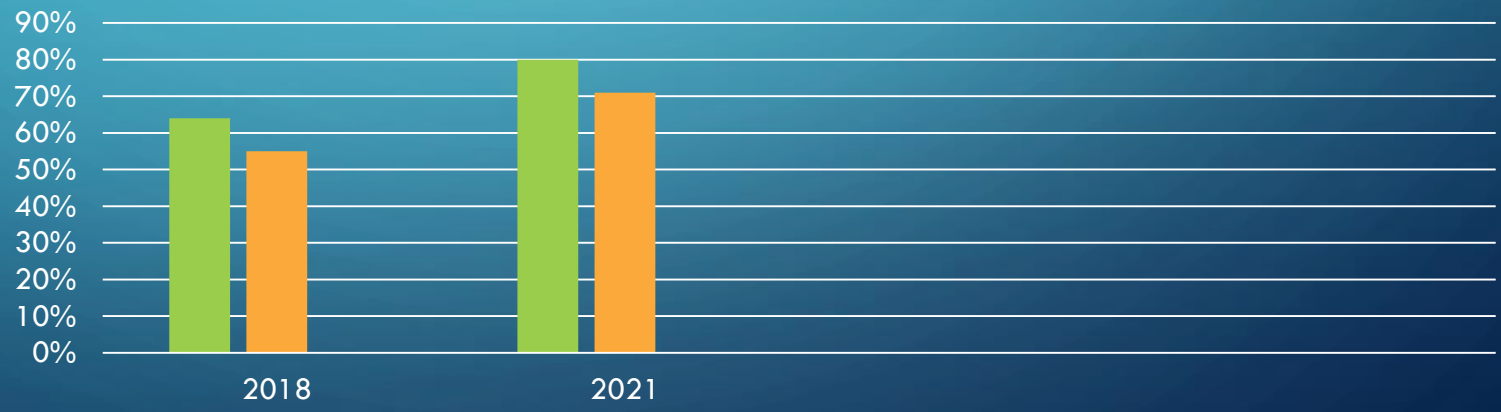


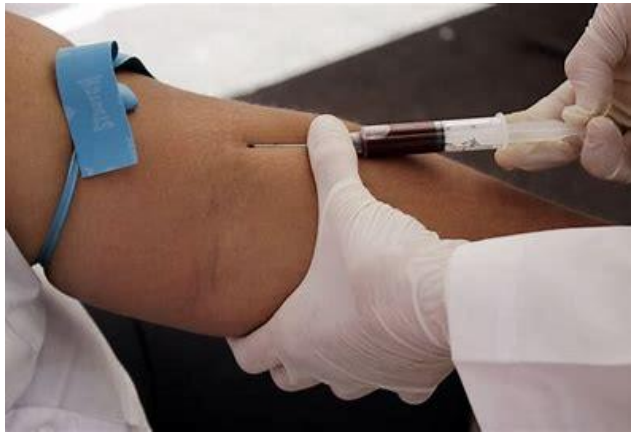
- 5 year improvement programme for EIP services England and Wales

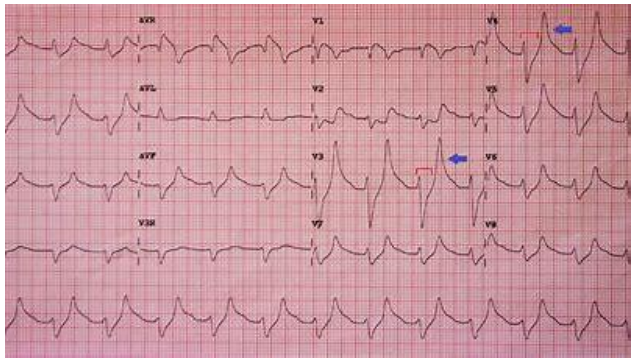
- Includes access and waiting time targets, psychological treatments, prescribing (inc identifying Rx resistance), psychology therapies and physical health monitoring

NCAP PHYSICAL HEALTH RESULTS (BASELINE 2014 33%)

	2018	2021
Screening all 6 parameters	64%	80%
Intervention all 6 parameters	55%	71%







SCREENING

- Weight/BMI
- BP
- HbA1c glucose
- Lipids
- Smoking
- Substance misuse

INTERVENTIONS SMOKING

- 60% FEP cf 14% population (ONS)
- We focus so much on risk……. But not so much physical health risk
- Quitting smoking could be most significant factor in improved life expectancy

WEIGHT GAIN

- Weight gain common and rapid in FEP *(Tarricone et al. 2009)*, affecting around 60% of treatment-naïve patients by 2-4 months (*Alvarez-Jimenez et al. 2008*).

Huge obstacle to recovery

Contributes to cardiovascular risk, diabetes and reduced life expectancy

COUNTERING WEIGHT GAIN

- Baseline weight and at 3/4 months MINIMUM
- Ensure BP, lipids and HbA1c measured
- Change AP if appropriate
- Diet and physical activity advise
- Weight reduction programme- health instructor

PRE DIABETES HBA1C42-48

Lifestyle advise

Change AP/Stop Olanzapine

DW GP re Commencing Metformin if HbA1c>48

SEXUAL DYSFUNCTION

Affects 50% FEP *Dossenbach et al. 2005*

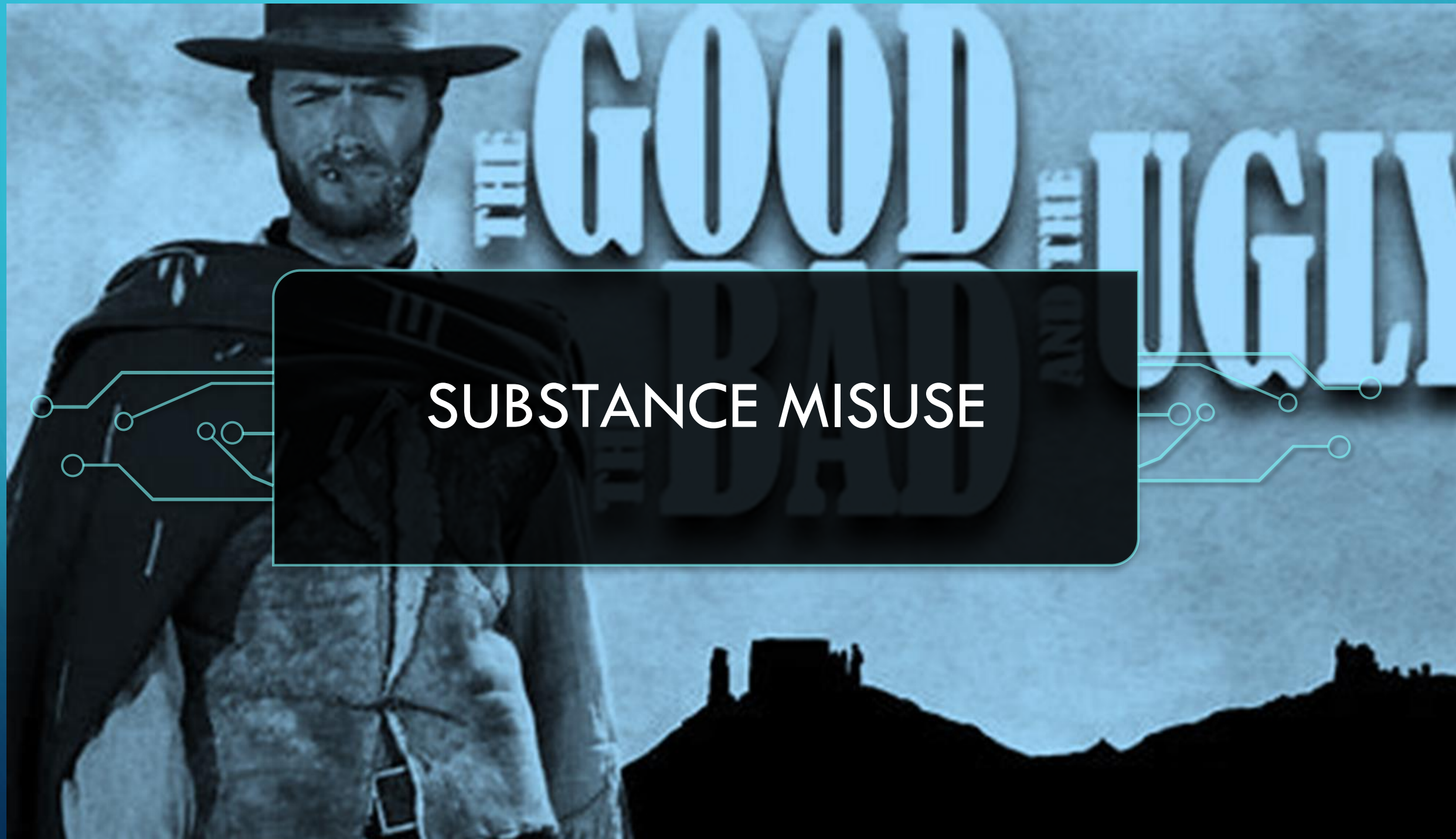
One of commonest reason young men stopping medication *Cutler 2003*

Check prolactin and change AP/add aripiprazole

Consider Sildenafil

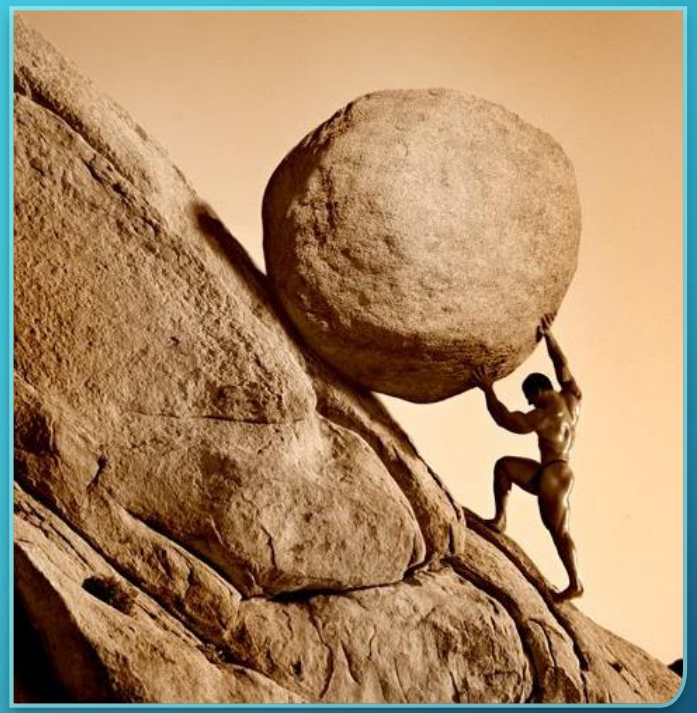
ANTI PSYCHIATRY MOVEMENT

- Be aware
- Don't engage on social media
- Know the facts about medication
- Don't be defensive



SUBSTANCE MISUSE





SISYPHEAN TASK?

RECOVERY IS A TEAM APPROACH

GOOD LUCK