Preventative Care in Prodrome and Early Psychosis: Moving from Reactive to Proactive
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Objectives
1. Review the current standard of care for individuals with early psychosis.
2. Discuss recent research that demonstrates benefits to treating patients earlier in the progression of psychotic illnesses.
3. Share ongoing systems obstacles and research projects within a small program seeking to provide preventative care for early psychosis.

Secondary prevention: Coordinated Specialty Clinics
- Coordinated specialty clinics (CSC) provide services outside of traditional medication management and psychotherapy. This includes Case Management, Family Engagement, Peer Support, and Education/Employment Support.
- CSCs established to treat FEP in Australia, New Zealand, and the UK have demonstrated higher levels of functioning for their patients while providing cost savings as high as 60% to the system. (12)
- The RAISE (Recovery After an Initial Schizophrenia Episode) studies sought to examine how CSCs could be implemented in the US and what outcomes CSCs could provide for individuals.
- Out of these studies came the NAVIGATE model which offers an open source, manual-based approach to CSC. When compared to non-CSC clinics, the NAVIGATE model yielded greater results in the following areas: client participation in treatment, improvement in symptoms, involvement in school/work, interpersonal relationships, and quality of life. (13)

Primary prevention: Screening & Omega-3
- Increasing research has been done to identify individuals who are high risk for psychosis or in the prodromal phase of schizophrenia. Initially scales such as SIPS (Structured Interview for Prodromal Syndromes) were developed, but these would take 2-3 hours to administer by a trained mental health provider. (16)
- Faster to administer, self-report screens have since been validated for use in high risk individuals in a psychiatric setting. One, the Yale PRIME-R, has been tested in the primary care setting (17).
- Amminger et al. found that young people (13-25yo) at high risk for psychosis have a lower rate of conversion to a psychotic illness if they receive a one time, 3 month regime of 1.2g Omega-3 daily.

Tertiary prevention: Current Stand of Care
- Schizophrenia affects 1% of the population, but the US healthcare system is estimated to spend over 27 billion dollars annually on patients with the disorder. (1,2,3)
- Current treatments typically provide only a 1/3 reduction in positive symptoms while doing very little for negative and cognitive symptoms. (4,5) Disability is the norm, with only approximately 17% of non-institutionalized, working-age individuals with schizophrenia being employed. (6)
- The first point of contact with psychiatric care is often an acute psychiatric hospitalization, which can be a traumatizing and stigmatizing experience. (7,8)
- The majority of people with First Episode Psychosis (FEP) are diagnosed following a duration of untreated psychosis (DUP) of greater than 6 months. (9)
- Shorter DUP can result in more time at work/school, decreased severity of positive and negative symptoms, better response to antipsychotics, overall improved treatment response over time, and decreased frequency of relapse. These gains over peers with longer DUP last at least 5 years. (10,11)

Conclusions
- Diminishing returns are being seen for individuals on the schizophrenia spectrum from tertiary prevention.
- However, with early intervention models such as CSC, screening tools, and developing strategies for reducing conversion rates, greater opportunities exist for significant improvements in secondary and primary prevention.