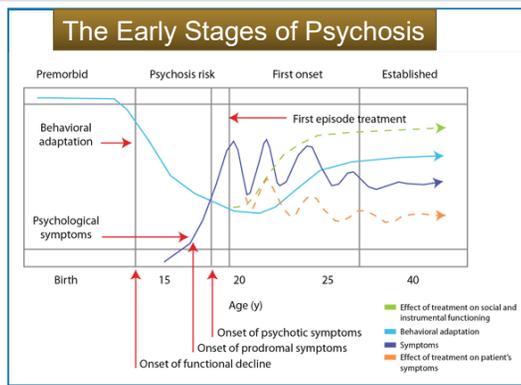


## Objectives

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.

## 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)



McClashan, Thomas, MD and Woods, Scott, MD. Early Antecedents and Detection of Schizophrenia. Psychiatric Times, March 16, 2011. <http://www.psychiatrytimes.com/schizophrenia/early-antecedents-and-detection-schizophrenia>

## Secondary prevention: Coordinated Specialty Clinics

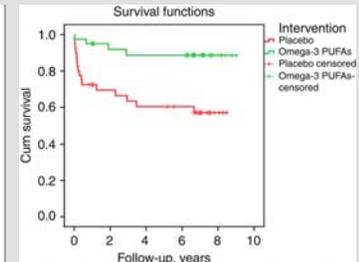
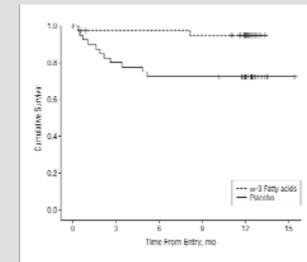
- Coordinated specialty clinics (CSC) provide services outside of traditional medication management and psychotherapy. This includes Case Management, Family Engagement, Peer Support, and Education/Employment Support.
- CSCs established to treat FEP in Australia, New Zealand, and the UK have demonstrated 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)



- SAMSHA subsequently reserved 5% of its Mental Health Services Block Grant which it provides to the states, to support CSCs. This amount has since grown to 10% (14)
- Wake Forest has established a clinic which sees transition age youth. FEP traditionally appears in this time period. We would like to offer wrap around services to people with FEP into a formal CSC using the NAVIGATE model.
- Our goal is to join a network of clinics across North Carolina to provide data on the model for quality care and shorter wait time between research and clinical implementation.
- Current systems obstacles are a payer structure that does not support services outside of psychopharmacology and psychotherapy, traditional boundaries between adolescent and adult psychiatric services, establishment of personal and infrastructure prior to being awarded funds, and a changing landscape of managed care organizations. (15)

## 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.



- Secondary measures of benefit included improvement in global functioning and reduced development of other mental illnesses. (18, 19)
- With both the advent of potential widespread screening for high risk psychosis and a low-cost high-impact treatment available, the possibility for reducing the rate of schizophrenia exists.
- Wake Forest is working on a feasibility study which seeks to screen high risk individuals in a general pediatrics practice. Once complete, we aim to study the impact of screening on identification and referral rates as well as the impact of Omega-3 supplementation on conversion to schizophrenia in primary care.

## 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.