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National Hispanic and Latino

MHTTC

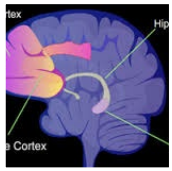
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Agenda

- Definition of First Psychotic Episode (FPE)
- FPE and Latinos
- FPE and Cannabis
- Latinos and Cannabis
- Case series
- Food for thought
- What can you do back home?





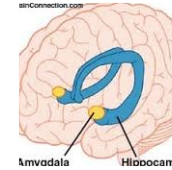
Pre-Psychosis

- STPS
 - 60% present*
 - 40% absent
- Types
 - Unusual/persecutory thoughts
 - Anxiety/Fears
 - Thought disorganization
 - Odd behavior
 - Poor concentration
 - Poor hygiene
 - Impaired tolerance to normal stress
 - Social anhedonia
 - Ideational richness



FPE

- Positive Symptoms
- Negative Symptoms
- Psychotic Mania



Course

- Remission
 - drug induced
 - schizophrenia(?)
- Recurrence
 - bipolar dis
- Symp Control vs. Deterioration
 - schizophrenia

Definition

Suicide Risk and FPE

- Lifetime risk of suicide among patients with Schizophrenia 5.6%
- Risk suicide attempt during the 1st year of contact with MH practitioner 10%
- Adolescent rate of suicide attempt, up to 31%

Risk Factors:

- Young age
- Female gender
- Previous suicide attempt



Latinos and FPE

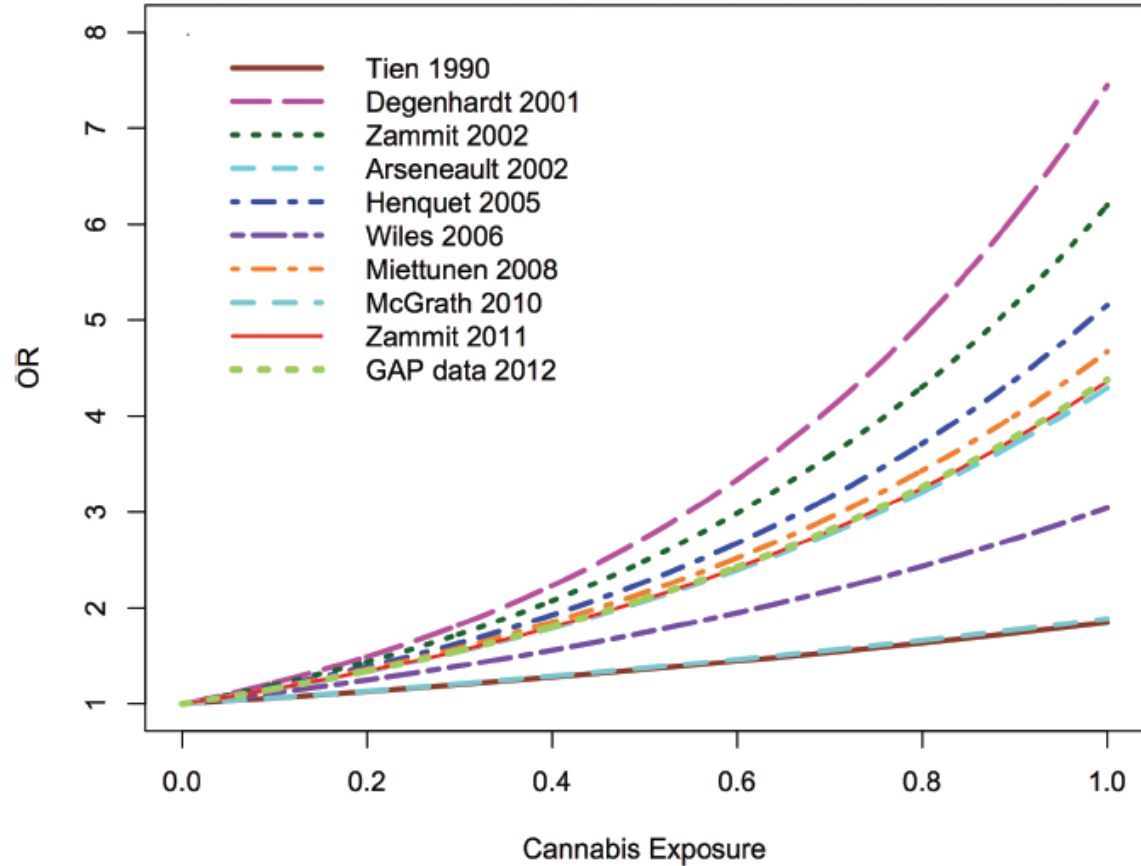
(Literacy)

- N=147
- Latino consumers/caregivers in Southern California
- The consumers met diagnostic criteria for a psychotic disorder.
- Watched a 4-min video - psychotic person
- Only 35% recognized signs of illness



FPE and Cannabis

Psychosis risk distribution



- Meta-analysis
- 571 articles
- 10 studies
- OR 3.9 users vs. non-users

Latinos and Cannabis

(Adults)

AORs of past-year CU in the sample and of CUD among past-year cannabis users

Adjusted logistic regression ^I	CU in the sample N=394,400		CUD in the sample N=394,400		CUD among cannabis users n=68,292	
	AOR	95% CI	AOR	95% CI	AOR	95% CI
Race/ethnicity (vs. white)						
Black	0.94	0.89–1.00	1.45	1.32–1.59	1.40	1.27–1.54
Native American	1.04	0.90–1.19	1.80	1.38–2.34	1.49	1.03–2.14
Native Hawaiian/Pacific Islander	0.72	0.50–1.04	0.65	0.42–1.01	0.73	0.43–1.25
Asian American	0.39	0.34–0.45	0.70	0.54–0.91	1.88	1.39–2.55
Mixed race	1.41	1.24–1.60	1.36	1.10–1.70	1.13	0.89–1.43
Hispanic	0.61	0.58–0.63	1.01	0.91–1.13	1.41	1.25–1.58

Latinos and Cannabis

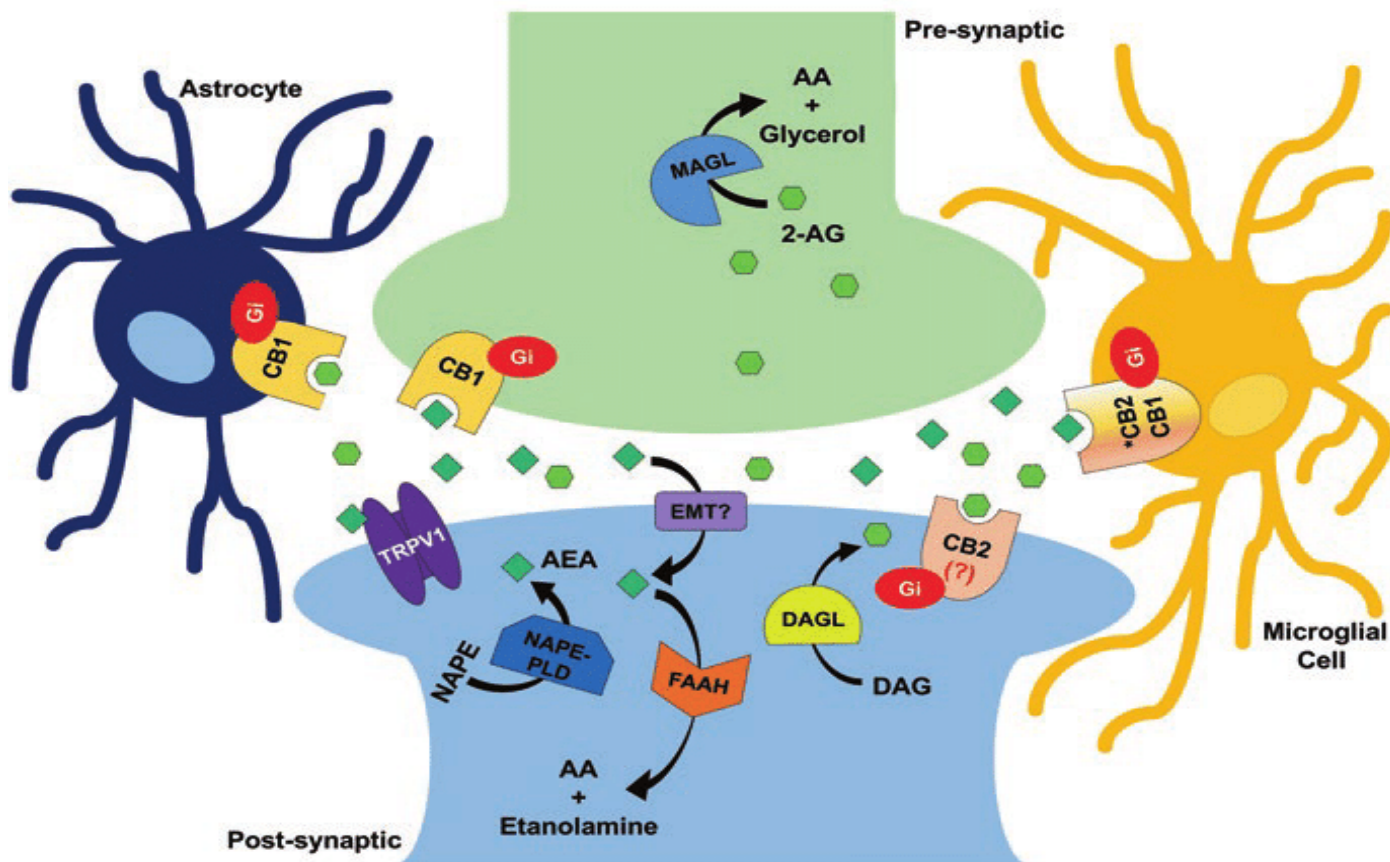
(Adolescents)

Adjusted odds ratio (AOR) of past-year cannabis use (CU) and CU disorder (CUD) among adolescents aged 12–17 years (N=163,837)

AOR (95% CI)	CU \geq 1 day ^a	CU \geq 2 days ^a	CUD ^a	CUD among past-year CUs ^a
Race/ethnicity (vs. White)				
Black	1.68 (1.55–1.81)	1.70 (1.56–1.85)	1.34 (1.16–1.54)	1.03 (0.88–1.20)
Hispanic	1.13 (1.05–1.22)	1.15 (1.07–1.24)	1.25 (1.12–1.40)	1.22 (1.08–1.38)
Native Hawaiian/Pacific Islander	1.19 (0.75–1.88)	1.31 (0.79–2.17)	1.34 (0.75–2.38)	1.18 (0.63–2.23)
Asian-American	0.65 (0.52–0.83)	0.62 (0.48–0.79)	0.73 (0.51–1.07)	0.94 (0.65–1.35)
Native-American	2.38 (1.97–2.87)	2.40 (2.00–2.87)	2.00 (1.53–2.62)	1.39 (1.03–1.87)
Mixed-race	1.79 (1.54–2.09)	1.68 (1.45–1.95)	1.52 (1.23–1.88)	1.19 (0.96–1.48)

Latinos and Cannabis

(Endocannabinoid System)



ENDOCANNABINOIDS

- AEA (Arachidonyl ethanolamide)
 - FAAH (catabolic enzyme) Fatty acid amide hydrolase
 - NAPE (anabolic enzyme) N-acyl-phosphatidylethanolamine
- 2-AG (2-arachidonylglycerol)
 - MAGL (catabolic enzyme) monoacylglycerol lipase

Latinos and Cannabis

SKAT_CommonRare results.

Gene	# Tested markers (%rare ^a)	DSM-5 CUD	
		Q ^b	P-value
<i>CNR1</i>	5 (0%)	306.68	0.2736
<i>FAAH</i>	6 (66.67%)	5.728	0.0035 ^c
<i>MGLL</i>	6 (83.33%)	0.989	0.6195
<i>DAGLA</i>	4 (75%)	2.535	0.0898
<i>DAGLB</i>	9 (77.78%)	1.236	0.6352

N=548 Mexican-American subjects in San Diego County
71% HAD USED CANNABIS

FAAH - Fatty Acid Amide Hydrolase (endocannabinoid system)

- Its use has become a more normative, socially-acceptable behavior in the US, despite research indicating that frequent use may be problematic for some individuals.
- Emerging adulthood, a time of identity development, is the most common time for cannabis use

FPE and CUD (case series)

Age	FPE	Cannabis use prior to 1 st visit	Clinical Presentation	Current Cannabis Use	Dis Since treat
23	19	Daily 1 yr (3yr) METHAMP	Paranoid del Hallucinations	Intermittent	No work/s Legal prob Hospitaliza
23	17	Daily 1.5 yr (2yr)	Dissociation Paranoid del Hallucinations	Daily	No work/s
25	17	Daily 2 yr	Odd behavior Paranoid del Poor hygiene	Intermittent	No work/s
21	18	3/wk 1 yr	Grandiose del Euphoria	Intermittent	No work/s Legal prob
22	18	Daily 1 yr	Disorganized speech Poor hygiene Irritability	Intermittent	No work/s
23	20	Daily 1.3 yr	Grandiose del Euphoria Gambling	None x 1 yr	Working fu Finished tr Legal prob

- **Latino males**
- **Family support**
- **Working parents**
- **Negative family history**

Food for Thought

- Self medication vs. secondary psychosis
- Users present psychosis earlier than non-users
- Shared vulnerability between CUD vs. FEP
- Early and heavy use is more likely in those vulnerable to psychosis
- Latinos are more likely to develop CUD's, since adolescence
- Evidence from epidemiologic studies is strong enough to warrant a public health message that cannabis use can increase the risk of psychotic disorders



What can you do back home?



– With your adolescent patients:

- Watch for:
 - Outstanding changes in behavior
 - Decreased level of function (i.e. school, self care, friends)
 - Remarkable changes in philosophical, political, or religious views
- Inquire about substance use
 - Be ready to talk about
 - » “**natural**” does not make it “**safe**”
 - » “**legal**” does not make it “**harmless**”
 - Be informed of the legal age of cannabis in your state
 - Get acquainted with dispensaries in your community
 - “Negotiate” indication for drug screen



Contains Marijuana. Keep away from children.

What can you do back home?



- Listen to parental concerns
 - Involved parents are better able to identify changes in patient's behaviors
- Refer to a specialist sooner rather than later
 - Early treatment improves prognosis
 - Contribute to abate stigma
 - Get informed about FEP programs in your community (multicomponent care).





Thanks
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