75 YEARS

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ADVANCING RECOVERY AND WELLNESS IN TEXAS

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Role of Primary Care in Early Detection and Diagnosis of Psychosis

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What is Psychosis?

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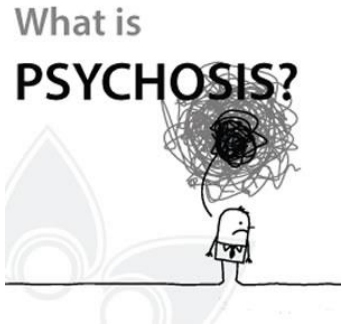
- A brain disorder in which there is a loss of contact with reality, problems with thinking, feeling, perception, and action
- The symptom complex may include the following:
  - Hallucinations
  - Delusions
  - Disorders of thought
  - Disorganized speech or behavior



- Primary Psychiatric:
  - Usually auditory hallucinations, prominent cognitive impairment, complicated delusions
- Secondary to a General Medical Condition:
  - May have visual hallucinations, cognitive changes, and abnormal vital signs

Current State

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- For the majority of individuals who experience psychosis, the onset of symptoms occurs between 15 to 25 years of age
  - Only half obtain any type of diagnosis, referral, or treatment
  - And on average, an individual experiencing psychosis does not engage with treatment until 1 ½ years have passed
- Individuals and families often are frightened and confused; and struggle to understand what is happening

Epidemiology

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- In the general population, approximately 3 out of every 100 people will experience at least one psychotic episode in their lifetime
  - With 0.21% accounting for psychosis due to a general medical condition
- Approximately 1 in 100 will be eventually diagnosed with schizophrenia
- Approximately 100,000 adolescents and young adults in the U.S. experience first episode psychosis (FEP) each year
  - Peak onset occurs between 15 – 25 years of age
- Primary Care is often the point of first contact for individuals exhibiting psychotic symptoms
  - More than half of all mental health treatment occurs in primary care

Early Intervention is Key

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- The lack of early treatment interventions leads to individuals living with a lifetime of disability.
- NIMH research has demonstrated that treatments and supports can help prevent the full-onset of illness for high-risk individuals and improve the long-term outcomes for those who have already experienced FEP.
- Economic costs of Schizophrenia alone are between $32.5 and $65 billion annually.

Early Signs and Symptoms

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- **Childhood:**
  - Language delays
  - Motor problems: late or unusual crawling; late walking
- **Youth:**
  - Withdrawal from friends and family
  - Drop in school performance
  - Sleep disturbance
  - Irritability or depressed mood
  - Lack of motivation
  - Strange behaviors
  - Teens less likely to have delusions and more likely to have visual hallucinations

Early Signs and Symptoms

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- **Adults:**
  - **Positive Symptoms**
    - Hallucinations, usually auditory
    - Delusions
    - Disorganized thinking (speech)
    - Disorganized or abnormal behaviors

  - **Negative Symptoms**
    - Impaired functionality
    - Lack of emotion, decreased eye contact, lack of facial expression
    - Neglect personal hygiene
    - Socially withdrawn

History and Physical

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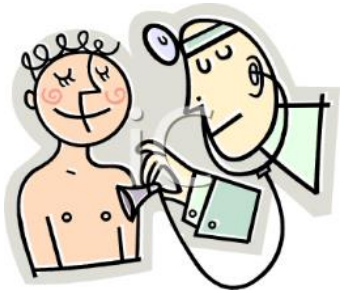
- Obtaining a history from an individual with psychotic symptoms can be challenging, but sensitive inquiry about the recent illness will help to focus diagnostic thinking.
  - Recognition of psychosis is facilitated by knowledge of a patient's family, medical, and cultural history.
- Whenever possible, collateral information should be collected from family.
- Physical examination should include a complete medical and neurological exam.
  - For non-English-speaking patients, the use of a trained, bicultural interpreter is recommended in the evaluation of mental status.



Differential Diagnosis of Psychosis

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- **General Medial Conditions:**
  - **Delirium, Neurological, Trauma, Oncologic, Infectious, Endocrine, Autoimmune, Toxicological, Pharmacologic, Nutritional, Genetic**
    - **When diagnostic signs and symptoms suggest a medical condition, suggested initial tests include CBC, metabolic profile, thyroid function tests, urine toxicology testing, measurement of parathyroid hormone, calcium, B12, folate, and niacin.**
    - **Additional testing will be determined based on the diagnostic concern. For example, emergency brain imaging is usually not indicated unless the individual presents with new, severe, unremitting headache; focal neurologic deficits; or a history of recent significant head trauma.**

- **Primary Psychiatric Disorders:**
  - **Substance-induced, brief psychotic disorder, delusional disorder, schizoaffective disorder, schizophreniform, schizophrenia, major depression with psychotic features, bipolar disorder**

Management in Primary Care

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- Build a therapeutic alliance
- Rule out psychosis due to a GMC
- Discontinue any medications or substances that can cause or contribute to psychosis
- Recommend lifestyle interventions
- Educate the patient and family about psychosis
- For primary psychiatric disorders, the earlier that medications are started, the better the outcome
  - Obtain baseline BMI, fasting plasma glucose, lipids, and blood pressure
- Collaborate and coordinate with a behavioral health specialist when warranted

Culture Impacts People Seeking Mental Health Recovery

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- **How we, as individuals …**
  - Identify mental health condition
  - Seek help
  - Experience and prioritize symptoms
  - Conceptualize treatment
  - Define recovery
  - Participate in care
  - Experience response and recovery

SAMHSA
Substance Abuse and Mental Health Services Administration

RECOVERY TO PRACTICE
Resources for Behavioral Health Professionals

Culture Impacts Behavioral Health Providers

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- **How we, as providers …**
  - Determine whether an experience is an "illness"
  - Communicate during a clinical encounter/service
  - Support Individuals
  - Structure our work settings
  - Develop a moral stance toward care

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RECOVERY TO PRACTICE
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DSM-5 Cultural Formulation Interview (CFI)

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- The CFI is a brief semi-structured interview of 16 questions for systematically assessing cultural factors in the clinical encounter that may be used with any individual.
- Focuses on the individual's experience and the social contexts of the clinical problem. It follows a person-centered approach to cultural assessment by eliciting information from the individual about his or her own views and those of others in his or her social network.
- Designed to avoid stereotyping, in that each individual's cultural knowledge affects how he or she interprets illness experience and guides how he or she seeks help. Because the CFI concerns the individual's personal views, there are no right or wrong answers to the CFI questions.

DSM-5 Cultural Formulation Interview(CFI)

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- Promotes recovery principles
- Can be used with every person seeking help for mental illness, in any setting, by any provider
- Was developed to be person-centered, to avoid stereotyping, and to elicit the person's view of illness and care, as well as their social networks
- Is operationalized and implementable
- Can guide clinical assessment and treatment negotiation following a shared-decision making approach
  - https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf

Coordinated Specialty Care (CSC)

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- A recovery-oriented treatment program for individuals with FEP.
  - Promotes shared decision making
  - Team approach to create a personal treatment plan
  - Case management: person-centered care
  - Medication management
  - Psychotherapy: CBT
  - Family psychoeducation and support
  - Supported employment and education
- Examples of CSC programs in the United States:
  - NAVIGATE
  - The Connection Program
  - OnTrackNY
  - Specialized Treatment Early in Psychosis (STEP) program
  - Early Assessment and Support Alliance (EASA)
    - www.nimh.nih.gov

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