

Sooner is Better: The Case for Early Intervention in Psychosis

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What is Psychosis?

The term 'psychosis' refers to any of a group of conditions that affect the mind and where there is usually some loss of contact with reality and some loss of function. The features of psychosis include:

- 1. Positive symptoms.** These are thoughts, perceptions and behaviors experienced by individuals with psychosis that are either not experienced or infrequently experienced by the general population. They include:
 - Delusions (false beliefs)
 - Hallucinations (false perceptions of the senses)
 - Disorganization or confusion of thought and behavior
- 2. Negative symptoms.** These are emotions and behaviors that are normally present in most people but are markedly reduced in persons with psychosis. They include:
 - Restriction of thought process and expression of reactions and emotions
 - Restriction of interests, activities and energy.
- 3. Other symptoms.** Changes in mood and anxiety, and difficulties in functioning are often part of psychosis.

When symptoms of psychosis are frequent and severe enough to impede functioning, it is called a psychotic disorder. Psychosis is part of a number of diagnosable conditions, including schizophrenia, bipolar disorder, schizoaffective disorder, major depression and drug-induced psychosis. In the early stages, it may be difficult to pinpoint the exact diagnosis.

Approximately 2% of the population experiences an episode of a psychotic illness in their lifetime. Psychosis usually first appears in the late teens or early twenties, a few years later in women than in men. First-episode psychosis (FEP) simply refers to the first time somebody experiences a psychotic episode.

What is Early Intervention?

A FEP can be very frightening and stressful for the person experiencing it and for their loved ones. Several Early Intervention (EI) services have been set up to provide specialized treatment to persons experiencing their first episode and their families.

EI services consist of two elements: A specialized approach to treatment that includes low dose antipsychotic medication; close monitoring of symptoms, medications and functioning; family intervention; special attention to substance abuse; and interventions for ongoing psychotic symptoms, depression and anxiety. The second element of EI is early and easy access to specialized treatment. This is important as we know that the longer the illness is left untreated, the more it will disrupt a person's life.

EI services are a cause for much optimism as they can greatly improve outcomes of psychosis compared to routine care. More than 80% of those receiving EI services experience an absence of or significant reduction in positive symptoms and 50% show reduction in negative symptoms.

When should help be sought?

If a young person aged 14 to 30 years displays notable behavioral changes such as suspiciousness, withdrawal from friends and family, odd behaviors, etc., this may be a sign of psychosis especially if there is a family history of psychosis or if the person is known to be using substances. When this happens, help should be sought without delay.

Where is help available?

Most people with a first episode of psychosis seek help through their families. They consult a family doctor, an emergency service or a school or college counselor. Many people do not receive appropriate treatment until after a few health contacts because the recognition of a first episode of psychosis is not easy.

To reduce treatment delay, many EI services ensure that they can be contacted directly by persons experiencing psychotic symptoms, their family members or any concerned parties. EI services often work to increase awareness of psychosis among local healthcare professionals to help them recognize signs of psychosis more easily. For more information, contact your local schizophrenia society or visit <http://www.schizophrenia.com/earlypsychosis.htm>.

How can outcomes be improved?

Studies have shown that outcomes for people receiving EI services are better when:

- delay in seeking treatment is shorter
- the person takes antipsychotic medication regularly as prescribed
- the person has strong family and social support, and
- the person stops substance abuse/dependence.

What can we look forward to?

Most EI programs deliver services for one to two years. This duration may not be adequate for all persons with psychosis. Future studies will help establish the ideal duration of EI services.

Much remains to be done on the policy front. EI services are not always available despite the acknowledgement that they improve outcomes. Countries like the UK and Australia are further ahead in this regard than Canada and the United States. Across the world, advocacy has resulted in advances in policy and service provision. It is hoped that people with psychosis and their families will continue to empower themselves and demand policy commitment to early specialized care.

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