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# First Episode Psychosis

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BEACON HEALTH OPTIONS

# Topics

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- > Symptoms of Psychosis
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# First Episode Psychosis (FEP)

- > First episode psychosis simply refers to the first time someone experiences psychotic symptoms or a psychotic episode.
- > People experiencing a first episode may not understand what is happening.
- > The symptoms can be highly disturbing and unfamiliar, leaving the person confused and distressed.
- > A psychotic episode occurs in three (3) phases. The length of each phase varies from person to person.
- > of RV
- > Branded displays
- > Table covers
- > Gazebos

# Phases of First Episode Psychosis

- > **Phase 1: Prodrome**
- > **Phase 2: Acute**
- > **Phase 3: Recovery**

# Phase 1: Prodrome

- > The early signs may be vague and hardly noticeable.
- > There may be changes in the way some people describe their feelings, thoughts and perceptions, which may become more difficult over time.
- > Each person's experience will differ and not everyone will experience all of the following "common signs":
  - > Reduced concentration
  - > Decreased motivation
  - > Depressed mood
  - > Sleep disturbance
  - > Anxiety
  - > Social withdrawal
  - > Suspiciousness
  - > Deterioration in functioning
  - > Withdrawal from family and friends
  - > Odd beliefs/magical thinking

# Phase 2: Acute

- > The acute phase is when the symptoms of psychosis are more evident.
  - > It is also known as the "critical period."
- > Clear psychotic symptoms are experienced,
  - > such as hallucinations, delusions or confused thinking.
- > The person experiencing psychosis can become extremely distressed by what is happening to them or behave in a manner that is so out of character that family members can become extremely concerned and may start to seek help.
- > Before this stage the individual may have been experiencing a more gradual decline.

# Phase 3: Recovery

- > With effective treatment most people will recover from their first episode of psychosis and may never have another episode.
- > It is important to remember that psychosis is a treatable condition and if help is sought early, an individual may never suffer another episode.
- > Initially, some of the symptoms that are apparent in the acute phase may linger in the recovery phase but with appropriate treatment most people successfully recover and return to their normal, everyday lives.

# Causes of Psychosis

- > It is difficult to know what has caused the first episode of psychosis.
- > Current research indicates that a combination of biological factors, including genetic factors, create a situation where a person is vulnerable to, or at a greater risk of, developing psychotic symptoms.
- > A number of brain chemicals, including dopamine and serotonin, may play a role in how psychosis develops.
- > A stressful event may trigger psychotic symptoms in a person who is vulnerable.
- > In the first episode of psychosis the cause may be particularly unclear.
- > It is important for the individual to have a thorough medical assessment, to rule out any physical illness that may be the cause of the psychosis.
  - > This assessment involves medical tests as well as a detailed assessment by a mental health professional.



# Symptoms of Psychosis

1. Confused Thinking
2. False Beliefs
3. Hallucinations
4. Changed feelings
5. Changed behavior

# Confused Thinking

- > Thoughts become muddled or confused.
- > The person may not make sense when speaking.
- > The person may have difficulty concentrating, following a conversation or remembering things.
- > His or her mind may race or appear to be processing information in slow motion.

# False Beliefs

- > False beliefs, known as delusions, are common.
- > The person can be so convinced of the reality of their delusion that no amount of logical argument can dissuade them.
  - > For example, they may believe the police are watching them, or they might think they are receiving special messages from the television, radio or newspaper.

# Hallucinations

- > In psychosis, the person sees, hears, feels, smells or tastes something that is not actually there.
  - > For example, they may hear voices which no one else can hear, or see things which aren't there. Things may taste or smell as if they are bad or even poisoned.

# Changed Feelings

- > How someone feels may change for no apparent reason.
- > They may feel strange and cut off from the world.
- > Mood swings are common and they may feel unusually excited or depressed.
- > A person's emotions feel dampened and they may show less emotion to those around them.

# Changed Behavior

- > People with psychosis may behave differently from the way they usually do.
- > They may be extremely active or lethargic.
- > They may laugh inappropriately or become angry or upset without apparent cause.
- > Often, changes in behavior are associated with the symptoms already described above.
  - > For example, a person believing they are in danger may call the police. Someone who believes he is Jesus Christ may spend the day preaching in the streets. A person may stop eating because they are concerned that the food is poisoned, or have trouble sleeping because they are scared that the devil is infiltrating them.

# Early Intervention

- > Research has found that early intervention is beneficial for the following reasons:
  - > Less treatment resistance and lower risk of relapse
  - > Reduced risk for suicide
  - > Reduced disruptions to work or school attendance
  - > Retention of social skills and support
  - > Shorter length of stay in hospital
  - > More rapid recovery and better prognosis
  - > Reduced family disruption and distress

# Treatments

- > Assessment
- > Medication
- > Psychosocial Interventions



# Assessment

- > Part of the assessment consists of a comprehensive interview with a mental health professional
- > Families, partners and/or friends will also be interviewed to get background information that may help with understanding the context of all the symptoms
- > Blood tests and other investigations, such as brain scans, may be recommended by the psychiatrist to rule out any physical causes of the symptoms

# Medications

- > Typical antipsychotic medications
  - > Chlorpromazine (Thorazine), fluphenazine (Prolixin), haloperidol (Haldol), loxapine (Loxitane), perphenazine (Trilafon), pimozide (Orap), thioridazine (Mellaril), trifluoperazine (Stelazine)
- > Atypical antipsychotics
  - > clozapine (Clozaril), olanzapine (Zyprexa), quetiapine (Seroquel) and risperidone (Risperdal), paliperidone (Invega), Aripiprizole (Abilify)

Current evidence suggests that all these medications are equally effective in treating a first episode of psychosis. They will differ from one another in terms of their side-effects and, as a result, some medications will be better tolerated by some.

# Psychosocial Interventions

- > **Supportive psychotherapy**
  - > Going through a first episode of psychosis can produce fear, confusion, and a sense of being overwhelmed.
  - > Supportive psychotherapy involves meeting with a therapist on a regular basis.
  - > Supportive psychotherapy can help with understanding, adjusting to, and accepting the illness, and getting on with your life.
  
- > **Group therapy**
  - > A range of different groups can help with many of the issues and problems that these (often young) people face. Goals include education about the illness, developing an understanding of the impact of the illness, adjusting to the illness, and making future plans
  
- > **Individual Cognitive Behavior therapy (CBT)**
  - > CBT has been shown to be a useful therapy to help those recovering from a psychosis, to work on issues such as coping more effectively with stress; recognizing the impact of drugs and alcohol on symptoms; finding alternative, healthy ways to cope with illness and its symptoms; and to reduce severity of symptoms.
  
- > **Vocational counselling**
  - > People dealing with a first episode of psychosis often need help with a wide variety of work and school problems.
  - > They may worry about their ability to pursue work or school, or need help with career options. If this is the case, a referral to an occupational therapist can help.
  - > Occupational therapy explores objectives and interests. Skill-oriented evaluations are used to identify what peoples' strengths and challenges are in a work or school setting.
  - > To help make a successful transition back to school or work, short-term counselling can be offered and people can be linked to resources in the community.

# Specialty FEP Providers-Downstate

- > Currently there are 10 OnTrackNY sites with more coming on line:
- > Downstate:
- > Manhattan: Washington Heights Community Service, Nannan Liu: 646-774-8459
- > Manhattan: Bellevue Hospital Center, Jay Crosby: 212-562-3502
- > Manhattan: The Jewish Board, Daniel Tanh: 212-632-4721
- > Queens: North Shore/Long Island Jewish, Kristin Candan: 718-470-8888
- > Brooklyn: Kings County Hospital Center, Melissa Anderson: 718-245-5242

# Specialty FEP Providers- UPstate

- > Westchester County: Mental Health Association Westchester, Tia Dole: 914-666-4646 x7725
- > Suffolk County : Farmingville Mental Health Clinic, Paula Peterson: 631-854-2400

# To Summarize

- > The course of treatment and recovery from FEP varies by person
  - > Sometimes symptoms go away quickly
  - > Other times it takes weeks and months for symptoms to go away
  - > There can be residual symptoms that do not respond to medications, particularly fixed delusions.
- > It is important that an individual experiencing FEP has a strong community of support to aid in the recovery process