

EARLY EMERGING PSYCHOSIS & EARLY INTERVENTION

Why is this important for GPs?

Psychosis is one of the most serious conditions that can affect a young person

- Suicide – 10% lifetime risk usually within first 5yrs highest risk at 1st relapse.
- Failure - 88% end up with no job, a path to social exclusion

Its first appearance can be bewildering for an individual.

As GPs you are often the first point of contact with a health professional. There is overwhelming evidence for the benefits of intervening early in the illness:

- Suicide risk is halved
- Over 50% will secure a job

If caught early it is possible to delay or possibly prevent the onset of a disabling psychotic illness.

Who is at risk?

Psychosis is about as common as insulin dependent diabetes. Previously we relied on family history to alert us to the risk. Yet only a small proportion of those with psychosis have an immediate family member with psychosis. But now we know:

- The life time risk of psychosis is 3 in 100
- It usually starts when young - 80% aged between 16–30, 5% are aged 15 or less
- It is about three times more common for those living in inner city areas
- Prolonged Cannabis use increases the risk of developing psychosis

Awareness of those at most risk combined with sensitivity to the earliest symptoms can allow us to predict individuals with a significant chance of developing psychosis.

Early signs of emerging psychosis

Emerging psychosis tends not to present in 'neat parcels'. Many GPs suspect that something is 'not quite right' prior to the emergence of clear psychosis. Early symptoms which are often difficult to define or

indeed uncover may include

- Poor sleep, panic, mood changes
- Social withdrawal, isolation, loss of job, broken relationships
- Early psychotic thinking such as suspicion, mistrust or perceptual changes

If uncertain, do not simply dismiss change as adolescence or due to substance misuse. Be prepared to keep a watching brief. Follow up a missed appointment. Take family concerns seriously; they can often provide important clues.

What should I do?

If you suspect the possibility of an emerging psychosis then it is important to act promptly. Consider and check out for physical illness (see over for Checklist). Seek specific evidence of psychotic thinking. The sort of questions could include

- Have you felt that something odd might be going on that you cannot explain?
- Have you been feeling that people are talking about you, watching you or giving you a hard time for no reason?
- Have you been feeling, seeing or hearing things that others cannot?
- Have you felt especially important in some way, or that you have powers that let you do things which others cannot?

The presence of any of these symptoms in a distressed young person should lead you to seek specialist advice and assessment for potential psychosis.

Assess for risk, given the frequency of self harm in this early phase (less commonly of harm to others). Evidence of such risk demands urgent action.



Early Intervention

What should happen?

Prompt assessment by services specialised in Early Intervention in Psychosis should ensure these young people and families get the right help at the right time. The Bradford and Airedale Early Intervention team will act on a referral based on a suspicion of psychosis and can pro-actively engage individuals and families both sensitively and persistently.

Please refer to the Checklist on the other side of this sheet for further information about assessing for suspected psychosis. Referrals should be made by telephone directly to the team.

IF IN DOUBT – PHONE:

(for Bradford only)

01274 221021

Or

07738 985806

Key Points

Psychosis is usually heralded by a gradual deterioration in intellectual and social functioning.

GP recognition of early changes, clinical intuition and acting on family concerns are the key to early detection.

Ask Yourself 'Would I be surprised if this turned out to be psychosis within the next 6 months?'

GP CHECKLIST

EARLY EMERGING PSYCHOSIS & EARLY INTERVENTION



SCORE ONE POINT FOR EACH

- The family is concerned ☐
- Excess use of alcohol ☐
- Use of street drugs (including cannabis) ☐
- Arguing with friends and family ☐
- Spending more time alone ☐

SUBTOTAL

SCORE TWO POINTS FOR EACH

- Sleep difficulties ☐
- Poor appetite ☐
- Depressed mood ☐
- Poor concentration ☐
- Restlessness ☐
- Tension or nervousness ☐
- Less pleasure from things ☐

SUBTOTAL

SCORE THREE POINTS FOR EACH

- Feeling people are watching you * ☐
- Feeling or hearing things that others cannot * ☐

SUBTOTAL

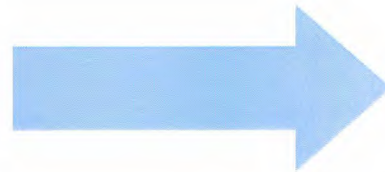
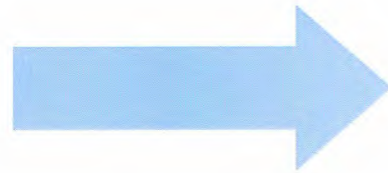
SCORE FIVE POINTS FOR EACH

- Ideas of reference * ☐
- Odd beliefs * ☐
- Odd manner of thinking or speech ☐
- Inappropriate effect ☐
- Odd behaviour or appearance ☐
- First degree family history of psychosis ☐
- PLUS increased stress ☐
- or deterioration in functioning * ☐

SUBTOTAL

TOTAL

20+ points - refer for assessment
If any * items endorsed, consider for
referral even if score is less than 20



If physical signs consider:

Substance Use	Liver function abnormalities
Systematic infection	Nutritional deficiencies
CNS abnormalities	Metabolic disorders
Cardiac abnormalities	Drug Toxicity

Sub threshold /
uncertain diagnosis



Clearly First Episode
Psychosis



If immediate risk



Referral Hotline

01274 221021

(for Bradford Only)

07738 985806



Crisis Resolution /
Home Treatment