



MENTAL HEALTH

Living well for longer

2014 update

GP Guidance: Early Detection of Emerging Psychosis – What you Need to Know

KEY LEARNING 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 six months?”

Why is this important for GPs?

Psychosis is a very serious condition.

- There is a 10% lifetime risk of suicide, usually within the first 5 years. The highest risk is at first relapse¹.
- 88% of people with psychosis end up without a job, which is a path to social exclusion².
- In the longer term, people with psychosis die 15-20 years prematurely on average, mainly from cardiovascular disorders³.

The first appearance of psychosis can be bewildering for an individual and their family. GPs are often their first point of contact with a health professional.

There is overwhelming evidence for the benefits of intervening early in the illness:

- The risk of suicide is halved.⁴
- Over 50% will secure a job⁵
- Early intervention can delay or even prevent the onset of what is a disabling and stigmatising illness⁶.

Who is at risk?

Psychosis is about as common as insulin dependent diabetes. In the past, GPs have tended to rely on family history to alert them to risk. However, only a small proportion of those with psychosis have an immediate family member with psychosis.

We now know:

- The full lifetime risk of developing a psychosis is 3-4 per 100 people⁷
- Psychosis is about 3 times more common for those living in inner city areas⁹
- Cannabis use increases the risk of developing psychosis¹⁰
- Psychosis usually develops when young⁸:
 - 80% of new psychosis patients are age 16-30.
 - 5% are 15 or younger.

An awareness of those at the highest risk as well as sensitivity to the earliest symptoms can allow GPs to predict individuals with 30-40% chance of developing psychosis¹¹.

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 symptoms of psychosis, such as hallucinations or delusions.

Early symptoms which are often difficult to define or indeed uncover may include:

- Poor sleep
- Panic, mood changes
- Social withdrawal and isolation, including; job loss, poor education attendance and broken relationships
- Early psychotic thinking such as suspicion, mistrust or perceptual changes.

If uncertain, do not simply dismiss as *adolescence* or substance misuse. Be prepared to monitor the patient and follow up any missed appointments. Family concerns should also be taken seriously; they can often provide important clues.

Early detection saves lives – **you** can make a difference

What should I do?

If you suspect that psychosis is a possibility, it's important to act promptly.

1) Consider and check for physical illnesses such as:

- Drug/substance intoxication (frequent co-morbidity in first episode of psychosis)
- Drug withdrawal states
- Liver dysfunction
- Systemic infections
- Nutritional deficiencies
- CNS abnormalities
- Metabolic disorders

2) Use questioning to seek specific evidence. The sort of questioning could include¹²:

- **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 been spending more time alone?**

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

3) Assess your patient for risk. There is a much higher frequency of self-harm in the early phase of psychosis (and, less commonly, of harm to others. If there is evidence of such a risk, action should be taken urgently).

What should happen?

Prompt assessment by services specialised in early intervention in psychosis^{13, 14} should ensure these people and their families get the right help at the right time. ■

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

Useful resources

NICE guidance: Psychosis & Schizophrenia in Adults (NICE CG 178) | <http://guidance.nice.org.uk/CG178> | NICE 2014

NICE guidance: Psychosis & Schizophrenia in Children and Young People (NICE CG 155) | <http://guidance.nice.org.uk/CG155> | NICE 2013

NICE Quality Standard for Service User Experience in Adult Mental Health (NICE QS 14) | <http://guidance.nice.org.uk/QS14/PublicInfo/pdf/English> | NICE 2013

IRIS (2012) IRIS Guidelines Update. IRIS Initiative Ltd. | www.iris-initiative.org.uk

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Rethink Mental Illness

IRIS

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www.firststeptrust.org.uk

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