Mental Health
Living well for longer

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 relapse.
- 88% of people with psychosis end up without a job, which is a path to social exclusion.
- In the longer term, people with psychosis die 15-20 years prematurely on average, mainly from cardiovascular disorders.

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.
- Over 50% will secure a job.
- Early intervention can delay or even prevent the onset of what is a disabling and stigmatising illness.

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 people.
- Psychosis is about 3 times more common for those living in inner city areas.
- Cannabis use increases the risk of developing psychosis.
- Psychosis usually develops when young:
  - 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 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 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 include:

- 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?

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 should ensure these people and their families get the right help at the right time.

Useful resources

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


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References


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