First-episode Psychosis (FEP) Programs: A Discussion with a FEP Program Manager

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This program is paid for by Otsuka Pharmaceutical Development & Commercialization, Inc. and Lundbeck, LLC.

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Why Is Early Intervention in Schizophrenia Needed?

- Schizophrenia is a major source of disability in the US:¹
  - In 2010, estimated disability-adjusted life years per 100,000 persons was 242.4
- Less than 20% of people with schizophrenia make a full recovery after the first episode²
- The early phase of psychosis may represent a “critical period” for determining long-term outcomes³
- Potential impact of early phase of psychosis:⁴
  - Traumatic, and drives disabling psychological responses
  - Accumulative cognitive disturbance

US, United States.

The Theoretical Course of Schizophrenia Progression May Lead to Functional Decline¹⁻⁴


The longer the period of untreated psychosis, the worse the prognosis

Number of relapses may be related to greater deterioration

Illness-driven decline in functioning plateaus

Clinical deterioration begins here and occurs throughout first 5-10 years after first episode

Premorbid

Childhood

• Functional impairment occurs and is hard to distinguish from other causes
• Events may trigger disease development

Prodromal

Adolescence to early adulthood
Approximately 2-5 years

• Negative symptoms usually develop first, followed by slight positive symptoms

Psychotic

Critical years
Approximately 5 years

• Majority of deterioration occurs
• High risk of relapse

Remainder of life

• Disease severity and level of functioning vary; risk of relapse

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What Is Early Intervention in Psychosis?

• Elements of early intervention in psychosis:
  – Early detection
  – Phase-specific treatment targeting:
    • Patients in the prodromal phase and trying to prevent progression to psychosis
    • Patients in the early stages of psychosis and trying to promote recovery
• Primary aims described in the management of first-episode psychosis:
  – Reduce time between the onset of psychotic symptoms and effective treatment
  – Accelerate the recovery process through effective biological and psychosocial interventions
  – Lessen the negative impact of psychosis on individuals
  – Maximize social and work functioning
  – Prevent relapse and treatment resistance

IRIS: Components of Early Intervention Programs

IRIS, Incident Response Improvement System.

Efficacy of Early Intervention Programs

• Early intervention programs have demonstrated benefits in:
  – Symptoms\(^1\)
  – Hospitalizations/emergency room visits\(^2\)
  – Vocational functioning\(^2\)
  – Independent living\(^3\)

Challenges of Early Intervention in the US

• Until recently, there has been no national, centralized source of funding in the US specifically for early psychosis interventions:¹
  – Of note, the Mental Health Block Grant of the Consolidated Appropriations Act of 2014 includes monies for early intervention programs for those with serious mental illness such as psychosis:²
    • Provides a 5% set-aside (approximately $25M) to SAMHSA to support this work³
    • National Institute of Mental Health (NIMH) has been directed to assist SAMHSA regarding promising first-episode-of-psychosis treatment models³

• Hospital closings over the past 50 years have reduced the infrastructure for new initiatives¹

• Over the past several years, the US has decreased its public sector and increasingly relies on the private sector for solutions to problems, including public mental health¹

SAMHSA, Substance Abuse and Mental Health Services Administration; US, United States.

Example of a First-Episode Psychosis Program
First Episode Psychosis (FEP) Programs in Pennsylvania (PA-FEP)

- Nine PA-FEP programs receiving funding through the federal block grant.

- ENGAGE through Wesley Family services is one of these PA-FEP programs
  - Occurs in Allegheny County, PA
  - Age range: 15-25 years of age
  - Intervention occurs within 18 months of first-episode
  - Accepts all insurances

- Program started in June 1st 2017
  - 14 individuals currently enrolled in the program

How do Individuals get Referred to PA-FEP?

PA-FEP Program Outcomes: Improvements in Hospitalization Rates and Decreased Length of Stay

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PA-FEP Program Outcomes: Increased Rates of Employment

Other Positive PA-FEP Program Outcomes

<table>
<thead>
<tr>
<th>Decreased suicide attempts</th>
<th>Decreased adverse behaviors and legal issues</th>
<th>Decreased substance use</th>
<th>Increased global role and social function</th>
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<tbody>
<tr>
<td>Decreased symptomatology of psychosis and depression</td>
<td>Increased satisfaction with mental health services</td>
<td>Increased happiness, and perceived quality of life and recovery</td>
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