

# Psychosis and medication In Young People

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## Questions? And Some Answers....

- **Reasons for Medication** in Early Psychosis?
- **Some research trials**
- my clinical experiences
- **Challenging Conversations** I have with YP and carers

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## When is Medication used for psychosis?

- **Acute or short term use**  
Benzodiazepine eg diazepam  
To alleviate distress, Severe Anxiety or manage agitation/aggression,  
Sleep disturbance temazepam
- **Reduce symptoms** of psychosis especially symptoms such as paranoia,  
hallucinations
- **Prevent relapse** of psychosis
- **Treatment for other mental health disorders**

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## Principles of med use in EP

1. Key of Early Intervention is to minimize **Duration of Untreated psychosis (DUP)**
  - This is time from onset of psychosis to medication treatment
  - Longer DUP is associated with worse symptomatic and psychosocial outcomes\*
2. Start **low and go slow** (weeks)
3. Manage **side effects**. YP are sensitive to side effects  
Drug naïve  
Respond to lower doses  
Their experience will influence engagement and adherence in the future
4. Thorough assessment with 24-48 hr **medication free observation** recommended

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## Principles

5. **Avoid** multiple medication use if possible
6. Monitor med **Adherence, response and prevent relapse**
7. **Identify and treat other MH conditions** ( 80-90% of YP with EP)  
Depression  
Anxiety  
OCD  
Substance Use  
Developmental Disorders... ADHD, Autism  
Psychosis in Bipolar Disorder. May require different medications

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## Antipsychotic medication Different names. Same effectiveness....

- **First AP used** haloperidol, chlorpromazine, thioridazine,
- **Newer or "Second generation"** preferable due to less side effects.  
Eg Risperidone, Aripiprazole, Olanzapine, paliperidone
- **Oral** (daily)
- **Long Acting Injectable** medication given every 2 to 4 weeks up to 3 monthly when med stabilized
- All **equally effective** in large research trials but differing side effects
- **UHR** for psychosis, AP **not** recommended.  
psychosocial interventions first line

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## How do Antipsychotics work?

- Psychosis is associated with **dopamine overactivity** (limbic system)
- AP restore neurotransmitter chemical imbalance especially dopamine by blocking transmission of dopamine.
- AP mainly **reduce positive symptoms\*** of psychosis not cognitive (thinking) or negative(motivational)symptoms (except clozapine).

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## Why use Antipsychotics? Effectiveness

- **short term (< 12 months)**
- AP Highly effective in reducing psychotic symptoms and improving quality of life
- Supported by Large research trials eg Canada 18000 pts using AP vs non AP use (1998 to 2005) . Showed AP use associated with Lower risk of suicide, any death, hospitalization\* (Vanasse et al 2016)
- 3 out of 4 YP have Remission of symptoms (Orygen)

\*Vanasse et al Acta Psychiatr Scand 2016

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## “Will I get this psychosis again?”

- **Rates of relapse** after FEP  
30% at 1 year,  
45% at 2 years  
55% at 3 years
- 4 in 5 YP with FEP will experience another episode
- Systematic review of 6 large studies by Zipursky et al\*  
**Discontinued AP** after Sx remission 1 yr RR after FEP 77%. 2 yrs 90%  
**AP continuation** only 3% RR at 1 yr

\*Zipursky et al Schizophr Res 2014;152: 408-14

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## In summary...

- **Relapse rates reduced with AP** ..shown in studies up to 3 years...
- With each relapse chance of recovery becomes lower and likelihood of persistent symptoms increases\* ( Alvarez et al 2012 )

\* Alvarez et al Schizophr Res 2012

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## Risk of relapse

### Increase

- ^Non adherence to medication
- ^Substance use disorder
- ^Critical or hostile comments from family or supports

### Reduce

- Social support
- AP med

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## Which Antipsychotic?

### Oral

- Amisulpiride (Solian)
- Brexpiprazole (Rexulti)
- Lurasidone (Latuda)
- Quetiapine (Seroquel)
- Ziprasadone (Zeldox)

### Oral and Injectable

- Aripiprazole (Abilify)
- Olanzapine (Zyprexa)
- Paliperidone Invega
- Risperidone Risperdal
- Clopixol

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### When to use Long Acting Injectable(LAI) med

- YP preference ( convenience, unstable housing)
- poor adherence to oral medication
- Risk of overdose
- May minimize side effects
- 2 to 4 weekly**
- Abilify Maintenna
- Invega Sustenna
- Clopixol
- Olanzapine (Zyprexa Relprevv).
- **3 monthly** Paliperidone 'Invega Trinza'

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### Most effective Antipsychotic...?

- **Clozapine** (Clopine)
- Only** for non responsive to other AP trials

#### Why?

Is Commenced in hospital  
potential side effects including serious blood abn  
So ...strict **monitoring** requirements.  
blood test weekly for 18 weeks then monthly

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### Other meds used in YP with psychosis

- **Antidepressants**
- For Persistent Depressive Sx and poor response to psychosocial Rx  
Common  
**SSRI** eg fluoxetine (Prozac), sertraline (Zoloft), escitalopram (Lexapro)
- **Benzodiazepines** short term use. Well tolerated  
BUT Beware **dependence** (tolerance to effect and withdrawal symptoms)  
Some Anxiety Disorders  
Sleep disturbance  
Drug withdrawal

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### Common Medication issues

#### Adherence is challenging for most YP

- Shared decision making/ongoing conversation with YP/carer about reason for treatment and management of side effects
- **Trial** of medication/s and **Change** medication if side effect/s intolerable
- Trial of **depot** medication if adherence difficult
- Watch out for risk of**
- **Pregnancy**, beware of epilim, lithium,
- **Substance use** and medication interactions eg sedation with alcohol
- **Bipolar or Affective Psychosis?** Use Mood stabilisers

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### Psychosis.. Is it Bipolar Disorder?

- Difficult to assess in EP
- **FLAGS**
- Symptoms**  
Disinhibition, grandiosity, reduced need for sleep, excess energy, spending, hypersexuality, rapid speech, lack of insight  
Beware YP May have **mixed** (manic and depressive) episodes
- Family history** of Bipolar Disorder
- YP Tends to present later ( mid to late 20s)

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### Mood Stabilizers used in EP

- **AP and Mood stabilizer** Recommended for 18 mths (\*Orygen)
- **Lithium** . 1<sup>st</sup> line  
Regular blood tests to monitor effect on kidneys, thyroid ,  
Common side effects. weight gain, tremor, thirst
- **Sodium Valproate ( Epilim)**  
Monitor weight gain and sedation,  
beware pregnancy warning possible damage to fetus
- **Lamotrigine (Lamictal)**  
Slow increase in dose , well tolerated, beware rash

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## When to expect Response to med in psychosis?

- 50% response within 4-6 weeks
- 75% within 6 mths
- Range 1 -10 weeks ( median 3 weeks)\*
- **Switch** med if no response within a few weeks
- consider Clozapine

\* \* Emsley et al Am J Psych 2006

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## Why poor response with medication?

Reasons for **poor medication response and adherence**

- partial compliance due to side effects
- Poor management of **side effects**
- **mistrust**, lack of insight into need for treatment,
- **misunderstanding** or confusion for reason for use of medication,
- poor engagement and communication with doctor,
- differing **family or cultural** understanding of mental illness/treatment

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- poor medication effectiveness
- Ongoing Substance use,
- Untreated Depression,
- Underlying **Developmental disorders** eg Autism, ADHD,

### Recommend..

YP and Carers.. **Ongoing conversation..**

Support and Encourage YP and carer communication with Clinician

Improve Clinician access, availability and flexibility

**Psychoeducation** re medication and EP

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## What are the Side effects of medication?

• **Beware of increased risk of metabolic abnormalities ++**  
(blood glucose, <sup>+</sup>lipids levels, increased food intake, leading to diabetes)

• **Obesity and weight gain**  
(2-3 times higher in this population and up to 80% of those on AP med)  
strong predictors of adult obesity, hypertension, cardiovascular disease, sleep apnoea and cancer risk

• **Beware Olanzapine.** Weight gain is rapid ( within weeks- months)  
And ...  
Antidepressants

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## Other Side effects to watch out for...

- **Sedation** change meds to night

- **Body Movement Disorder**

### Short term

muscle rigidity and spasm, restriction in facial expression and body movement, inner restlessness,

### Long term

repetitive, involuntary abnormal body movement in Tongue, facial muscles, arms

May Trial reduce dosage, switch med

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## More side effects....

- **Sexual.** Remember to ask! Or use self report ratings\*
- **Constipation,** Dietary change, increase hydration
- **dry mouth,** chewing gum
- **blurred vision**
- **Nausea** take with food

Recommend **LUNSER Self Rating scale\***

(Liverpool University Neuroleptic Side effect Rating Scale)

Brief, cost effective, completed by YP, takes 5-10mins

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## Medication and Physical Health

- High rates of **physical comorbidity**, Due to related lifestyle issues.
- **Smoking** ( 60% or 2-3 xs higher)
- High rates of **Substance use** (nicotine, alcohol, THC),
- Social adversity with Poor access to treatment,
- Reduction in life expectancy 13-16yrs due to physical comorbidity in those with psychosis (Orygen\*)

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## Physical Health monitor and manage

- **At all points of care**
- Clinician/GP/YP/carers
- check physical health and lifestyle factors,
- regular weight, waist circumference,
- ensure **GP care**. (regular metabolic checks, BP, BSL and cholesterol)
- **Lifestyle** interventions (nutritional and physical activity) Dieticians
- **Smoking** (+Vaping) Interventions (Counselling, NRT, Quitline)
- **Medication**
- Metformin. Helps weight reduction and Prevent diabetes
- **Dental reviews** (dry mouth and smoking)
- **Substance use** . Minimise harm

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## Why Incomplete functional recovery?

- Longer **DUP**
- **Male** gender
- Poor functioning prior to psychosis.
- **Poor insight** into illness and poor engagement or access with health care workers
- Medication **non adherence**
- **Poor response to AP** treatment  
(Consider clozapine esp with ongoing suicidality)
- **Trauma**, psychosocial adversity,
- **Hostile** and critical comments from carers/family

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## When to discontinue medication?

- Most guidelines recommend AP **at least one year** after remission of Sx
- Continuation AP assoc with lower relapse rates and symptom severity
- Guided discontinuation may have better outcomes than non adherence?
- **However**
- AP discontinuation has positive effect on weight and Metabolic measures\*
- YP may continue to experience positive symptoms but achieve full social recovery \*(Alvarez et al2012)

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## References

- \*Begemann et al Hamlett Trials 2020
- \* Zipursky et al Schizophr Res Ferb 2014
- \*Vazquez-Bourgon 10 yr follow up FEP Neuropsychopharmacol 2021
- \* Alvarez et al Psychological medicine 2012
- Wunderlink et al J Clin Psych 2007 Outcome at 7 years

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## New Treatments for psychosis?

- **CBD** Cannabidiol ( Cannabis) may have AP properties, shown in a number of small clinical trials\*  
THC increases risk of psychosis
- **Inflammatory** hypothesis proposed 40 years ago.
- **Anti inflammatory** med trials  
such as aspirin, estrogens, N Acetylcysteine
- \*Schubart et al Euro Psychopharmacol. 2014;24

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Thank you

Enjoy the forum

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