

Introduction

- psychosis → affects millions in US
 - 3% US pop. experience psychosis in life

Signs + symptoms of psychosis

- 1) hallucinations
 - ↳ experiencing external sensory activity w/o actual stimulation
- 2) delusions
- 3) disorganized thoughts + behaviors

Barriers to Early Identification

- 1) fear of diagnosis
- 2) patient beliefs
- 3) environmental factors
- 4) medical professionals

Psychosis in the US

- every year → 200,000 new psychosis cases

Allie

- 17
- senior in high school
 - off to college
- health issues → early signs
- ↑ sensitivity to stimulus
 - "feeling off" } 3 months
 - anxious

Symptoms

what is psychosis?

- umbrella term for experiences connected w/ diff mental health conditions

- ex.

- a) delirium
- b) PTSD
- c) major depression
- d) schizophrenia spectrum disorders

- schizophrenia
- schizophreniform disorder
- schizoaffective disorder

evolve over transition of adolescence

- early ID + treatment → prevent severe symptom development, treatment resistance, functional impairment
- psychosis - temporary loss of contact w/ reality

Positive Symptoms of Psychosis

1) delusion

↳ unusual thought/belief (grandiosity/paranoia)

2) hallucination

↳ experiencing external sensory activity w/o actual stimulation

▪ auditory + visual → most common

3) disorganized/bizarre

↳ going off on tangents

↳ bizarre behavior

Diagnosing Psychosis

◦ diagnostic interview

- establish course + length → symptoms

- focus on level of impact of symptoms on patient's functioning + if patient believes in symptoms

◦ psychotic disorders on schizophrenia spectrum: usually emerge late adolescence → early adulthood

- mean age of onset:

1) males → 25

2) females → 29

→ diagnostic uncertainty due to changes during that time

↳ psychotic symptoms emerge slowly + often blend into evolving ideas + experiences

◦ comorbid symptoms make harder to accurately diagnose

◦ general pop. → can exhibit psychotic-like experiences w/o developing disorder

◦ psychosis ≠ binary

- ppl can have hallucinations w/o impacting functioning

◦ normalizing approach helps

Duration of untreated psychosis

- focus on managing + treating symptoms
 - expect that patient will experience long term disability + impaired functioning
- longer duration of untreated psychosis (DUP) → poorer prognosis
 - ↳ has caused clinicians to shift focus to early ID
- DUP → time from onset of fully psychotic symptoms to start of treatment
 - time w/o care → crucial to managing psychosis
 - DUP > 1 yr → 3x more relapses for next 2 yrs
 - longer DUP associated w/ ↑ severity in symptoms, weaker long-term social functioning

Long-term effects of untreated psychosis

- constant relapses into psychosis → disrupt possibility of improvement
- possible medication resistance
- aim of early intervention = minimize DUP
- critical window → ^{months} 3-4~~yr~~ from 1st symptoms
 - when treatments have greatest impact

Barriers to care

- barriers to accessing early care:
 - 1) fear of diagnosis
 - what symptoms might mean
 - 2) patient beliefs
 - cultural perceptions (family / friend for context)
 - 3) physical/social environment
 - treatment plans should accommodate environment
- medical professionals → normalize to not scare patient
 - ↳ help patient open up
- attenuated symptoms - ↑ risk of developing full psychosis in future
- full psychosis - 100% belief in delusions + impacts daily functioning