Psychosis Bulletin: October 2019

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Narratives

Schizophrenia from the inside perspective

Anna Beyer, Psychosis, June 2019

I am myself a patient with schizophrenia since 2002, and a scientist in international relations. I work at the University of Hull and am in the process of publishing my 8th book. I am fairly successful, I would say, even though success of course is never enough, I suffer from that syndrome too. I have in my free-time researched schizophrenia and experimented with alternative treatment approaches, including vitamin therapy and spirituality, for example, and written a book about it. It is called Health *and Safety for Spirit Seers, Telepaths and Visionaries – Selfhelp for Schizophrenia*. What I would like to do in this paper is write about what causes schizophrenia, what it feels like to have schizophrenia, I will talk about alternative, more holistic treatments, and mention the role of stimulants as something that should be looked out for

My diagnosis, a label

David Son, Psychosis, June 2019

A mental health diagnosis is more than a classification of condition. Psychiatric diagnoses are hurtful labels. Although the DSM-5 provides diagnoses for all psychiatric and mental health experiences, it does not consider the harm of labeling individuals with these so-called chronic diseases, most of which are mysteriously understood, given their inconclusive etiology. Most argue the present psychiatric nosology is functional only, that is, it holds utility but not validity. If a system of classification is to work effectively and successfully over time, it must have both utility and validity, and validity must precede utility. In this first-person narrative, I give my testimony of the hurt that is derived from a psychiatric diagnosis. Diagnoses are labels that are stigmatizing, disempowering, and marginalizing to a growing segment of society.

Narratives

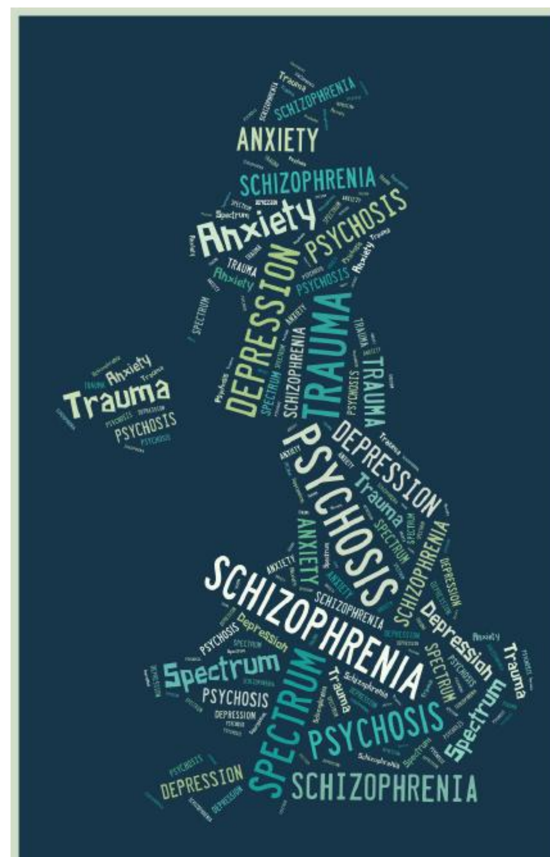
Organization's Effects With Schizoaffective Disorder Colori,
Schizophrenia Bulletin, Volume 45, Issue 4, July 2019, Page 722
Throughout my episodes of schizoaffective disorder and even afterwards I have had an obsession with organization. During my first episode, I heard a professor speaking of a writer as "an organizational genius." The idea really resonated with me. I started looking at the various ways that people organize their possessions. For instance, things might be arranged alphabetically or numerically. I finally settled on utility as an organizing principle. I wanted everything I owned to be organized in ways that would save me time, or make things easier to find, or create space.

Facing Fears; If Medication Runs Out Colori,
Schizophrenia Bulletin, Volume 45, Issue 4, July 2019, p723–724

Before beginning this essay I would like to say I haven't missed my medication in 5 years and I don't plan on skipping it at all and if I did I would consult my doctor first however, the following information has brought me peace of mind which was its' sole purpose.
One of the most stressful thoughts I've had in recent years has been wondering what my life would be like without medication. I've had schizoaffective disorder for 10 years, 5 of which I've spent in episodes. During these episodes I was unable to function without my medication.

Rhetoric and Recovery Colori,
Schizophrenia Bulletin, Volume 45, Issue 4, July 2019, Pages 720–721

Experiencing 2 episodes of schizoaffective disorder from ages 19 to 24 and living in complete isolation left me completely inept socially. I had a strong adherence to morality and I felt even the slightest deviation from my morals, such as even speaking about bad morality, was a betrayal of who I was. This stringent code lead to a lot of arguments and confrontational conversations during the early stages of my recovery. I had been isolated from the modern world for 5 years, having talked to barely anyone, and I needed to learn how to reassimilate into modern society.



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Drug therapy

Psychiatric drugs: reconsidering their mode of action and the implications for service user involvement

Marc Roberts

Mental Health Review Journal, Volume 24, Issue 1, p 1-10, May 2019.

Purpose The purpose of this paper is to examine two competing pharmacological models that have been used to understand how psychiatric drugs work: the disease-centred model and the drug-centred model. In addition, it explores the implications of these two models for mental health service users and the degree to which they are meaningfully involved in decisions about the use of psychiatric drugs. Design/methodology/approach The approach is a conceptual review and critical comparison of two pharmacological models used to understand the mode of action of psychiatric drugs. On the basis of this analysis, the paper also provides a critical examination, supported by the available literature, of the implications of these two models for service user involvement in mental health care. Findings The disease-centred model is associated with a tendency to view the use of psychiatric drugs as a technical matter that is to be determined by mental health professionals. In contrast, the drug-centred model emphasises the centrality of the individual experience of taking a psychiatric drug and implies a more equitable relationship between practitioners and mental health service users. Originality/value Although infrequently articulated, assumptions about how psychiatric drugs work have important consequences for service user involvement in mental health care. Critical consideration of these assumptions is an important aspect of seeking to maximise service user involvement in decisions about the use of psychiatric drugs as a response to their experience of mental distress.

Practical Guidance on the Use of Lurasidone for the Treatment of Adults with Schizophrenia.

Javed A, Arthur H, Curtis L

Neurol Ther. 2019 May 16

INTRODUCTION: Lurasidone is an atypical antipsychotic that was approved in Europe in 2014 for the treatment of schizophrenia in adults aged ≥ 18 years. Clinical experience with lurasidone in Europe is currently limited, and there is therefore a need to provide practical guidance on using lurasidone for the treatment of adults with schizophrenia.
METHODS: A panel of European psychiatrists with extensive experience of prescribing lurasidone was convened to provide recommendations on using lurasidone to treat adults with schizophrenia.
RESULTS: Extensive evidence from clinical trials and the panel's clinical experience suggest that lurasidone is as effective as other atypical agents, with the possible exception of clozapine. Lurasidone is associated with a lower propensity for metabolic side effects (in particular, weight gain) and hyperprolactinaemia than most other atypical antipsychotics and has a relatively benign neurocognitive side effect profile. Patients switching to lurasidone from another antipsychotic may experience weight reduction and/or improvements in the ability to focus/concentrate. Most side effects with lurasidone (such as somnolence) are transitory, easily managed and/or ameliorated by dose adjustment. Akathisia and extrapyramidal symptoms may occur in a minority of patients, but these can be managed effectively with dose adjustment, adjunctive therapy and/or psychosocial intervention.
CONCLUSIONS: Given the crucial importance of addressing the physical as well as mental healthcare needs of patients, lurasidone is a rational therapeutic choice for adults with schizophrenia, both in the acute setting and over the long term.

Drug therapy

Long-acting antipsychotic medication as first-line treatment of first-episode psychosis with comorbid substance use disorder

Abdel-Aki, Early Intervention in Psychiatry, 24 May 2019

Aim Substance use disorder (SUD) is highly prevalent among patients with first-episode psychosis (FEP) and associated with poor adherence and worst treatment outcomes. Although relapses are frequent in FEP, current literature on long-acting injectable antipsychotics (LAI-AP) use in FEP is scarce and studies often exclude patients with SUD.

Objectives To determine the impact of LAI-AP as first-line treatment on psychotic relapses or rehospitalizations in FEP patients with comorbid SUD (FEP-SUD).

Methods This is a naturalistic, longitudinal, 3-year prospective and retrospective study on 237 FEP-SUD admitted in two EIS in Montreal, between 2005 and 2012. The patients were divided on the basis of first-line medication introduced, either oral antipsychotics (OAP, n = 206) or LAI-AP (n = 31). Baseline characteristics were compared using χ^2 test and analysis of variance, and Kaplan-Meier survival analysis was performed on relapse and rehospitalization.

Results Compared to the OAP group, patients in the LAI-AP group presented worse prognostic factors (eg, history of homelessness). Despite this, the LAI-AP group presented a lower relapse rate (67.7% vs 76.7%), higher relapse-free survival time (694 vs 447 days, $P = 0.008$ in Kaplan-Meier analysis), and trends for reduced rehospitalization rates (48.4% vs 57.3%) and hospitalization-free survival time (813 vs 619 days, $P = 0.065$ Kaplan-Meier analysis). Of those receiving OAP as first-line, 41.3% were eventually switched to LAI-AP and displayed worst outcome in relapse and rehospitalization.

Conclusion LAI-AP should be strongly considered as first-line treatment of FEP-SUD patients since this pharmacological option reduces the risk of relapse and rehospitalization even in the individuals with poor prognostic factors.

A systematic review of clinical guidelines on choice, dose, and duration of antipsychotics treatment in first- and multi-episode schizophrenia.

Hui CLM, Lam BST, Lee EHM Int Rev Psychiatry. 2019 Jun 21, p1-19

Clinical guidelines provide evidence-based recommendations to regulate pharmacological treatment of psychotic disorders. However, the quality of evidence, country of origin, and publication dates of such guidelines vary, which leads to discrepancies between recommendations. This systematic review aimed to examine consensus and disparities between clinical recommendations on the choice, dose, and duration of antipsychotic treatment for first- and multi-episode schizophrenia patients. A literature search through The Cochrane Library, Embase, Medline, PsycINFO, PubMed, Scopus, Web of Sciences, and relevant bibliographies revealed 24 guidelines that met the inclusion criteria. The guidelines indicated mostly consistent recommendations regarding the optimal dose range of antipsychotics, while guidance with regards to the choice and duration of treatment remains somewhat controversial. Current trends in guidelines emphasize that there is simply no 'one-size-fits-all' method to manage schizophrenia patients. Further research is needed not only to address discrepancies between guidelines, but also to justify the gap between theory and practice.

Drug therapy

Mitigation of Olanzapine-Induced Weight Gain With Samidorphan, an Opioid Antagonist: A Randomized Double-Blind Phase 2 Study in Patients With Schizophrenia

Martin, Am J of Psychotherapy, March 2019

Objective:
Preclinical evidence and data from a proof-of-concept study in healthy volunteers suggest that samidorphan, an opioid antagonist, mitigates weight gain associated with olanzapine. This study prospectively compared combination therapy of olanzapine plus either samidorphan or placebo for the treatment of schizophrenia.
Methods:
This was an international, multicenter, randomized phase 2 study of olanzapine plus samidorphan in patients with schizophrenia. The study had a 1-week open-label olanzapine lead-in period followed by a 12-week double-blind treatment phase in which patients were randomly assigned in a 1:1:1:1 ratio to receive olanzapine plus placebo (N=75) or olanzapine plus 5 mg (N=80), 10 mg (N=86), or 20 mg (N=68) of samidorphan. The primary aims were to confirm that the antipsychotic efficacy of olanzapine plus samidorphan was comparable to olanzapine plus placebo, to assess the effect of combining olanzapine with samidorphan on olanzapine-induced weight gain, and to assess the overall safety and tolerability of olanzapine plus samidorphan.
Results:
Antipsychotic efficacy, as assessed by total score on the Positive and Negative Syndrome Scale (PANSS), was equivalent across all treatment groups. Treatment with olanzapine plus samidorphan resulted in a statistically significant lower weight gain (37% lower weight gain compared with olanzapine plus placebo). The least square mean percent change from baseline in body weight was 4.1% (2.9 kg) for the olanzapine plus placebo group and 2.6% (1.9 kg) for the olanzapine plus samidorphan group (2.8% [2.1 kg] for the 5 mg group, 2.1% [1.5 kg] for the 10 mg group, and 2.9% [2.2 kg] for the 20 mg group). Adverse events reported at a frequency ≥5% in any of the olanzapine plus samidorphan groups and occurring at a rate ≥2 times greater than in the olanzapine plus placebo group were somnolence, sedation, dizziness, and constipation. Other safety measures were comparable between the olanzapine plus samidorphan groups and the olanzapine plus placebo group.
Conclusions:
The antipsychotic efficacy of olanzapine plus samidorphan was equivalent to that of olanzapine plus placebo, and olanzapine plus samidorphan was associated with clinically meaningful and statistically significant mitigation of weight gain compared with olanzapine plus placebo. Olanzapine plus samidorphan was generally well tolerated, with a safety profile similar to olanzapine plus placebo.

Psychopharmacological Treatment of Schizophrenia over time in 30,908 inpatients - Data from the AMSP study.

Toto S, Grohmann R, Bleich S Int J Neuropsychopharmacol. 2019 Jul 01

BACKGROUND: Psychotropic drugs are the cornerstone of schizophrenia treatment, often requiring lifelong treatment. Data on pharmacotherapy in inpatient settings are lacking.
METHODS: Prescription data of schizophrenic inpatients within the time period 2000-2015 were obtained from the database of the Drug Safety Program in Psychiatry (AMSP). Data were collected at two index dates per year; the prescription patterns and changes over time were analyzed.
RESULTS: Among 30,908 inpatients (mean age 41.6 years, 57.8% males) the drug classes administered most often were antipsychotics (94.8%), tranquilizers (32%), antidepressants (16.5%), antiparkinsonians (16%), anticonvulsants (14.1%), hypnotics (8.1%), and lithium (2.1%).The use of second-generation antipsychotics significantly increased from 62.8% in 2000 to 88.9% in 2015 ($p < 0.001$), whereas the prescription of first-generation antipsychotics decreased from 46.6% in 2000 to 24.7% in 2015 ($p < 0.001$). The administration of long-acting injectable antipsychotics decreased from 15.2% in 2000 to 11.7% in 2015 ($p = 0.006$). Clopazine was the most often used antipsychotic, having been used for 21.3% of all patients. Polypharmacy rates (≥ five drugs) increased from 19% in 2000 to 26.5% in 2015. Psychiatric polypharmacy (≥ 3 psychotropic drugs) was present in 44.7% of patients.
CONCLUSIONS: Combination of antipsychotics and augmentation therapies with other drug classes are frequently prescribed for schizophrenic patients. Though treatment resistance and unsatisfactory functional outcomes reflect clinical necessity, further prospective studies are needed on real-world prescription patterns in schizophrenia to evaluate efficacy and safety of this common practice.

Mirror image study (10 years of follow-up and 10 of standard pre-treatment) of psychiatric hospitalizations of patients with severe schizophrenia treated in a community-based, case-managed programme.

Díaz-Fernández S, Frías-Ortiz DF, Fernández-Miranda JJ

Rev Psiquiatr Salud Ment. 2019 Jun 24

Abstract

OBJECTIVES: To determine the psychiatric hospitalizations of patients with severe schizophrenia before (standard treatment in mental health centres) and during treatment in a comprehensive, community-based, case-managed programme, as well as the role played by antipsychotic medication (oral or long-acting injectable).

METHOD: Observational, mirror image study of ten years of follow-up and ten retrospectives ('pre-treatment': standard), of patients with severe schizophrenia in a community-based programme, with pharmacological and psychosocial integrated treatment and intensive case management (n=344). Reasons for discharge from the programme and psychiatric hospital admissions (and whether they were involuntary) were recorded ten years before and during treatment, as well as the antipsychotic medication prescribed.

RESULTS: The retention achieved in the programme was high: after 10 years only 12.2% of the patients were voluntary discharges vs 84.3% on previous standard treatment. The number of patients with hospital admissions, and number of admissions due to relapses decreased drastically after entering the programme (p<0,0001), as well the involuntary admissions (p<0,001). Being on long-acting injectable antipsychotic medication was related with these results (p<0,0001).

CONCLUSIONS: Treatment of patients with severe schizophrenia in a comprehensive, community-based and case-managed programme achieved high retention rates, and was effective in drastically reducing psychiatric hospitalizations compared to the previous standard treatment in mental health units. Undergoing treatment with long-acting injectable antipsychotics was clearly linked to these outcomes.

Drug therapy

Acute and Long-term Memantine Add-on Treatment to Risperidone Improves Cognitive Dysfunction in Patients with Acute and Chronic Schizophrenia.

Schaefer M, Sarkar S, Theophil I Pharmacopsychiatry. 2019 Aug 07

INTRODUCTION: Patients with schizophrenia are mainly characterized by negative symptoms and cognitive dysfunction. In this proof-of-concept study we tested effects on cognition and negative symptoms of a 6- or 24-week memantine add-on treatment to risperidone in patients with acute or chronic schizophrenia.
MATERIALS AND METHODS: Patients with an acute episode of schizophrenia (n=11) and predominating positive symptoms were randomized to a 6-week add-on treatment with memantine (10 mg twice a day) versus placebo and patients with chronic schizophrenia (n=13) and negative symptoms were randomized to a 24-week add-on treatment with memantine (10 mg twice a day) versus placebo. All patients received antipsychotic medication with risperidone (2-8 mg/day). Psychopathological changes were assessed with the Positive and Negative Syndrome Scale (PANSS) at baseline and after 2, 4, 6, 12, and 24 weeks. Cognitive function was measured at baseline, after 6 weeks, and 24 weeks.
RESULTS: Patients with acute schizophrenia who received add-on treatment with memantine showed a significantly higher performance in attention intensity (p=0.043), problem-solving (p=0.043), verbal learning (p=0.050), and flexibility (p=0.049). Patients with chronic schizophrenia showed a significantly higher immediate memory in the memantine group compared to the placebo group (p=0.033) and a significantly greater reduction of the PANSS sum score if compared to the placebo group.
DISCUSSIONS: Our study gives further evidence that memantine add-on treatment to risperidone may have neuroprotective effects and improve cognitive function in patients with schizophrenia.

Clozapine, a controversial gold standard antipsychotic for the 21st century: Switching to paliperidone palmitate 3-monthly improves the metabolic profile and lowers antipsychotic dose equivalents in a treatment-resistant schizophrenia cohort.

Martínez-Andrés JA, García-Carmona JA Schizophr Res. 2019 Aug 14

Drug therapy

Comparative efficacy and tolerability of 32 oral antipsychotics for the acute treatment of adults with multi-episode schizophrenia: a systematic review and network meta-analysis.

Huhn M, Nikolakopoulou A, Schneider-Thoma J, Lancet. 2019 Jul 11

Abstract
BACKGROUND: Schizophrenia is one of the most common, burdensome, and costly psychiatric disorders in adults worldwide. Antipsychotic drugs are its treatment of choice, but there is controversy about which agent should be used. We aimed to compare and rank antipsychotics by quantifying information from randomised controlled trials.
METHODS: We did a network meta-analysis of placebo-controlled and head-to-head randomised controlled trials and compared 32 antipsychotics. We searched Embase, MEDLINE, PsycINFO, PubMed, BIOSIS, Cochrane Central Register of Controlled Trials (CENTRAL), WHO International Clinical Trials Registry Platform, and ClinicalTrials.gov from database inception to Jan 8, 2019. Two authors independently selected studies and extracted data. We included randomised controlled trials in adults with acute symptoms of schizophrenia or related disorders. We excluded studies in patients with treatment resistance, first episode, predominant negative or depressive symptoms, concomitant medical illnesses, and relapse-prevention studies. Our primary outcome was change in overall symptoms measured with standardised rating scales. We also extracted data for eight efficacy and eight safety outcomes. Differences in the findings of the studies were explored in metaregressions and sensitivity analyses. Effect size measures were standardised mean differences, mean differences, or risk ratios with 95% credible intervals (CrIs). Confidence in the evidence was assessed using CINeMA (Confidence in Network Meta-Analysis). The study protocol is registered with PROSPERO, number CRD42014014919.
FINDINGS: We identified 54 417 citations and included 402 studies with data for 53 463 participants. Effect size estimates suggested all antipsychotics reduced overall symptoms more than placebo (although not statistically significant for six drugs), with standardised mean differences ranging from -0·89 (95% CrI -1·08 to -0·71) for clozapine to -0·03 (-0·59 to 0·52) for levomepromazine (40 815 participants). Standardised mean differences compared with placebo for reduction of positive symptoms (31 179 participants) varied from -0·69 (95% CrI -0·86 to -0·52) for amisulpride to -0·17 (-0·31 to -0·04) for brexpiprazole, for negative symptoms (32 015 participants) from -0·62 (-0·84 to -0·39; clozapine) to -0·10 (-0·45 to 0·25; flupentixol), for depressive symptoms (19 683 participants) from -0·90 (-1·36 to -0·44; sulpiride) to 0·04 (-0·39 to 0·47; flupentixol). Risk ratios compared with placebo for all-cause discontinuation (42 672 participants) ranged from 0·52 (0·12 to 0·95; clopenthixol) to 1·15 (0·36 to 1·47; pimozide), for sedation (30 770 participants) from 0·92 (0·17 to 2·03; pimozide) to 10·20 (4·72 to 29·41; zuclopenthixol), for use of antiparkinson medication (24 911 participants) from 0·46 (0·19 to 0·88; clozapine) to 6·14 (4·81 to 6·55; pimozide). Mean differences compared to placebo for weight gain (28 317 participants) ranged from -0·16 kg (-0·73 to 0·40; ziprasidone) to 3·21 kg (2·10 to 4·31; zotepine), for prolactin elevation (21 569 participants) from -77·05 ng/mL (-120·23 to -33·54; clozapine) to 48·51 ng/mL (43·52 to 53·51; paliperidone) and for QTc prolongation (15 467 participants) from -2·21 ms (-4·54 to 0·15; lurasidone) to 23·90 ms (20·56 to 27·33; sertindole). Conclusions for the primary outcome did not substantially change after adjusting for possible effect moderators or in sensitivity analyses (eg, when excluding placebo-controlled studies). The confidence in evidence was often low or very low.
INTERPRETATION: There are some efficacy differences between antipsychotics, but most of them are gradual rather than discrete. Differences in side-effects are more marked. These findings will aid clinicians in balancing risks versus benefits of those drugs available in their countries. They should consider the importance of each outcome, the patients' medical problems, and preferences.

A review of psychotherapeutic models and treatments for psychosis

Ridenour, Psychosis May 2019 vol 11 (3) p248-260

Despite long-standing pessimism, it is now widely recognized that individuals with psychosis can recover if offered meaningful psychotherapeutic treatments. This paper provides an overview of psychotherapeutic approaches and models for treatment for individuals who experience psychosis. We selected psychotherapeutic models from diverse theoretical orientations (e.g. cognitive-behavioral, acceptance and commitment therapy, psychodynamic, and integrative) to highlight different treatment philosophies and models for interventions. Although some of these therapies have yet to establish an empirically supported evidence base, they have been selected for review in light of their respective emerging literatures and because they offer distinct methods of understanding and treating severe 'mental illness'. This review article provides clinicians with different approaches to treatment that will allow them to explore various interventions to provide integrative care for individuals experiencing psychosis. This paper indicates that evidence-based psychotherapies for psychosis are just emerging and that newer therapies should be considered to provide a range of treatment options. More research is needed to develop efficacious treatments that not only alleviate distress but also promote meaningful recovery for individuals with psychosis.

Common mental disorder including psychotic experiences: Trailblazing a new recovery pathway within the Improving Access to Psychological Therapies programme in England.

Perez J, Russo DA, Stochl J

Early Interv Psychiatry. 2018 06;12(3):497-504

Psychotic experiences, depressive and anxiety symptoms may be manifestations of a latent continuum of common mental distress. The Improving Access to Psychological Therapies (IAPT) programme has increased the reach of psychological treatments to people with common mental disorders in England. However, psychotic experiences are neither measured nor considered in therapy. We aimed to confirm the presence of psychotic experiences among IAPT service-users and determine whether these experiences are associated with higher depression/anxiety levels and poorer recovery. All service-users that attended the Fenland and Peterborough IAPT teams in Cambridgeshire between November 16, 2015 and January 29, 2016 participated in a service evaluation. In addition to routine mesures, such as the Generalized Anxiety Disorder-7 questionnaire (GAD-7) and the Patient Health Questionnaire-9 (PHQ-9), we introduced a shortened version of the Community Assessment of Psychic Experiences (CAPE-P15) to measure psychotic experiences. Classes of individuals were identified with latent class analysis. Associations were reported using Pearson correlation coefficient. One hundred and seventy-three services-users were included, mostly females (N = 133; 76.9%). The mean age was 36.6 (SD = 13.3). Around 30% likely belonged to a class with psychotic experiences. CAPE-P15 frequency was significantly correlated to PHQ-9 ($r = 0.44$; $P < .001$) and GAD-7 ($r = 0.32$; $P < .001$). Similarly, CAPE-P15 distress and both PHQ-9 ($r = 0.43$; $P < .001$) and GAD-7 ($r = 0.38$; $P < .001$) were highly correlated. These associations were replicated after the initial period of the therapy, indicating poor recovery. Some IAPT service-users suffer psychotic experiences. Tailoring available evidence-based psychological therapies for these people in IAPT settings might trailblaze a new care pathway to improve recovery in this group.

CBT

Cognitive behavioural therapy for anxiety in psychosis: a systematic review and meta-analysis

Heavens, Psychosis vol 11 (3) 2019 p223-227

Background: Anxiety is common in people with psychosis. Cognitive Behavioural Therapy (CBT) is an effective treatment for anxiety in people without psychosis. Given the prevalence of anxiety in those with psychosis, the efficacy of CBT in this population is important to consider. This review and meta-analysis therefore investigates the efficacy of CBT for anxiety in people with psychosis.

Method: Twenty-nine studies were identified through systematic review, including controlled, uncontrolled and case report designs. Seventeen controlled and uncontrolled studies were included in the quantitative synthesis.

Results: A medium, significant effect was found at post-treatment and follow-up when controlled and uncontrolled data were combined. For controlled between-groups data only, a small, significant effect was found at post-treatment and follow-up. The effect of CBT for anxiety on psychotic symptoms was investigated, resulting in a medium, significant effect for controlled and uncontrolled post-treatment data and a small, significant effect for controlled between-group data.

Conclusions: CBT might have some effect in treating anxiety in people with psychosis. However, this review highlights a lack of scientifically rigorous studies in this area. Further research is required, including the use of well-designed randomized controlled trials (RCTs).

Exploring the barriers to the implementation of cognitive behavioural therapy for psychosis (CBTp)

Switzer, Mental Health Review Journal, Volume 24, Issue 1, Page 30-43, May 2019.

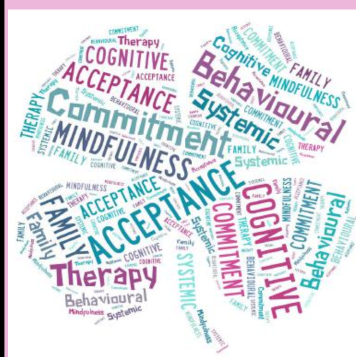
Purpose
The purpose of this paper is to identify barriers for people with psychotic spectrum disorders accessing CBTp in NHS Lothian. Despite national guidelines recommending CBT for the treatment of schizophrenia (National Institute for Health and Care Excellence Guidelines 2014) and (Scottish Intercollegiate Guidelines Network Guidelines 2013), levels of access to CBTp remain low. The overall goal of the study is to uncover emergent themes regarding barriers to access to CBT for patients with psychosis. In addition, the influence of psychosocial skills intervention (PSI) training for psychosis (Brooker and Brabban, 2006) will be explored and if completion of this training effects referral behaviours and attitudes to CBTp. Design/methodology/approach This study is a quantitative service evaluation project which uses a questionnaire design to explore the factors that influence a clinician's decision to refer a patient for CBTp. Three qualitative questions are included for thematic analysis to allow the respondents to elaborate on their views on potential barriers. All appropriate Community Mental Health Team (CMHT) staff in adult mental health in NHS Lothian were invited to participate in the study. Findings CMHT staff in NHS Lothian hold favourable views of CBTp and would support an increase in access for patients with psychosis. Key barriers to access for CBTp identified in this study comprise of, little or no access to CBTp, lack of integration of services and unclear referral pathways. Further themes emerging from the study also included, improving multi-disciplinary communication and increasing CMHT staff knowledge and confidence in CBTp. PSI training was shown to have a significant effect on referral rates. Further research would be warranted to explore the influence of PSI training on CMHT staff confidence and knowledge in CBTp. Originality/value This is the first paper of its kind to investigate the potential barriers to access to CBTp in Scotland. The paper has highlighted some key barriers and potential strategies to overcome the barriers identified will be discussed.

Predictors of disengagement from cognitive behavioural therapy for psychosis in a National Health Service setting: A retrospective evaluation.

Richardson T, Dasyam B, Courtney H, Br J Clin Psychol. 2019 Jun 10

OBJECTIVES: To evaluate whether demographic and clinical variables are related to disengagement rates in cognitive behavioural therapy (CBT) for psychosis in a clinical setting.

METHODS: The medical records and symptom severity data (from Health of the Nation Outcome Scales) were analysed retrospectively for 103 referrals for CBT for psychosis in a National Health Service secondary care and Early Intervention in Psychosis team.



RESULTS: Overall, 42.7% (n = 44) disengaged from CBT. There was no impact of gender or ethnicity, and no impact of clinical variables such as risk history and comorbid diagnosis. However, risk of disengagement was significantly higher for those who were younger, $F = 6.89$, partial $\eta^2 = .064$, $p = <.05$; those with greater total HoNOS scores, $F = 4.22$, partial $\eta^2 = .04$, $p < .05$; more severe symptoms on the HoNOS items of overactive, aggressive, disruptive, or agitated behaviour, $\chi^2 = 6.13$, $p < .01$; problem drinking or drug taking, $\chi^2 = 7.65$, $p < .05$; depressed mood, $\chi^2 = 7.0$, $p < .01$; and problems with occupation and activities: $\chi^2 = 3.68$, $p < .05$. There was a non-significant trend for shorter waiting times to be associated with greater levels of disengagement.

CONCLUSIONS: These results indicate that it may not be psychosis per se that disrupts engagement in CBT, but linked behavioural and emotional factors. A more assertive approach to these factors - overactive, aggressive, disruptive, or agitated behaviour, problem drinking or drug taking, depressed mood, and problems with occupation and activities, particularly in younger people - may be valuable prior to or early on in therapy as a means of increasing engagement in CBT for psychosis.

PRACTITIONER POINTS: Risk of disengagement from CBT for psychosis increases with overactive, aggressive, disruptive, or agitated behaviour (54.9% vs. 30.8%), problem drinking and drug taking (61.1% vs. 32.8%), depressed mood (56% vs. 30.2%), and problems with occupation and activities (53.3% vs. 34.5%), with a trend for younger age. An assertive and motivational approach to engagement and a focus on addressing low mood and problematic behaviours, prior to or early in therapy, may be warranted, particularly for younger people. This evaluation is limited by small sample size and being retrospective. These results speak to the question of whether psychosis itself renders people inappropriate for CBT for psychosis, or whether problems arise due to behavioural and emotional factors that might be addressed to increase access to CBT for psychosis.

CBT for psychosis: process-orientated therapies and the third wave

Jenny Droughton *Psychosis*, 11(2), pp. 184–186

Treatment-resistant Schizophrenia

Electroconvulsive Therapy for Treatment-Resistant Schizophrenia Sinclair Cochrane Database Syst Rev. March 2019

Electroconvulsive therapy (ECT) involves the induction of a seizure by the administration of an electrical stimulus via electrodes usually placed bilaterally on the scalp and was introduced as a treatment for schizophrenia in 1938. However, ECT is a controversial treatment with concerns about long-term side effects such as memory loss. Therefore, it is important to determine its clinical efficacy and safety for people with schizophrenia who are not responding to their treatment.

Our primary objective was to assess the effects (benefits and harms) of ECT for people with treatment-resistant schizophrenia.

Treatment-Resistant to Antipsychotics: A Resistance to Everything? Psychotherapy in Treatment-Resistant Schizophrenia and Nonaffective Psychosis: A 25-Year Systematic Review and Exploratory Meta-Analysis.

Polese D, Fornaro M, Palermo M Front Psychiatry. 2019;10:210

Background: Roughly 30% of schizophrenia patients fail to respond to at least two antipsychotic trials. Psychosis has been traditionally considered to be poorly sensitive to psychotherapy. Nevertheless, there is increasing evidence that psychological interventions could be considered in treatment-resistant psychosis (TRP). Despite the relevance of the issue and the emerging neurobiological underpinnings, no systematic reviews have been published. Here, we show a systematic review of psychotherapy interventions in TRP patients of the last 25 years. Methods: The MEDLINE/PubMed, ISI WEB of Knowledge, and Scopus databases were inquired from January 1, 1993, to August 1, 2018, for reports documenting augmentation or substitution with psychotherapy for treatment-resistant schizophrenia (TRS) and TRP patients. Quantitative data fetched by Randomized Controlled Trials (RCTs) were pooled for explorative meta-analysis. Results: Forty-two articles have been found. Cognitive behavioral therapy (CBT) was the most frequently recommended psychotherapy intervention for TRS (studies, n = 32, 76.2%), showing efficacy for general psychopathology and positive symptoms as documented by most of the studies, but with uncertain efficacy on negative symptoms. Other interventions showed similar results. The usefulness of group therapy was supported by the obtained evidence. Few studies focused on negative symptoms. Promising results were also reported for resistant early psychosis. Limitations: Measurement and publication bias due to the intrinsic limitations of the appraised original studies. Conclusions: CBT, psychosocial intervention, supportive counseling, psychodynamic psychotherapy, and other psychological interventions can be recommended for clinical practice. More studies are needed, especially for non-CBT interventions and for all psychotherapies on negative symptoms.

Treatment-resistant Schizophrenia

The Integrated Psychological Therapy and Treatment-Resistant Schizophrenia: Initial Findings.

Rakitzi S, Georgila P

Psychiatry. 2019 Aug 06;:1-14

Abstract
Objective: The aim of this Randomized Controlled Trial (RCT) is to present the initial findings of a larger RCT study conducted internationally for the first time, regarding the hypothesis, when the Integrated Psychological Therapy (IPT) for individuals with schizophrenia is more and when it is less effective, regarding Treatment-Resistant Schizophrenia (TRS) and nontreatment resistant schizophrenia (NTRS). Methods: Forty-eight outpatients with schizophrenia of an adult psychiatric department participated in this RCT study. Eleven outpatients of IPT and 11 of the Treatment as Usual (TAU) belong to TRS. Thirteen patients of IPT and 13 of TAU belong to NTRS. A test battery was given at baseline after therapy (10 weeks) and at 3 months' follow-up. Neurocognition, social cognition, psychopathology, and functional outcome were assessed. The General Linear Model (GLM) for repeated measurements was used. Effect sizes, z-scores, and the sign test were calculated. Results: There was a statistical significance for verbal memory; positive, negative symptoms and general psychopathology; Global Assessment and Functioning scale (GAF) and quality of life favoring NTRS. Effect sizes showed superiority of NTRS in comparison to TRS. The sign test showed a significant improvement in Integrated Psychological Therapy treatment-resistant schizophrenia (IPTTRS) that was maintained in the follow-up, in Integrated Psychological Therapy nontreatment resistant schizophrenia (IPTNTRS) and in Treatment as Usual nontreatment resistant schizophrenia (TAUNTRS). Conclusion: The IPT is more effective in NTRS in comparison to TRS, although IPTTRS showed some improvements, maintained at follow-up. Further RCT studies with larger samples are needed.

Person-centred & peer support

Hampshire Healthcare
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Peer support work on an inpatient unit for adults experiencing psychosis
H. Wood, Psychosis 2019 vol 11 (2) p128-137

Peer support work is now recognized as a valuable component of mental health services. Although a number of studies have been published, the evidence base is inconsistent. There is relatively little literature on peer support work in an inpatient context, and even less about peer support specifically for adults experiencing psychosis in an inpatient setting. Barriers to peer work in this environment may be significant, yet these potential obstacles make inpatient peer work all the more important. Indeed, some of the earliest examples of peer support derive from supporting individuals experiencing psychosis in residential settings. This first-person peer account and discussion give voice to a peer's experience of such work, demonstrating not only that it is possible, but that its impact can be wide-reaching for both consumers and multidisciplinary teams. This peer author's work impacts the experience of hospitalization and recovery journeys of individuals, as well as staff's capacity to relate to consumers and provide therapeutic care. More qualitative research is needed to understand and expand on these influences.

.Interruptions to therapy sessions on acute psychiatric wards; how frequent are they, and who does the interrupting?
Jacobson Psychosis 2019 vol 11 (2) p174-177

Aim: To find out how often therapy sessions conducted on acute psychiatric wards are interrupted and who by.
Methods: Interruptions or early endings to therapy sessions were recorded as part of a trial of a brief talking therapy for psychosis delivered on acute psychiatric wards.
Results: Only a minority of therapy sessions were interrupted (19/146; 13%) or ended early (5/146; 3%). Interruptions most commonly came from staff (15/19; 79%) rather from other patients on the ward (4/19; 21%).
Conclusions: These data show most inpatient therapy sessions can be completed as planned, and provide further support to the feasibility of delivering psychological therapies within these challenging clinical settings.

How do people talk decades later about their crisis that we call psychosis? A qualitative study of the personal meaning-making process
Bergstrom Psychosis 2019 vol 11 (2) p195-115

Psychosis refers to a severe mental state that often significantly affects the individual's life course. However, it remains unclear how people with the lived experiences themselves view these phenomena, as part of their life story. In order to evaluate this personal meaning-making process, we conducted in-depth life-story interviews with 20 people who had been diagnosed with non-affective psychosis 10 to 23 years previously in one catchment area. 35% of them were still receiving mental health treatment, and 55% of them were diagnosed with schizophrenia. Only a minority named their experiences as psychosis. On the basis of narrative analysis, two types of stories appeared to encompass how mental health crises and/or related experiences were presented as part of the life story: (i) crisis as a disruptor of the normative course of life (*N*= 9), and (ii) crisis as an expected reaction to life adversities (*N*= 7). In the majority of the stories, the mental health crisis was associated with cumulative life adversities in a central life area. Correspondingly, most of the factors that brought relief were narrated as inseparable from social and other real-life environments. We discuss the need for more person-centred and collaborative models of research and treatment.

Person-centred

Exploring identity and personal meanings in psychosis using the repertory grid technique: A systematic review Garcia-Mieres, Clinical Psychology & Psychotherapy, 2019

Abstract

Current research and clinical practice in person-centered approaches highlight the importance of self, identity, and personal meanings in psychosis. Previous research has focused on dimensions of self, but less attention has been paid to the personal meanings involved in identity. The Personal Construct Theory framework and the Repertory Grid Technique (RGT) allow the study of identity and personal meanings within person-centered approaches of psychopathology and treatment in psychosis, as suggested by studies that began more than 40 years ago. However, their contributions have not yet been reviewed. We aimed to systematically review the evidence for the role of identity and personal meanings in psychotic disorders. We performed a systematic search using personal construct and RGT terms in PsycINFO, Web of Science, PubMed, EBSCO, Scopus, and Google Scholar. After identifying 2574 articles, 15 were included. Nine studies followed an idiographic assessment and six were nomothetic. Patients reported their subjective experience of isolation in terms of high self-ideal discrepancy and high perceived discrepancy with their significant others, which some studies associated with a lower degree of recovery or with the way in which positive symptoms were construed. Self-fragmentation either decreased with interventions or was associated with recovery. Evidence regarding interpersonal construing was less consistent but there was a tendency for patients to show a more rigid cognitive structure than controls. To conclude, we found some evidence that self-discrepancies, fragmentation of self and interpersonal construing are affected in psychosis and

Family intervention

Effectiveness of Family Intervention for Preventing Relapse in First-Episode Psychosis Until 24 Months of Follow-up: A Systematic Review With Meta-analysis of Randomized Controlled Trials.

Camacho-Gomez M, Castellvi P Schizophr Bull. 2019 May

BACKGROUND: Relapse risk during the early years of first-episode psychosis (FEP) considerably increases the risk of chronicity. The effectiveness of family intervention for psychosis (FIp) for preventing relapse after FEP remains unknown. We assessed the effectiveness of FIp until 24 months of follow-up for preventing relapse and other relapse-related outcomes in patients following FEP.

METHODS: We searched the Cochrane, PubMed, PsycINFO, and ProQuest databases in June 2018. A systematic review with meta-analysis of randomized controlled trials (RCTs), sensitivity analyses, and publication bias were performed, comparing to treatment as usual (TAU) or TAU plus other psychosocial interventions. Outcomes assessed were relapse rates, duration of hospitalization, psychotic symptoms, and functionality. Risk ratios (RRs) and (standardized) mean differences (SMD; MD) were calculated.

RESULTS: Of the 2109 records retrieved, 14 (11 RCTs) were included. Pooled results showed that FIp was effective for preventing relapse (RR = 0.42; 95% CI = 0.29 to 0.61) compared to TAU and/or other psychosocial interventions. It also proved effective when compared to TAU alone (RR = 0.36) and TAU plus other psychosocial interventions (RR = 0.48). FIp showed benefits in reducing duration of hospitalization (TAU, MD = -3.31; other interventions, MD = -4.57) and psychotic symptoms (TAU, SMD = -0.68), and increased functionality (TAU, SMD = 1.36; other interventions, SMD = 1.41).

CONCLUSIONS: These findings suggest that FIp is effective for reducing relapse rates, duration of hospitalization, and psychotic symptoms, and for increasing functionality in FEP patients up to 24 months. The study's main limitations were the inclusion of published research only; authors were not contacted for missing/additional data; and high heterogeneity regarding relapse definition was observed.

Family intervention for caregivers of people with recent-onset psychosis: A systematic review and meta-analysis. Ma CF, Chien WT, Bressington DT

Early Interv Psychiatry. 2018 08;12(4):535-560

AIM: We aimed to systematically review the evidence of the effectiveness of family interventions for caregivers of people with recent-onset psychosis compared with usual psychiatric care. A secondary objective was to directly compare the effects of different types of family interventions.

METHODS: MEDLINE, EMBASE, PsycINFO, Cochrane Central Register of Controlled Trials (CENTRAL), CINAHL Complete and EBSCOhost were searched to identify relevant randomized controlled trials. Trial data were extracted following the procedures described in the Cochrane Handbook of systematic reviews. Random-effects models were used to pool the intervention effects.

RESULTS: Twelve studies including 1644 participants were included in this review. With the exception of a high risk of performance bias inherent to the nature of the psychosocial interventions, the studies had an overall low or unclear risk of bias, suggesting that sources of bias are unlikely to lower confidence in the estimate of intervention effects. Meta-analyses were conducted for 4 different participant outcomes reported in 9 studies. Compared with usual psychiatric care, family intervention was more effective in reducing care burden over all follow-up periods. Family intervention was also superior to usual care with regards to caregiving experience in the short term and improved utilization of formal support and family functioning over longer -term follow up. Mutual support is more effective than psychoeducation in improving family functioning when measured 1 to 2 years after the intervention but had equivalent effects on utilization of formal support services.

CONCLUSIONS: This review provides evidence that family intervention is effective for caregivers of recent-onset psychosis, especially for care burden where the positive effects are enhanced over time.

Voice-hearing

“It’s just a bit like a rollercoaster”: a longitudinal qualitative study exploring a model of the phases of voice hearing

Bogen-Johnston, Psychosis, 2019

Background: Existing models of the phases of hearing distressing voices have relied upon data from cross-sectional designs and the retrospective accounts of hearers. There is a need for a longitudinal study to examine the phases of voice hearing over time.

Methods: A longitudinal, mixed-methods design was used. Stage 1 - semi-structured interviews were conducted at nine monthly intervals at four time-points with voice hearers (n = 12) from Early Intervention in Psychosis Services. Data were Thematically Analysed. Stage 2 – findings were mapped onto an integrated model of voice hearing.

Results: Stage 1 analysis generated higher-order themes: “Common Pathway”, “Voices Stop”, “Voices Continue but Beliefs Change”, and “Voices Continue but Beliefs do not Change”. Stage 2 analysis generated a potential framework for a revised model of voice hearing over time with three novel sub-group pathways.

Conclusions: Findings suggested three novel sub-group pathways. Beliefs about voices influenced the course of voice hearing. Changes in beliefs were associated with acceptance, meaning-making and recovery: whereas beliefs that did not change were associated with ongoing voice-related distress. Findings highlight the importance of therapeutic conversations in supporting hearers to explore their experiences with voices.

Positive aspects of voice-hearing: a qualitative metasynthesis

Valavanis, Psychosis 2019 vol 22(2) p 208-225

Voice-hearing occurs in clinical and non-clinical samples, and the role of spiritual and cultural frameworks of understanding for percipients has received increased attention. This review aimed to identify and synthesise the existing qualitative literature relating to positive aspects of voice-hearing experiences, and to make recommendations based on these findings for clinical practice and future research. Qualitative papers that included positive aspects of voice-hearing were identified by undertaking a systematic search of six electronic databases, resulting in 22 papers. The quality of each paper was assessed and the meta-ethnographic approach was used to extract and synthesise the data. Six themes were identified relating to voices providing safety and protection, guidance, creating psychological and emotional well-being, providing companionship, facilitating personal growth and development, and connecting hearers to religious or spiritual belief systems. The findings suggest positive aspects of voice-hearing that may have clinical and research implications

Hallucinations

Hampshire Healthcare
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The use of formal criteria to assess psychological models of hallucinations: a systematic review Hickey, Psychosis 2019 vol 11 (3)

Objectives: Our aim was to explore the application of systematic criteria proposed by Bentall, Corcoran, Howard, Black and Kinderman (2001) to determine whether they are helpful in determining the quality of psychological models, which are used to develop and guide treatment.
Method: We chose to conduct a systematic review of models of hallucinations. PsycINFO, MEDLINE and PubMED were used to identify relevant articles. Each model was classified as a high, medium or low level of fit with the criteria.
Results: Nineteen models met the inclusion criteria. Two models were a high level of fit, twelve a medium level of fit while the rest were a low level of fit. Some difficulties were encountered applying the criteria and are discussed.
Conclusions: Bentall et al.'s (2001) criteria proved useful. Frith's (2015) and Hoffman's (1986) models were deemed the best level of fit. The role of self-monitoring and language-production processes in hallucination formation may merit further investigation. There is an outstanding need for international standardized guidelines to advance the quality of psychological models to assist the design and delivery of more effective interventions.

A comparison of visual hallucinations across disorders. Dudley R, Aynsworth C, Mosimann U

Psychiatry Res. 2019 02;272:86-92

Abstract

Research into hallucinations typically regards them as single sensory or unimodal experiences leading to a comparative neglect of co-occurring multi-sensory hallucinations (MSH). People with psychosis who have visual hallucinations (VH) report high rates of hallucinations in other senses (auditory, olfactory, tactile). However, it is not known if this is similar to other groups who report VH. Consequently, this study explored MSH in four different patient groups who all had current VH. Archival data from standardised assessments of visual hallucinations in people with psychosis (n = 22), eye disease (ED) (n = 82), Lewy body Dementia (LBD) (n = 41), and Parkinson's disease (PD) (n = 41) determined the presence of MSH. People with psychosis and visual hallucinations reported significantly higher rates of MSH (auditory, 73%; tactile, 82%; olfactory/gustatory hallucinations, 27%) than the LBD group (auditory, 21%; tactile, 28%; olfactory/gustatory, 6%), ED (auditory, 1%; tactile, 11%; olfactory/gustatory, 0%) and PD patients (auditory, 3%; tactile, 8%; olfactory/gustatory, 3%). Regardless of diagnostic grouping, participants with MSH reported greater conviction that the VH were real, and reported greater distress. People with psychosis with VH report high rates of MSH unlike groups of older adults with VH. These between group differences in MSH prevalence have implications for clinical practice and theory.

The Potential of Cannabidiol as a Treatment for Psychosis and Addiction: Who Benefits Most? A Systematic Review.

Batalla A, Janssen H, Gangadin SS

J Clin Med. 2019 Jul 19;8(7):

Abstract

The endogenous cannabinoid (eCB) system plays an important role in the pathophysiology of both psychotic disorders and substance use disorders (SUDs). The non-psychoactive cannabinoid compound, cannabidiol (CBD) is a highly promising tool in the treatment of both disorders. Here we review human clinical studies that investigated the efficacy of CBD treatment for schizophrenia, substance use disorders, and their comorbidity. In particular, we examined possible profiles of patients who may benefit the most from CBD treatment. CBD, either as monotherapy or added to regular antipsychotic medication, improved symptoms in patients with schizophrenia, with particularly promising effects in the early stages of illness. A potential biomarker is the level of anandamide in blood. CBD and THC mixtures showed positive effects in reducing short-term withdrawal and craving in cannabis use disorders. Studies on schizophrenia and comorbid substance use are lacking. Future studies should focus on the effects of CBD on psychotic disorders in different stages of illness, together with the effects on comorbid substance use. These studies should use standardized measures to assess cannabis use. In addition, future efforts should be taken to study the relationship between the eCB system, GABA/glutamate, and the immune system to reveal the underlying neurobiology of the effects of CBD.

Association of smoked cannabis with treatment resistance in schizophrenia.

Arsalan A, Iqbal Z, Tariq M

Psychiatry Res. 2019 Jun 18;278:242-247

Abstract

Association of cannabis use with schizophrenia is a well-established finding. Its role in causation, however, is debated. Different studies have found that cannabis use impacts the outcome of schizophrenia and is associated with treatment non-adherence and a higher rate of relapses. In this paper, we investigated the impact of self-reported cannabis use on treatment response in a cohort of schizophrenia patients from Pakistan, a middle-income country. The data was collected from a psychiatric hospital in Khyber Pakhtunkhwa province of Pakistan where cannabis use is prevalent. Clinical evaluation and therapeutic response were established using the Positive and Negative Syndrome Scale (PANSS), and Clinical Global Impressions Scales-Severity (CGI-S) and Improvement (CGI-I) scale. Lack of response to adequate treatment with two trials of antipsychotics was classed as treatment resistance. We compared the treatment-resistant and treatment responsive groups for different variables including cannabis use, age at onset of illness, duration of untreated psychosis and consanguinity. We had data on 230 patients. More than ninety percent of our participants were men. The rate of treatment resistance was over 60%. Ongoing use of cannabis had an association with treatment resistance. We only included cases where treatment adherence was not a problem.

Clinical and cost-effectiveness of contingency management for cannabis use in early psychosis: the CIRCLE randomised clinical trial. : Sheridan Rains L, Marston L, Hinton M

BMC Med. 2019 Aug 15;17(1):161

Abstract

BACKGROUND: Cannabis is the most commonly used illicit substance amongst people with psychosis. Continued cannabis use following the onset of psychosis is associated with poorer functional and clinical outcomes. However, finding effective ways of intervening has been very challenging. We examined the clinical and cost-effectiveness of adjunctive contingency management (CM), which involves incentives for abstinence from cannabis use, in people with a recent diagnosis of psychosis.

METHODS: CIRCLE was a pragmatic multi-centre randomised controlled trial. Participants were recruited via Early Intervention in Psychosis (EIP) services across the Midlands and South East of England. They had had at least one episode of clinically diagnosed psychosis (affective or non-affective); were aged 18 to 36; reported cannabis use in at least 12 out of the previous 24 weeks; and were not currently receiving treatment for cannabis misuse, or subject to a legal requirement for cannabis testing. Participants were randomised via a secure web-based service 1:1 to either an experimental arm, involving 12 weeks of CM plus a six-session psychoeducation package, or a control arm receiving the psychoeducation package only. The total potential voucher reward in the CM intervention was £240. The primary outcome was time to acute psychiatric care, operationalised as admission to an acute mental health service (including community alternatives to admission). Primary outcome data were collected from patient records at 18 months post-consent by assessors masked to allocation. The trial was registered with the ISRCTN registry, number ISRCTN33576045.

RESULTS: Five hundred fifty-one participants were recruited between June 2012 and April 2016. Primary outcome data were obtained for 272 (98%) in the CM (experimental) group and 259 (95%) in the control group. There was no statistically significant difference in time to acute psychiatric care (the primary outcome) (HR 1.03, 95% CI 0.76, 1.40) between groups. By 18 months, 90 (33%) of participants in the CM group, and 85 (30%) of the control groups had been admitted at least once to an acute psychiatric service. Amongst those who had experienced an acute psychiatric admission, the median time to admission was 196 days (IQR 82, 364) in the CM group and 245 days (IQR 99, 382) in the control group. Cost-effectiveness analyses suggest that there is an 81% likelihood that the intervention was cost-effective, mainly resulting from higher mean inpatient costs for the control group compared with the CM group; however, the cost difference between groups was not statistically significant. There were 58 adverse events, 27 in the CM group and 31 in the control group.

CONCLUSIONS: Overall, these results suggest that CM is not an effective intervention for improving the time to acute psychiatric admission or reducing cannabis use in psychosis, at least at the level of voucher reward offered.

Does bribing people with psychosis to give up cannabis work? Hamilton, Mental Elf, Aug 2019

Ian Hamilton summarises the recently published CIRCLE trial, which looks at the clinical and cost-effectiveness of contingency management for cannabis use in early psychosis.

Quality of Life

Subjective quality of life in recent onset of psychosis patients and its association with sociodemographic variables, psychotic symptoms and clinical personality traits

Sevilla-Llewellyn-Jones Early Intervention in Psychiatry 2019 vol 13(3) p525-531

Aim

There is lack of research on the study of clinical personality traits in recent onset of psychosis (ROP) patients. The aims of this research were to study the relations among psychosocial, personality and clinical characteristics in ROP patients and also the effect that significant variables had on the different domains of Quality of Life (QoL).

Methods

Data for these analyses were obtained from 81 ROP patients. The Millon Clinical Multiaxial Inventory, the Positive and Negative Syndrome Scale and the World Health Organization Quality of Life Brief Scale were used to assess personality, symptoms and QoL.

Results

Correlations between the negative symptoms and the physical, psychological and social domains of QoL, and the disorganized symptoms and physical domain, were found. Furthermore, the physical, psychological and social relationship domains of QoL were lower in patients with schizoid traits and the psychological domain was lower in patients with depressive traits. In contrast, the psychological and social domains were higher in patients with histrionic traits, while the physical domain was higher for patients with narcissistic traits. Multiple linear regressions demonstrated that negative symptoms and narcissistic and depressive traits explained 16.9% of the physical domain. Narcissistic and depressive traits explained 15% of the psychological domain. Finally, the negative symptoms and histrionic traits explained 13.7% of the social domain.

Conclusions

QoL seems to be better explained by negative psychotic symptoms and some clinical personality traits. Our results support the importance of integrated intervention approaches that consider personality.

Urbanicity & Digital

Urbanicity: The need for new avenues to explore the link between urban living and psychosis

Abrahamyan-Empson, early Intervention in Psychiatry, Aug 2019

Aim

A growing body of evidence suggests that urban living contributes to the development of psychosis. However, the mechanisms underlying this phenomenon remain unclear. This paper aims to explore the best available knowledge on the matter, identify research gaps and outline future prospects for research strategies.

Method

A comprehensive literature survey on the main computerized medical research databases, with a time limit up to August 2017 on the issue of urbanicity and psychosis has been conducted.

Results

The impact of urbanicity may result from a wide range of factors (from urban material features to stressful impact of social life) leading to “urban stress.” The latter may link urban upbringing to the development of psychosis through overlapping neuro- and socio-developmental pathways, possibly unified by dopaminergic hyperactivity in mesocorticolimbic system. However, “urban stress” is poorly defined and research based on patients' experience of the urban environment is scarce.

Conclusions

Despite accumulated data, the majority of studies conducted so far failed to explain how specific factors of urban environment combine in patients' daily life to create protective or disruptive milieus. This undermines the translation of a vast epidemiological knowledge into effective therapeutic and urbanistic developments. New studies on urbanicity should therefore be more interdisciplinary, bridging knowledge from different disciplines (psychiatry, epidemiology, human geography, urbanism, etc.) in order to enrich research methods, ensure the development of effective treatment and preventive strategies as well as create urban environments that will contribute to mental well-being.

A systematic review and meta-analysis of digital health technologies effects on psychotic symptoms in adults with psychosis.

Clarke, Psychosis 2019

Objective: To conduct a systematic review of controlled studies to determine the effect of digital health technologies on psychotic symptoms.

Method: Electronic databases were searched up to March 2019. A narrative synthesis and meta-analyses of subcategories were completed.

Results: Twenty-one articles met inclusion criteria, covering three DHT types: avatar therapy, phone apps and computer-assisted cognitive remediation (CACR). In the latter, psychotic symptoms were secondary outcomes and only one of nine CACR studies demonstrated an effect on these symptoms. All four of the avatar trials and one of three phone app studies provided preliminary evidence of effectiveness in reducing psychotic symptoms.

Conclusion: Although effectiveness of DHTs for reducing psychotic symptoms cannot yet be conclusively established, the emerging literature suggests that DHTs using immersive avatar therapy holds most promise.