SMIAdviser
A Clinical Support System for Serious Mental Illness
An APA and SAMHSA Initiative

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Medications in Early Psychosis

September 24, 2020

CSS-SMI INITIATVE

The Clinical Support System for Serious Mental Illness (CSS-SMI) is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded initiative implemented by the American Psychiatric Association (APA).

SAMHSA
Substance Abuse and Mental Health Services Administration

AMERICAN PSYCHIATRIC ASSOCIATION

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Jacob S. Ballon, M.D, M.P.H

Clinical Associate Professor
Co-Section Chief, Specialty Psychiatry Clinics
Co-Director, INSPIRE Clinic
Medical Director, H2 Inpatient Psychiatry
Department of Psychiatry
Stanford University

DISCLOSURE

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Over the past 24 months I have received honoraria for consulting or advisory board work for Alkermes, Indivior, Pfizer, Corcept Therapeutics, Alto Pharmacy.

I have participated in clinical trials sponsored by: Alkermes, Janssen, Roche, Corcept Therapeutics, Otsuka.

LEARNING OBJECTIVES

- Identify key differences in use of medications in FEP vs CHR.
- Describe at least three tools for working with families and consumers on understanding the role of medication in treatment.
- Summarize current evidence-based medications for psychosis and new medications available in the market.

Working with Families

- Why are we starting here?
- Isn't this a webinar about medications?
- Vignette.
- Know where you stand with those you are working with.

Setting Goals

- Why are we even talking about medications?
  - Resolution of symptoms?
  - Functional changes?
  - Suffering?
  - Stigma? Embarrassment?
  - Fears? Misconceptions?

Anosognosia

- Find ways to partner
  - Find something you can agree on.
  - Focus on feelings.
  - How are we genuinely in this together.

Amador, 2000 I am not sick; I don't need help

Managing Dissent or Difference of Opinion

- What is the source of disagreement?
  - Cultural factors
  - Beware of projection
- Agree to disagree
  - Take a break!
- Continue to return to goals.
- Who are your allies?

Doing/During the Workup

- Tempting to ignore treatment while doing a workup.
- Follow the evidence.
- Recommend treatment while searching.

Managing Stigma

- Internal vs external.
- Cultural considerations.

Olfson, Psych Services, 2006

Family Meetings

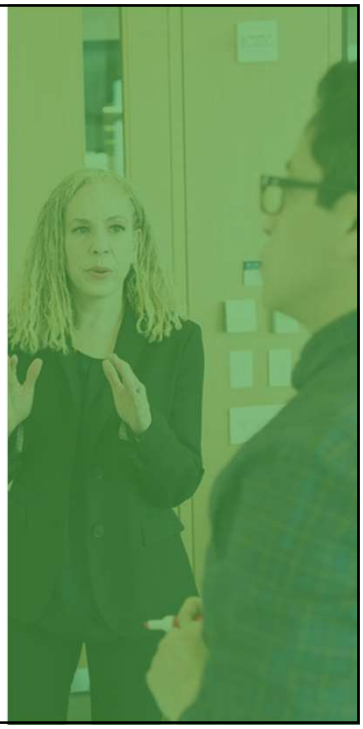
- Who should be there?
- Setting the agenda.
- Preparation!

Managing parental concerns

- Pause to reflect.
- Work with a team to prevent burnout.
- What is the source of fear?
  - Can it be mitigated?

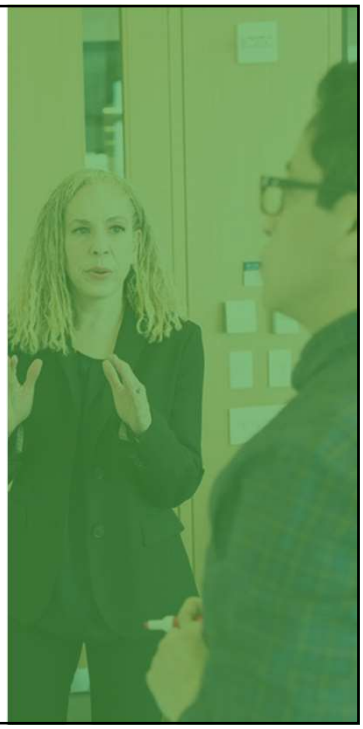
Definition of CHR

- PQ-B can screen.
- SIPS/SOPS for tracking:
  - Cognitive flexibility around symptoms
- Attenuated Psychotic symptoms.
- BLIPS.
- Family history with functional decline.
- Negative symptoms and Cognitive symptoms?



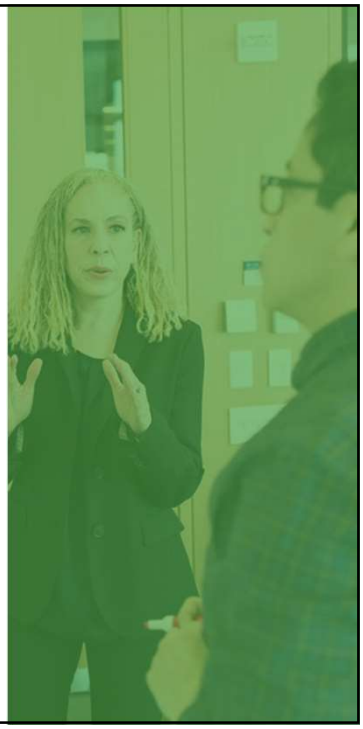
Goals of Treatment for People at CHRp

- Goals start with patient.
- Can meds prevent “conversion” to psychosis?
- Target observable symptoms.
- Psychosis risk calculators.



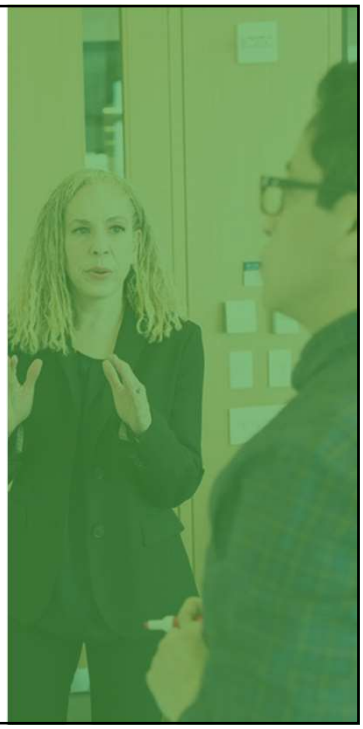
Use of Medications in Individuals at CHRp

- Antipsychotics?
  - Generally no.
- Off label use of medication:
  - Focus on presenting symptoms.
  - Consideration of side effects.
- Limited evidence:
  - Difficult to study.
  - Fluid state.



Use of Medications in Individuals at CHRp

- Common categories:
  - SSRI/Antidepressant
  - Mood stabilizer
  - Antipsychotics
  - Stimulants
  - Other



Choosing Medications in FEP

- APA Treatment guidelines pending final release
  https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines
- Antipsychotic medications.
- Adjunct medications.

- Zhang, J. P., & Noordsy, D. L. (2019). Psychopharmacology for People in Early Psychosis. *Intervening Early in Psychosis: A Team Approach*

How to choose an initial medication

- Family history
- Side effects
- Meta-analysis[1]:
  - Risperidone or aripiprazole
  - Olanzapine effective but with higher side effect risk
  - Quetiapine and Ziprasidone second line
- Comparative studies lack newest agents:
  - Lumataperone
  - Cariprazine

[1]Zhang, 2016

Impact of Race and Ethnicity on Meds

- Limited good data – most studies are predominantly done in white males
- Black people more prescribed APD, except clozapine
- Asians often ok with lower dose than White
- Further work on genetic and epidemiologic differences warranted

Marazziti, D., Mucci, F., Avella, M., Palagini, L., Simoncini, M., & Dell'Osso, L. (2020). The increasing challenge of the possible impact of ethnicity on psychopharmacology. *CNS Spectrums,* 1-10.

Dosing

- Low and slow when you can:
  - Minimize treatment emergent side effects
  - Not as likely to overshoot.
  - Setting a tone.
- Look for benefits quickly.
- Look for side effects even more quickly.

Adherence

- Understandably tricky
- Response more robust in first episode
- Important to work to try and prevent second episode

Takeuchi, et al Neuropsychopharmacology. 2019 May;44(6):1036-1042.

"Do I Have to Take These Forever?"

- First episode patients often want to experiment:
  - If not now, when?
  - Open lines of communication from beginning.
  - Expect this conversation:
    - Short-term vs long-term risks.
- Try to prevent 2nd episode:
  - Maintain alliance.
  - What are the concerns.
  - Safety planning.

When to Taper

- 1-2 years without symptoms:
  - Continue close follow-up.
  - 80%+ chance of relapse - Everyone is in the 20%.
  - Risk of relapse as soon as meds are stopped regardless of length of time on meds.

Robinson, 1999. Tiihonen 2019

Long Acting Injectables

- When to discuss:
  - Factors into decision for first/any medication.
  - Early.
  - No need to wait for adherence issues.
  - Does not guarantee adherence.

Clozapine

- Limited data
- Follow algorithms
- Low and slooooooow titration

Ballon, 2019

Lumataperone

- Approved for schizophrenia.
- Novel(ish) mechanism
  - Glutamatergic modulation
  - Dopamine D1, D2, D4 antagnoism
  - 5Ht2a antagonism
- Main side effects
  - Drowsiness
- Limited risk for weight gain/metabolic
- 42mg (available in higher/lower doses) with food

Meyer, Current Psychiatry
Vol. 19, No. 2

Cariprazine

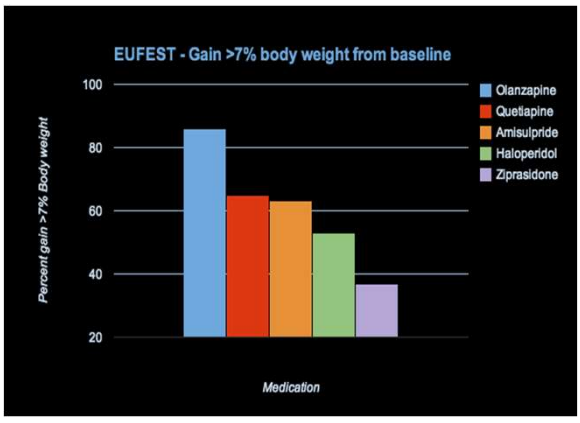
- Schizophrenia, Mania/mixed bipolar disorder.
- Partial agonist (D3 > D2).
- Long half life of metabolite = missed dose safety.
- Side effects:
  - Drowsiness
  - Akathisia

Marder, European Neuropsychopharmacology
Volume 29, Issue 1, January 2019, Pages 127-136

Pipeline

- ALK3831 (olanzapine + Samidorphan)
- Taar1
  - Lundbeck
  - Roche
- KarXT (muscarinic)

Metabolic Side Effects



- First exposure
- All meds pose risk
- Lifestyle interventions

Neurological Side Effects

- Acute vs Chronic
  - EPS
  - Dystonia
  - Akathisia
- Tardive Dyskinesia
  - 6 month
  - Less risk in younger patients

Other Side Effects to Consider

- Fatigue
- Brain Fog
- Side effects that are particular to individual's lifestyle
- Drooling

Adjunctive Medications for Symptoms

- Often these drugs are going to be used off label:
  - SSRI
  - Benzodiazepines
  - Mood Stabilizers
    - Depakote?
  - Stimulants?
    - Sympathomimetic
    - Non-sympathomimetic
- Be clear on what you are targeting.

Adjunctive Medications for Side Effects

- All of the following are off label uses:
  - Anticholinergics:
    - Benztropine, etc.
  - Metformin.
  - Other weight loss agents?
    - Bupropion/Naltrexone?
    - Topiramate.
  - Atropine drops.

Measuring Efficacy

- Symptom ratings
- Subjective experience
- Functional changes

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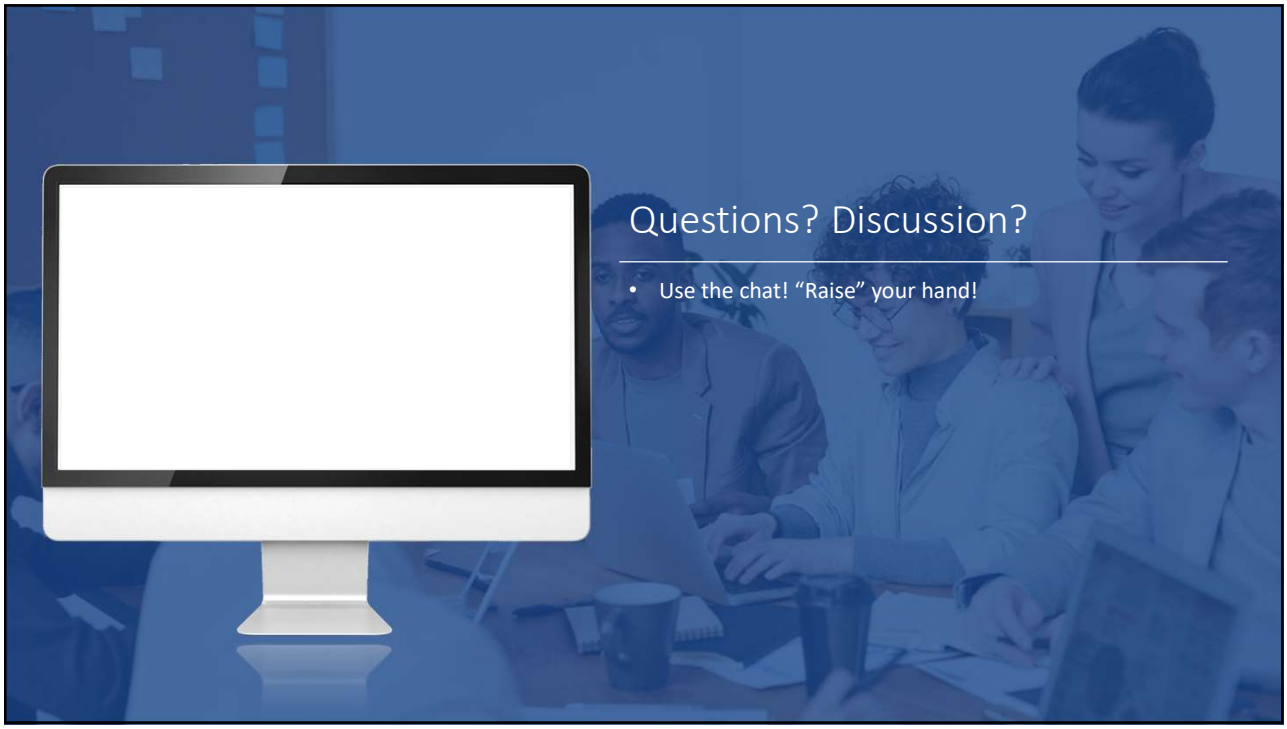

Questions? Discussion?

- Use the chat! "Raise" your hand!

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