Medications in Early Psychosis
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CSS-SMI INITIATIVE

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DISCLOSURE

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.

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.

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

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 sloooooow 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

Questions? Discussion?

- Use the chat! “Raise” your hand!
THANK YOU