

GP Guidance: Emerging Psychosis & Young People - What You Need to Know

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Why is this important for GPs?

Psychosis is one of the most serious conditions that can affect a young person:

- Suicide – 10% lifetime risk; usually within first 5 yrs; highest risk at 1st relapse [1]
- 88% end up with no job – a path to social exclusion [2]

Its first appearance can be bewildering for an individual. As GPs we are often the first point of contact with a health professional.

There is overwhelming evidence for the benefits of intervening early in the illness:

- Suicide risk is halved [3]
- Over 50% will secure a job [4]
- If caught very early, it is possible to delay or, better, prevent the onset of a disabling psychotic illness. [5]

Who is at Risk?

Psychosis is about as common as insulin dependent diabetes. Previously we relied on family history to alert us to risk. Yet only a small proportion of those with psychosis have an immediate family member with psychosis. But we now know:

- The life time risk of psychosis is 3 in 100 [6]

It usually starts when young [7]:

- 80% aged between 16 – 30
- 5% are aged 15 or less

It is about 3 times more common for those living in inner city areas [8]

Prolonged Cannabis use increases the risk of developing psychosis [9]

Awareness of those at most risk combined with sensitivity to the earliest symptoms can allow us to predict individuals with 30 - 40% chance of developing psychosis. [10]

Early Signs of Emerging Psychosis

Emerging psychosis tends not to present in 'neat parcels'. Many GPs suspect that something is 'not quite right' prior to the emergence of clear **psychosis**.

Early symptoms which are often difficult to define or indeed uncover may include:

- poor sleep, panic, mood changes
- social withdrawal, isolation, loss of job, broken relationships.
- early psychotic thinking such as suspicion, mistrust or perceptual changes.

If uncertain, do not simply dismiss change as adolescence or due to substance misuse. Be prepared to keep a watching brief. Follow up a missed appointment. Take family concerns seriously; they can often provide important clues.

Key learning points

1. **Psychosis is usually heralded by a gradual deterioration in intellectual and social functioning**
2. **GP recognition of early changes, clinical intuition and acting on family concerns are the key to early detection.**

Ask yourself

“Would I be surprised if this turned out to be psychosis within the next 6 months?”

What should I do?

If you suspect the possibility of an emerging psychosis then it is important to act promptly. Consider and check out for physical illness e.g.

- Drug / substance intoxication (a frequent co-morbidity in first episode psychosis)
- Drug withdrawal states
- Liver function disorders
- Systemic infections
- Nutritional deficiencies
- CNS abnormalities
- Metabolic disorders

Seek specific evidence of psychotic thinking. The sort of questions could include:

- Have you felt that something odd might be going on that you cannot explain?
- Have you been feeling that people are talking about you, watching you or giving you a hard time for no reason?
- Have you been feeling, seeing or hearing things that others cannot?
- Have you felt especially important in some way, or that you have powers that let you do things which other cannot?

The presence of any of these symptoms in a distressed young person should lead you to seek specialist advice and assessment for potential psychosis.

Assess for risk, given the frequency of self harm in this early phase (less commonly of harm to others). Evidence of such risk demands urgent action.

What should happen?

Prompt assessment by services specialised in Early Intervention in Psychosis* should ensure these young people and families get the right help at the right time.

*In England all Primary Care Trusts are required to commission appropriate Early Intervention in Psychosis Services.

People involved in creating this resource

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- First Step Trust (FST) is a national charity providing real work and employment opportunities for people excluded from ordinary working life because of mental health problems and other disadvantages.
- www.firststeptrust.co.uk

The Forum

The Forum for Mental Health in Primary Care is jointly hosted by the Royal College of Psychiatrists and the Royal College of General Practitioners. It aims to encourage communication, collaboration and creativity between individuals and organisations who work to enable day-to-day mental health in everyone.

To find out more contact:

Dr Carolyn Chew-Graham Mental Health Clinical Champion to the RCGP email: carolyn.chew-graham@manchester.ac.uk

Dr Roger Banks Lead for Primary Care to RCPsychiatrists

email: Rogerbanks@doctors.org.uk

Useful Resources

Quality Outcome Framework

<http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/QOF/index.htm>

National Institute for Clinical Excellence. CG 82 Schizophrenia: (2009) Core Interventions in the Treatment and Management of Schizophrenia in Primary and Secondary Care (Update). Clinical Guideline. NICE, London.

<http://www.nice.org.uk/CG82>

Rethink/RCGP guide “What’s reasonable” on reasonable adjustments for people with severe mental illness to access primary care services

http://www.rethink.org/how_we_can_help/campaigning_for_change/opening_doors/gp_practices_reason.html

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