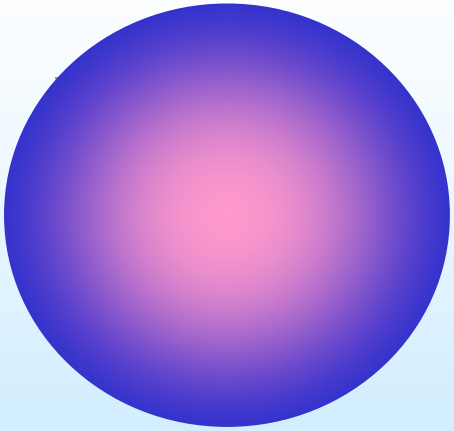
Need Adapted Treatment

Integrating Antipsychotic Medication



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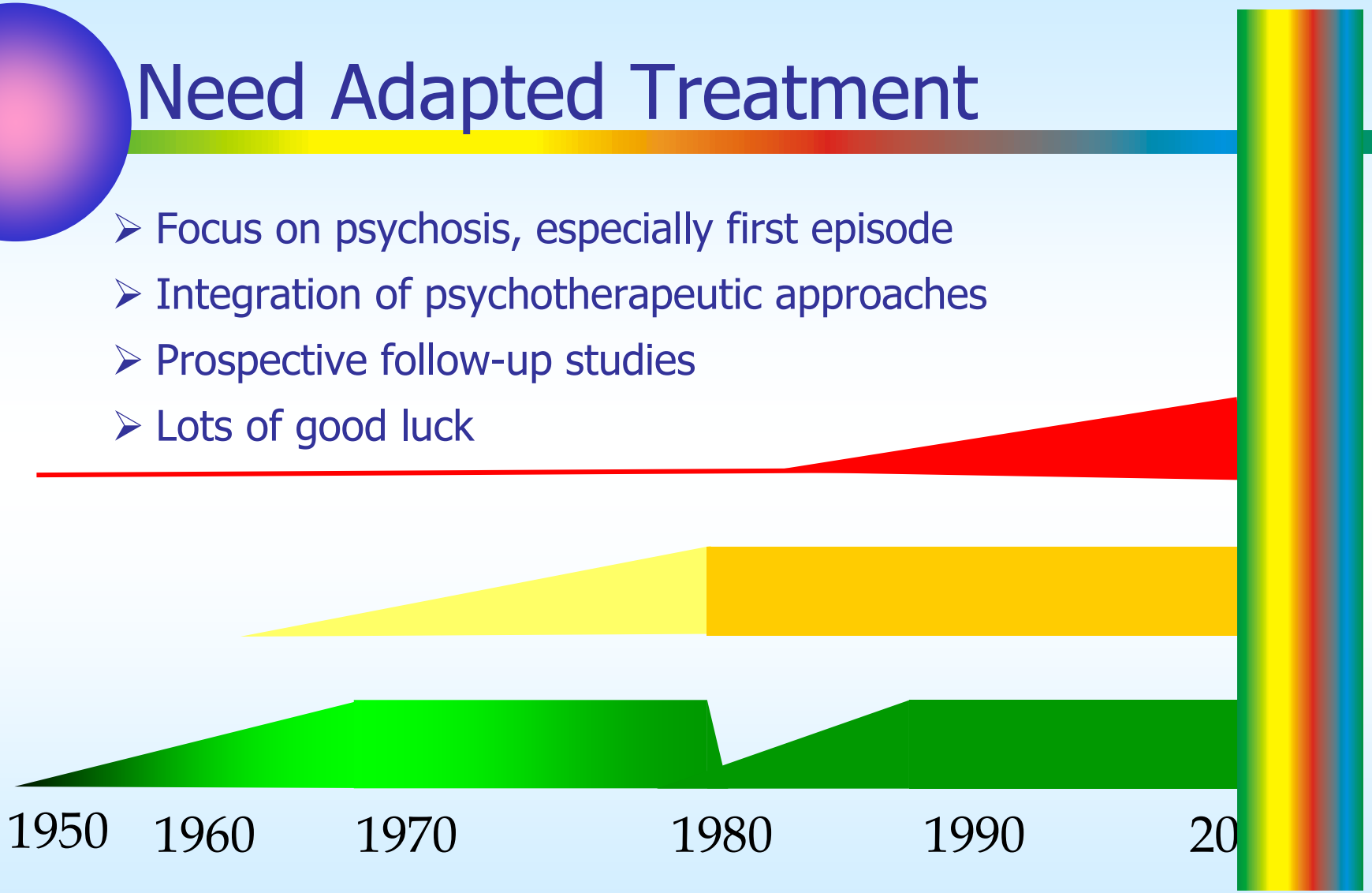
Need Adapted Treatment

- Focus on psychosis, especially first episode
- Integration of psychotherapeutic approaches
- Prospective follow-up studies
- Lots of good luck



Therapeutic activities are planned and carried out flexibly and individually to meet the needs of the patients and persons in their interactional networks

Examination and treatment are dominated by a psychotherapeutic attitude

Different therapeutic activities should comple-ment each other

Treatment should be a continuing process

The patient should be present in situations that concern him and his treatment

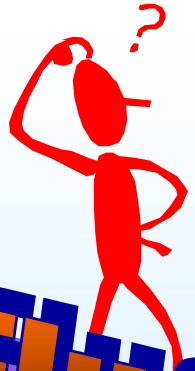
Regular meetings should be arranged with staff members, the patient, his/her family members, or other important network persons being present, beginning with an intensive initial examination

A systemic general orientation: The understanding obtained in the family and network sessions is the basis for integrating other activities

Maintenance of personal continuity during the treatment, for several years when needed.

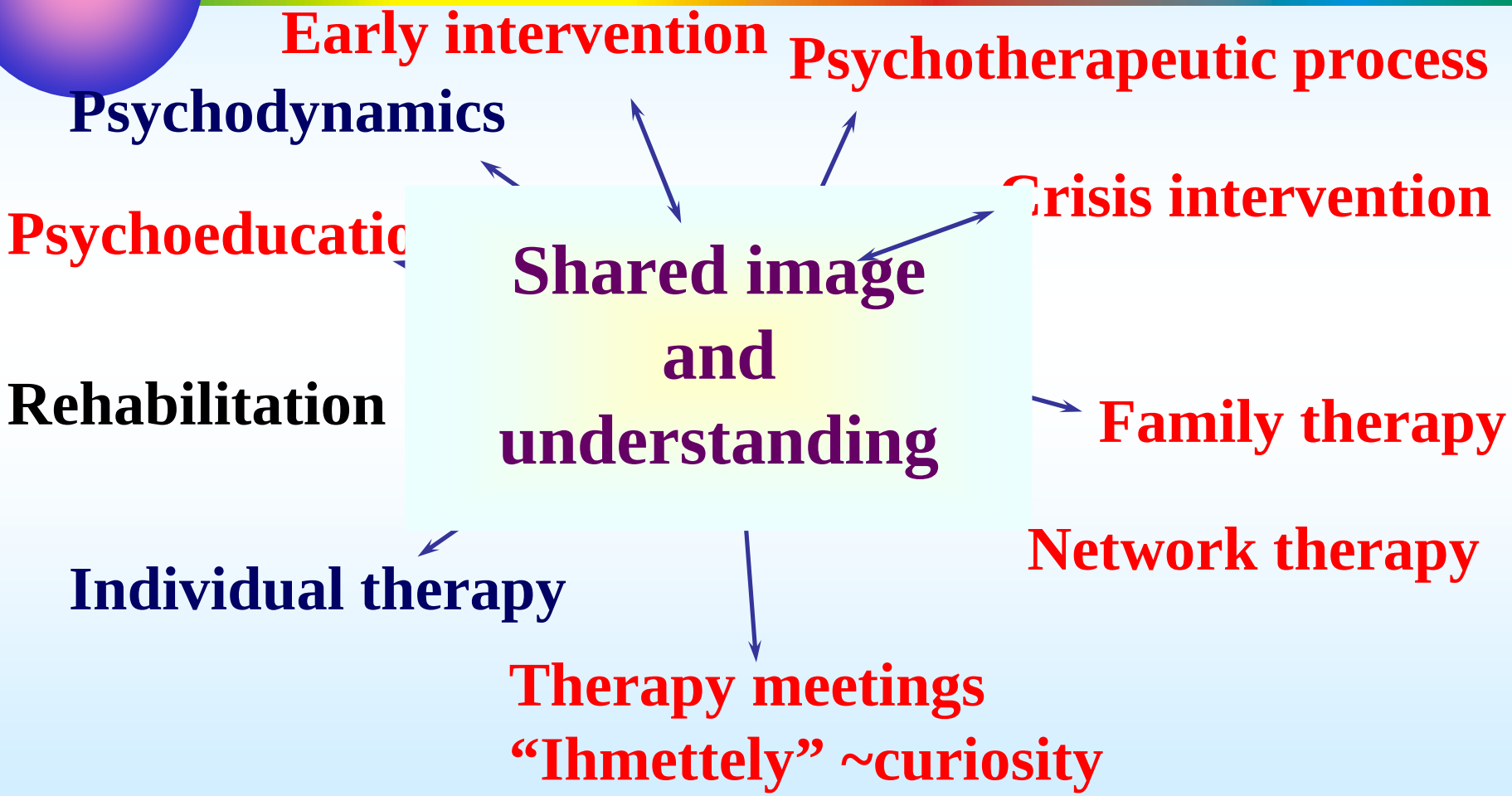
Continuous follow-up is needed on all levels

Der FLuss den Alltaglichen Interaction

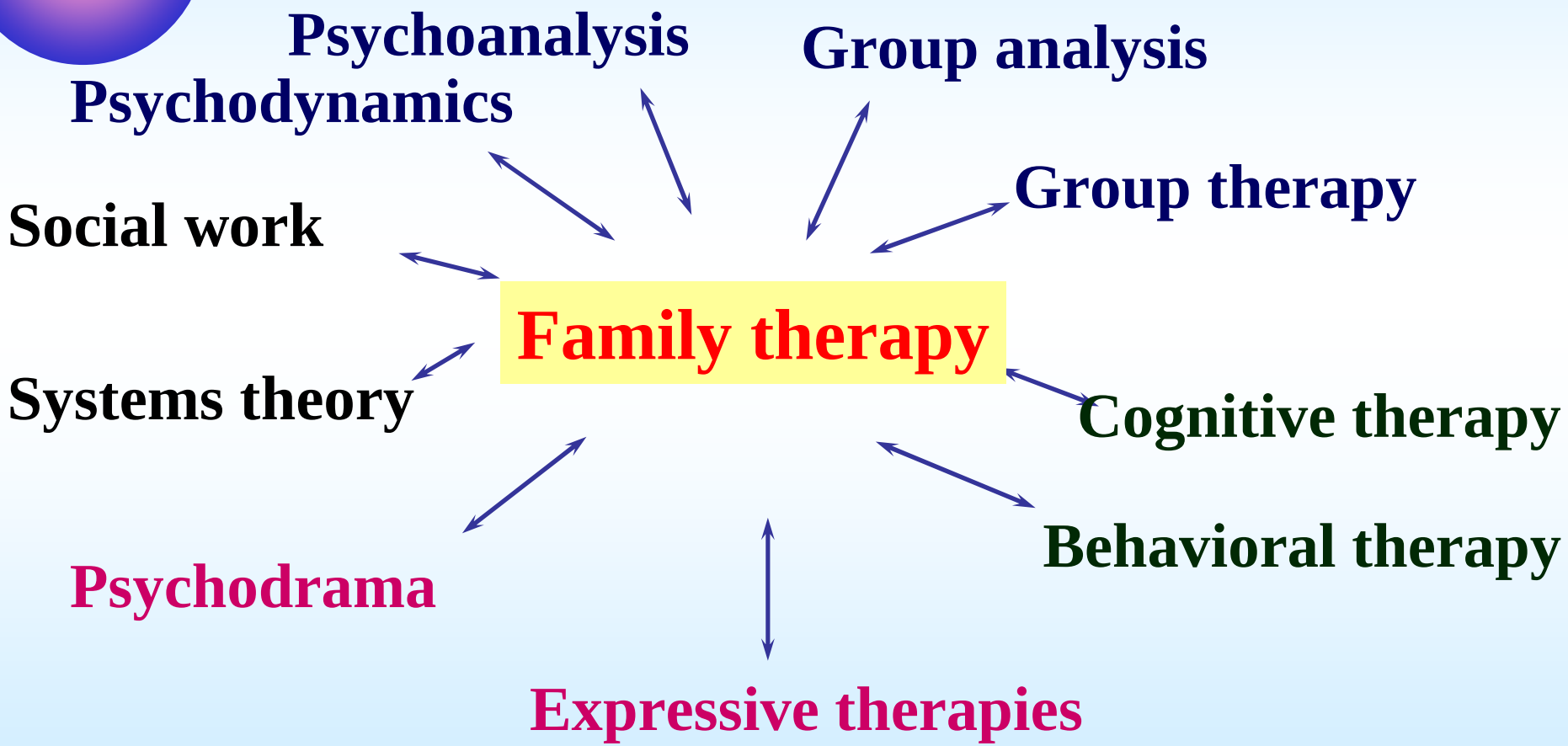


Der Fluss für patienten

Need Adapted tools



The Opportunist

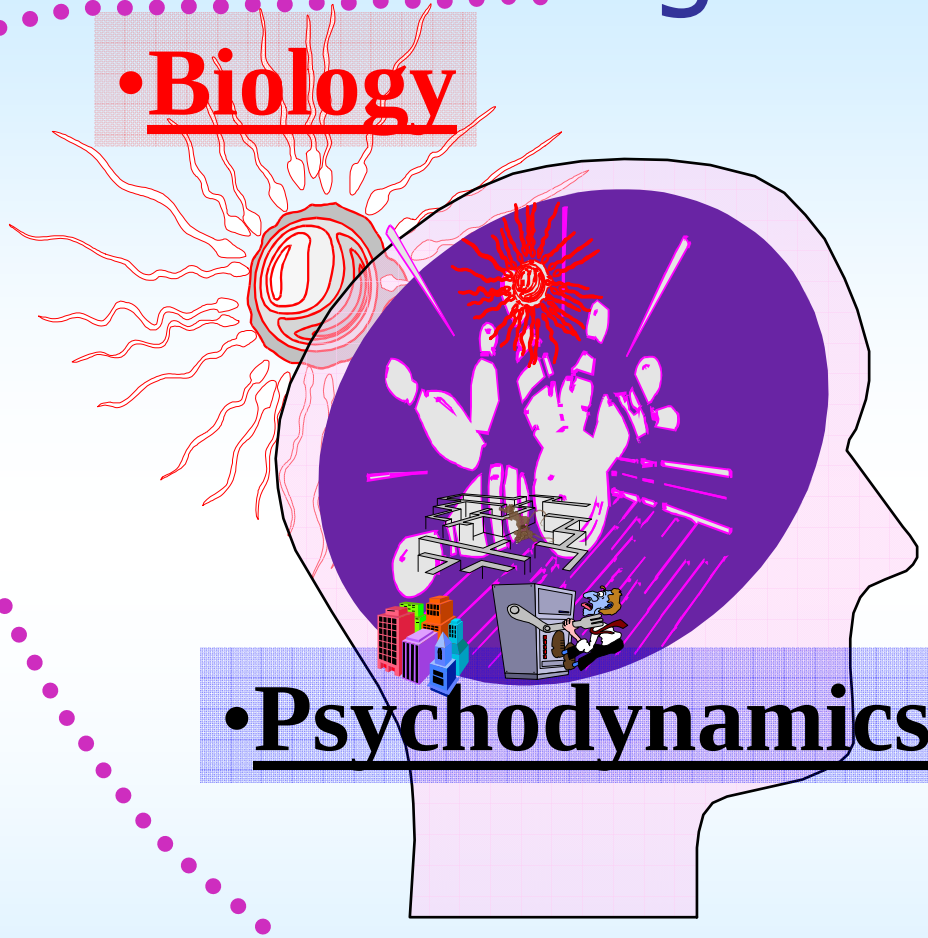


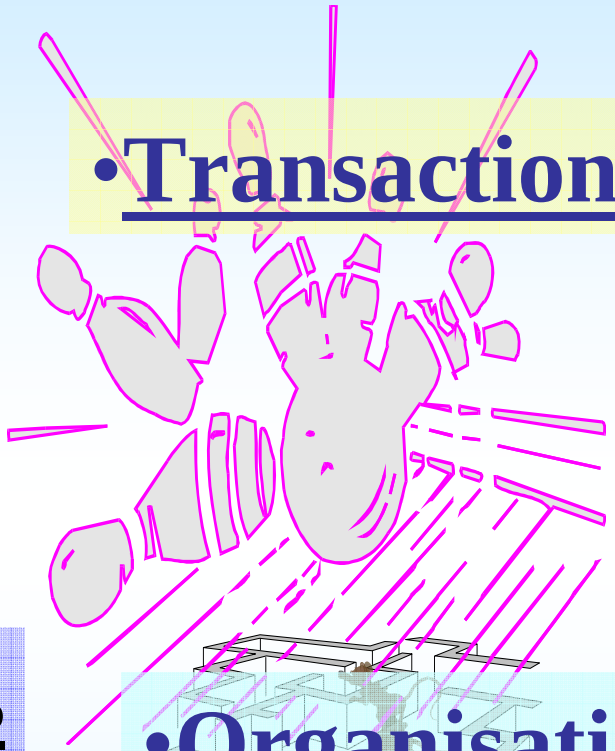
Why family therapy?

- Works with existing interaction
  - Rapid effects
  - 24 hour therapeutic effect
- Systemic thinking
  - Everything affects everything
  - Allows for holistic and widening/deepening understanding

Integration

- **Biology**
- **Transaction**
- **Psychodynamics**
- **Organisations**
- **Larger systems**





Everyday life principles

- Take treatment to the problems
  - Homes, workplaces
- Involve and the patient and his nearest
  - Maximal self mastery, empowerment
- Avoid specialist services
  - Minimal but sufficient involvement
- From diagnoses to individual problems
  - Make everything understandable
  - ***Avoid disinformation***

Diagnosis: Three + 1 groups

- Acute crisis
- Stagnated crisis
  - Chronic family problem
  - Rubber fence
- Malignant isolation syndrome
  - Both family and patient have chronic problems
- Iatrogenic schizophrenia
  - Treatment history has overtaken personal history

Pao,Ping-Nie (1979). Schizophrenic Disorders.
Cullberg, J. (1993). A three-dimensional aetiologic view of the schizophrenias

Rec.

Melleril 25 mg

D. tabl. no. C S.

” 1-2 pills in the evenning. Helps tolerate the mixed feelings related to final stages of the long psychotherapy”

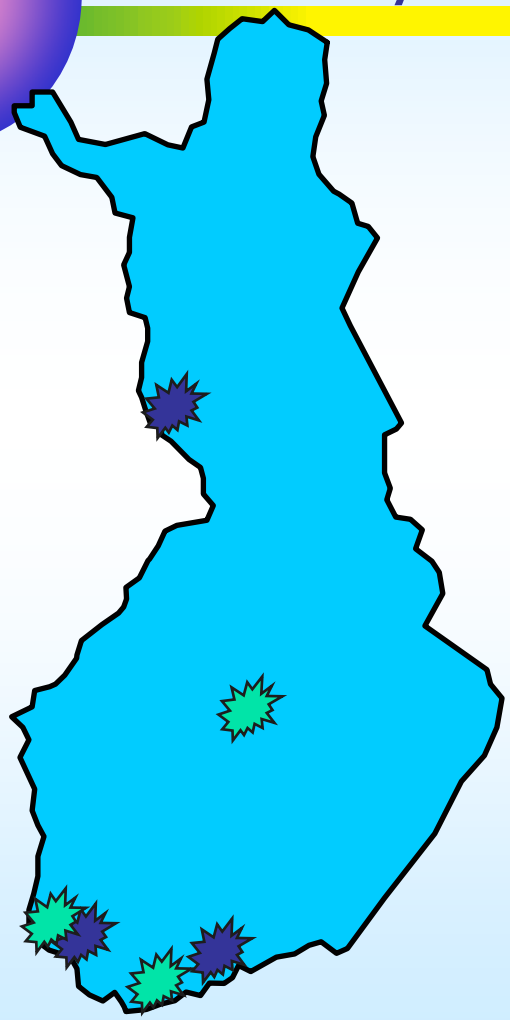
Prospective cohort studies

Turku cohort	No psychotic symptoms	On pension	Days in h. (mean)
III (76-77)*	38%	51%	272
IV (83-84)*	61%	18%	132
V (89-)**	72%	41%	

* **Five year follow-up**

****46% no neuroleptics during their treatment. 4-7 year follow-up time**

The Integrated Treatment of Acute Psychosis (API) Project 1991-



First episode non-affective psychoses DSM-IIIR

- **Experimental centres**
  - **Need-adapted principles**
  - **Minimal use of neuroleptics**
- **Control centres**
  - **Need-adapted principles**
  - **Neuroleptics as usual**

Patients

- 135 patients initially
  - 80 (59.3%) men and 55 (40.7%) women.
  - mean age 28.7 years.
- 94 (69.6%) at 5-year follow-up
  - 33 (24.4%) refused
  - 5 died during the first 2-years
    - 4 suicides.
      - All 4 had neuroleptics during the first six months

24 (26%) never had neuroleptics (nls)

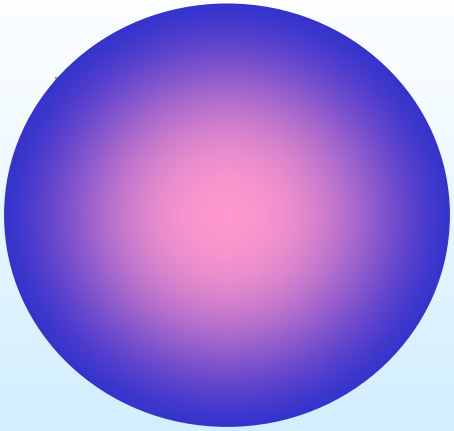
- 21 (37%) in the experimental group
- 3 (8%) in the control group

Diagnosis and use of nls

No nls 6 mo / 5 years	**Experimental (n)**	**Control (n)**
Schizophrenia	**11/3** ***(21)***	**2/0** ***(10)***
Sch.form psych.	**5/3** ***(10)***	**8/1** ***(15)***
Schizo-aff. psych.	**8/6** ***(8)***	**0/0** ***(0)***
Delusional psych.	**1/1** ***(1)***	**3/2** ***(3)***
Brief psych. r.	**7/5** ***(10)***	**0/0** ***(2)***
Psychosis nud	**4/4** ***(7)***	**0/0** ***(7)***

Findings at 5-year follow up

Comparison of the experimental and control groups



Experimentals vs controls

Variable	exprim.	control	p
No hospital 2-5 yr	88%	68%	0.02
Neuroleptics 2-5 yr	49%	78%	0.01
Pensioned	28%	54%	0.01
Maintained grip of life	79%	58%	0.03
Mean GAS-score	6.4 (sd=1.8)	5.9 (sd=1.8)	0.18
Mean BPRS-score	26.7 (sd=8.4)	32 (sd=11)	0.02

Experimentals vs controls

Variable	exprim.	control	p
No psychotic symptoms 2-5 yr in CPRS	54%	41%	0.19
days in hospital during 5 yr mean	138	229	0.10
median	28	84	
Pensioned	28%	54%	0.01

Experimentals vs controls

Variable	exprim.	control	p
Neuroleptic weeks when used 0-5 yr	127 (sd=92)	186 (sd=92)	0.01
Neuroleptic weeks when used 2-5 yr	87 (sd=74)	120 (sd=73)	0.04
Anxiolytics 2-5yr	26%	35%	0.36
-In weeks when used	97 (sd=61)	105 (sd=61)	0.71

Present question

- How to better integrate findings from trauma research and therapy?
  - When are intensive individual therapies needed?
    - Other long processes with good continuity also seem to give good results
- What do attachment theory and other findings from early mother-child interaction studies give?
- How to implement the approach to different settings?
  - Originally developed in a highly psychotherapy saturated context.
- What to do with the expanding neuro-psycho-biological knowledge?
  - DSM-V, cognitive deficits etc.
  - Risk of simplification and labeling and disinformation

Initial use of neuroleptics

- 49 (52%) patients had no neuroleptics during first six months

No nls during first six months

- Initial data
  - No differences in demographic data
  - All schizo-affective psychoses without neuroleptics
  - Initial GAS 4.5 versus 3.9 (p=0.01)
  - Initial CPRS 17.0 versus 18.8 (p=0.38)
- No significant differences in 5-year outcome data
  - p values from 0.18 (GAS) to 0.93 (CPRS)