

Team-based treatment is better for first episode psychosis

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New research shows that treating people with first episode psychosis with a team-based, coordinated specialty care approach produces better clinical and functional outcomes than typical community care.

Investigators also found that treatment is most effective for people who receive care soon after psychotic symptoms begin.

John M. Kane, M.D. heads the RAISE Early Treatment Program, one of two studies that make up the Recovery After an Initial Schizophrenia Episode (RAISE) project funded by the National Institute of Mental Health (NIMH). Kane is professor and chairman, Dept. of Psychiatry at The Hofstra North Shore-LIJ School of Medicine and The Zucker Hillside Hospital. The team's research is published online today by *The American Journal of Psychiatry*.

Kane and his colleagues trained clinical staff at real-world clinics around the country to use a coordinated [specialty care](#) treatment program called NAVIGATE. The program featured a team of specialists who worked with each client to create a personalized treatment plan. The specialists offered recovery-oriented psychotherapy, low doses of antipsychotic medications, family education and support, case management, and work or education support, depending on the individual's needs and preferences. The treatment was guided by shared decision making between the client and team. In addition, the treatment involved family members as much as possible.

"The goal is to link someone experiencing first episode psychosis with a

coordinated specialty care team as soon as possible after psychotic symptoms begin," said Kane. "Our study shows that this kind of treatment can be implemented in clinics around the country. It improves outcomes and the effects are greater for those with a shorter duration of untreated psychosis."

There were 404 individuals with first episode psychosis enrolled in the study (223 at clinics using the NAVIGATE coordinated specialty care program and 181 at clinics using 'typical-care'). Patients treated at clinics using the NAVIGATE program remained in treatment longer, and experienced greater improvement in their symptoms, interpersonal relationships, quality of life, and involvement in work and school compared with patients at the typical-care sites.

In addition, the Kane team found that the amount of time between the beginning of [psychotic symptoms](#) and the beginning of treatment (called the duration of untreated psychosis or DUP) was very important in determining treatment outcomes. Half of study participants had a DUP under 74 weeks and half had longer periods of untreated psychosis. NAVIGATE patients with a DUP of less than 74 weeks had much greater improvement in quality of life and overall symptoms compared with those with a longer DUP and those in community care.

"Clearly, the take-home message here is that outcomes for young people with early psychosis are better when clinicians do the right things at the right time," said Robert Heinsen, Ph.D., director of the Division of Services and Intervention Research at NIMH. "Dr. Kane's work is having an immediate impact on clinical practice in the U.S. and is setting a new standard of care. We're seeing more states adopt coordinated specialty care programs for first episode psychosis, offering hope to thousands of clients and family members who deserve the best care that science can deliver."

More information: Kane, J.M., Robinson, D.G., Schooler, et al. Comprehensive Versus Usual Community Care for First Episode Psychosis: Two-Year Outcomes From the NIMH RAISE Early Treatment Program. *American Journal of Psychiatry* (in press)

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