



Early Episode Psychosis Care Around the World, and Closer to Home: Review of the Evidence Base and Best Practices

Irene Hurford, M.D.
Program Director, PEACE Program, Horizon House
Assistant Professor, Department of Psychiatry,
University of Pennsylvania

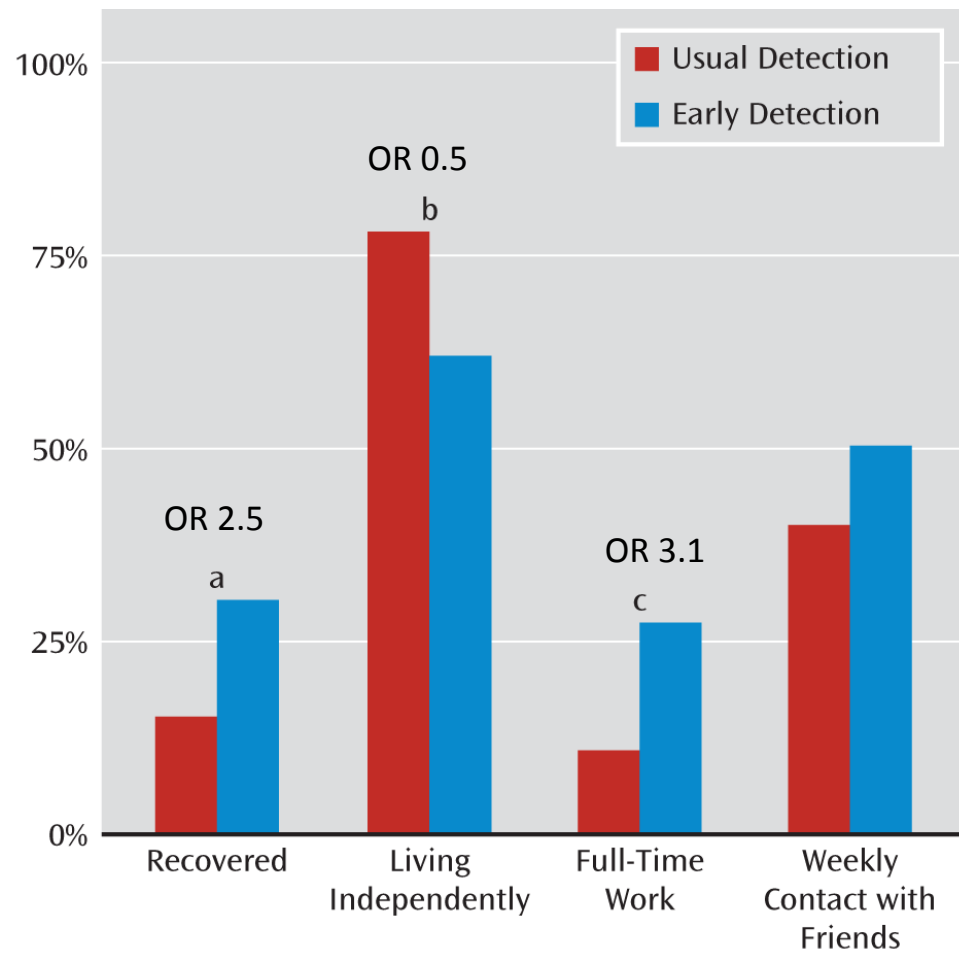
John



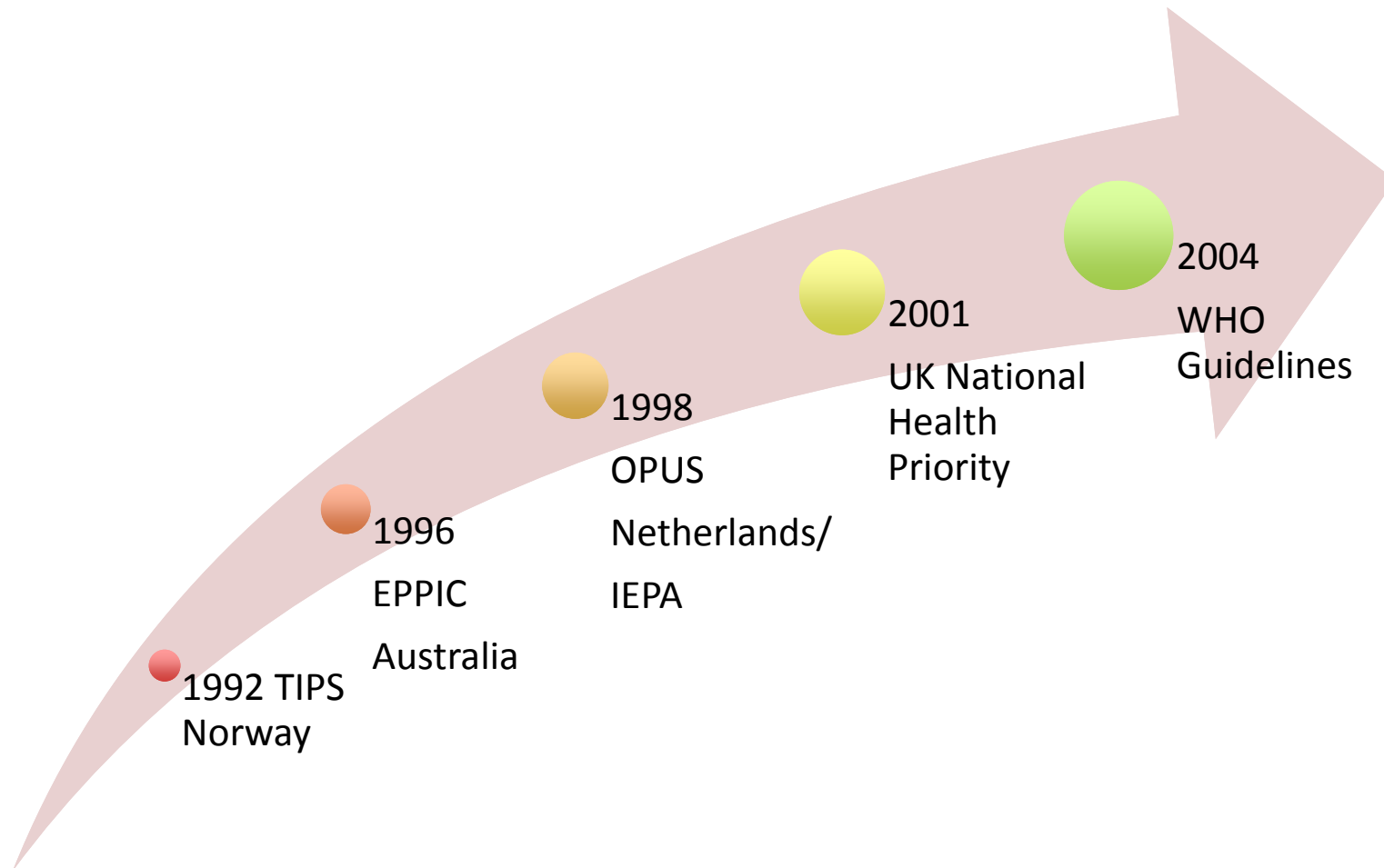
Consequences of prolonged DUP

Early Detection

- Treatment and Intervention in Psychosis (TIPS) - 10 year outcomes
- Reduced DUP from 16 wks to 5 wks
- Currently DUP in the US averages between 1-3 years.
- WHO guidelines recommend DUP < 3 months



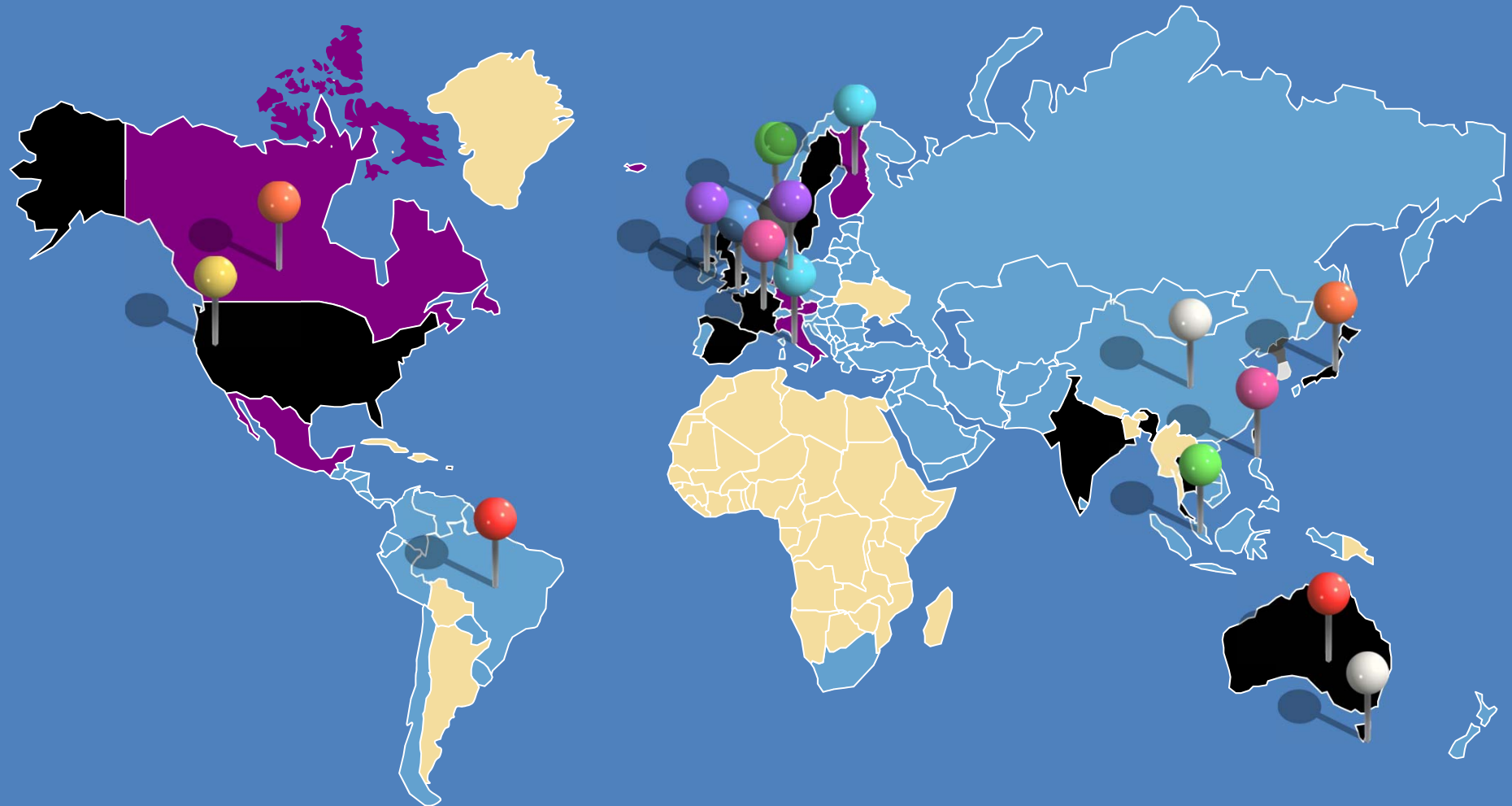
Early Intervention Around the Globe



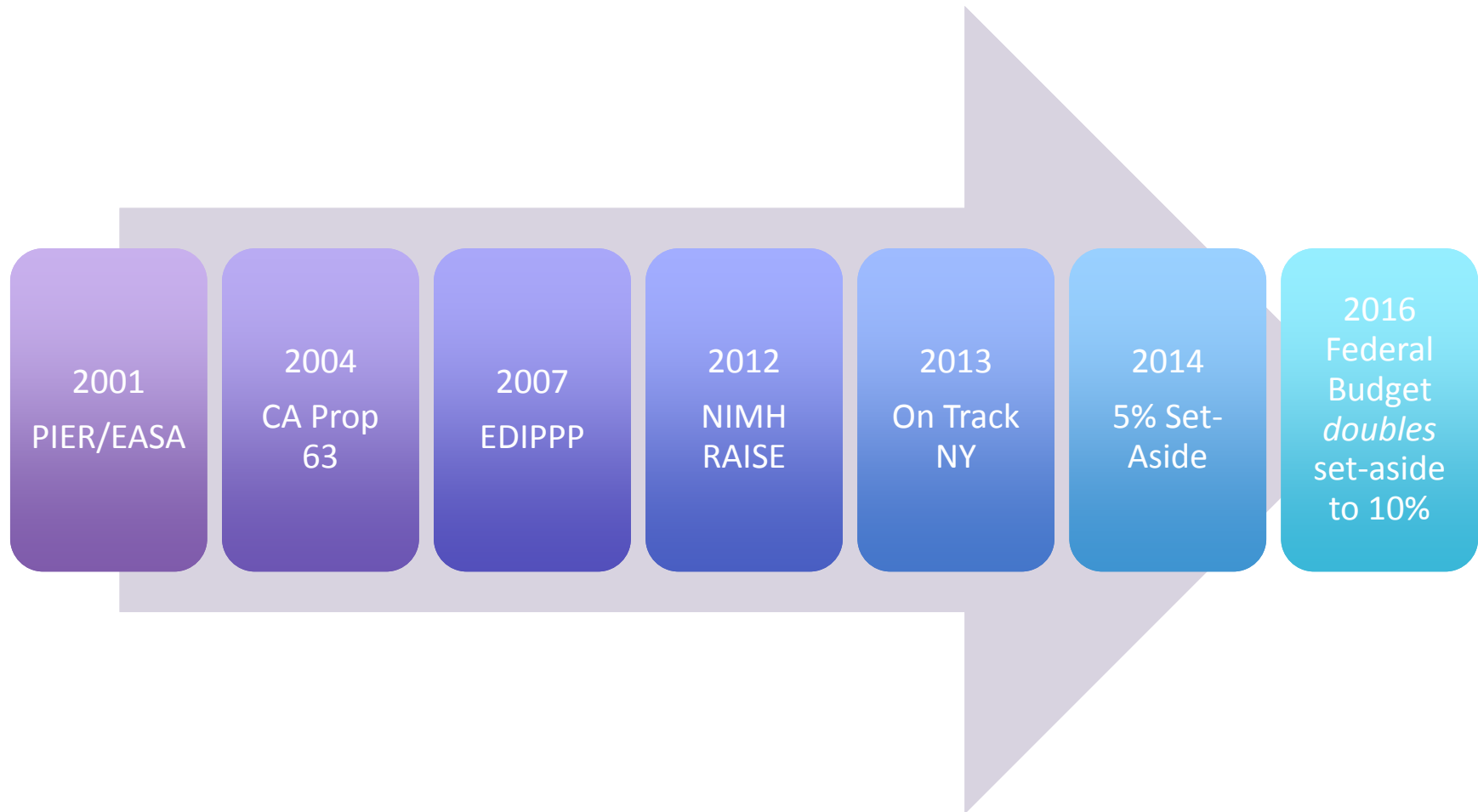
Patrick McGorry, Australian of the Year 2010



Countries with Early Episode Programs



The U.S. Joins the Party!

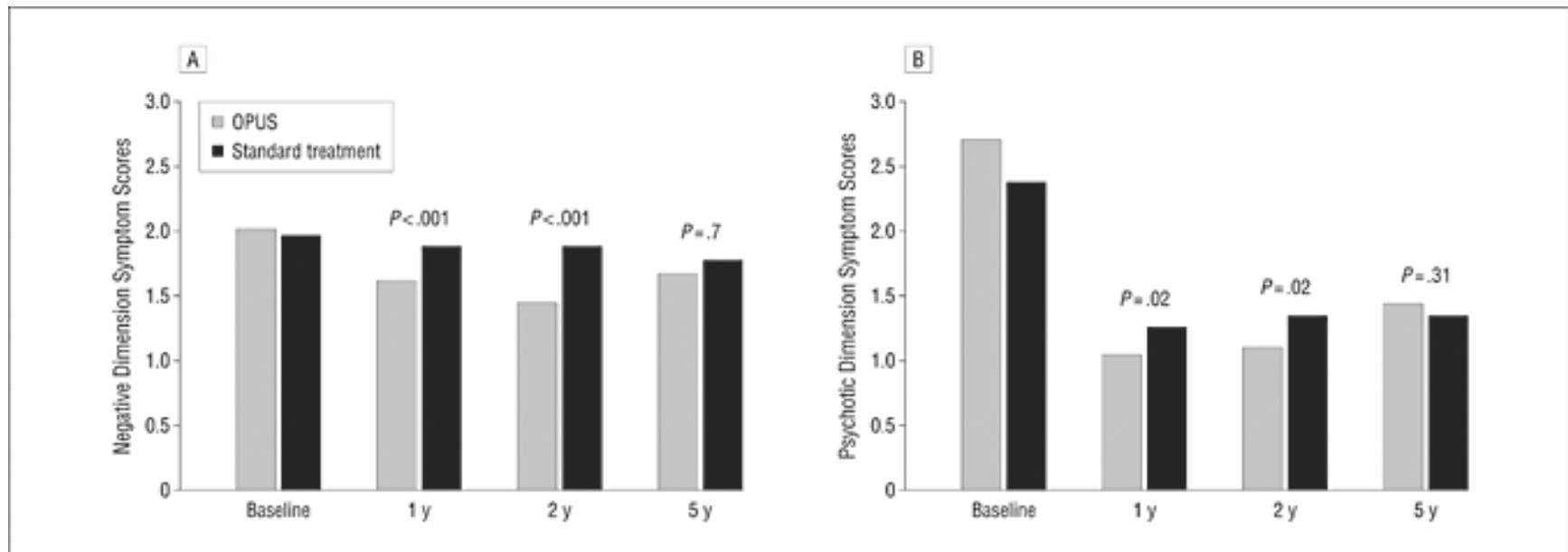


Do Early Intervention Programs Work?

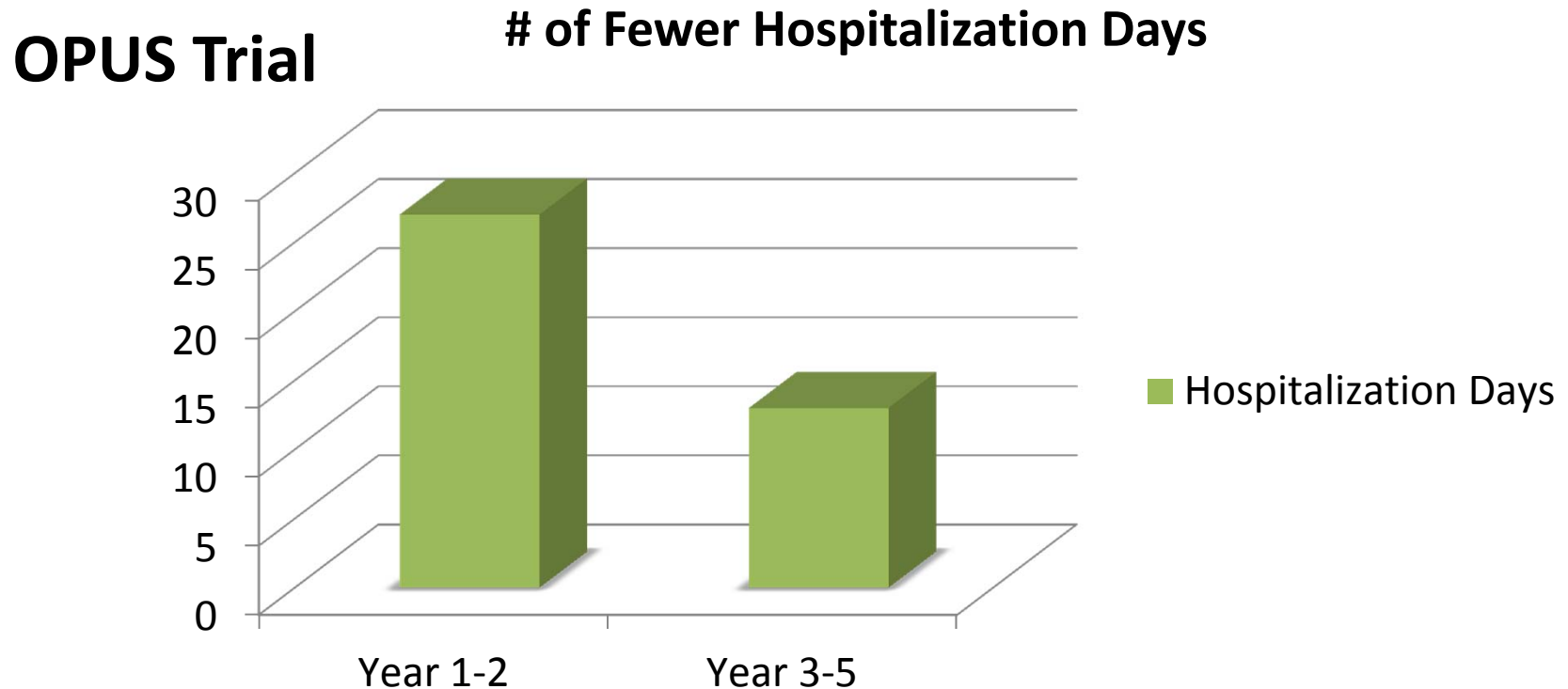
Clinical Benefits

- Symptoms improve in active intensive treatment , but effects appear to dissipate after intensive treatment discontinuation

OPUS 5 Year Follow-up Data



Functional Benefits



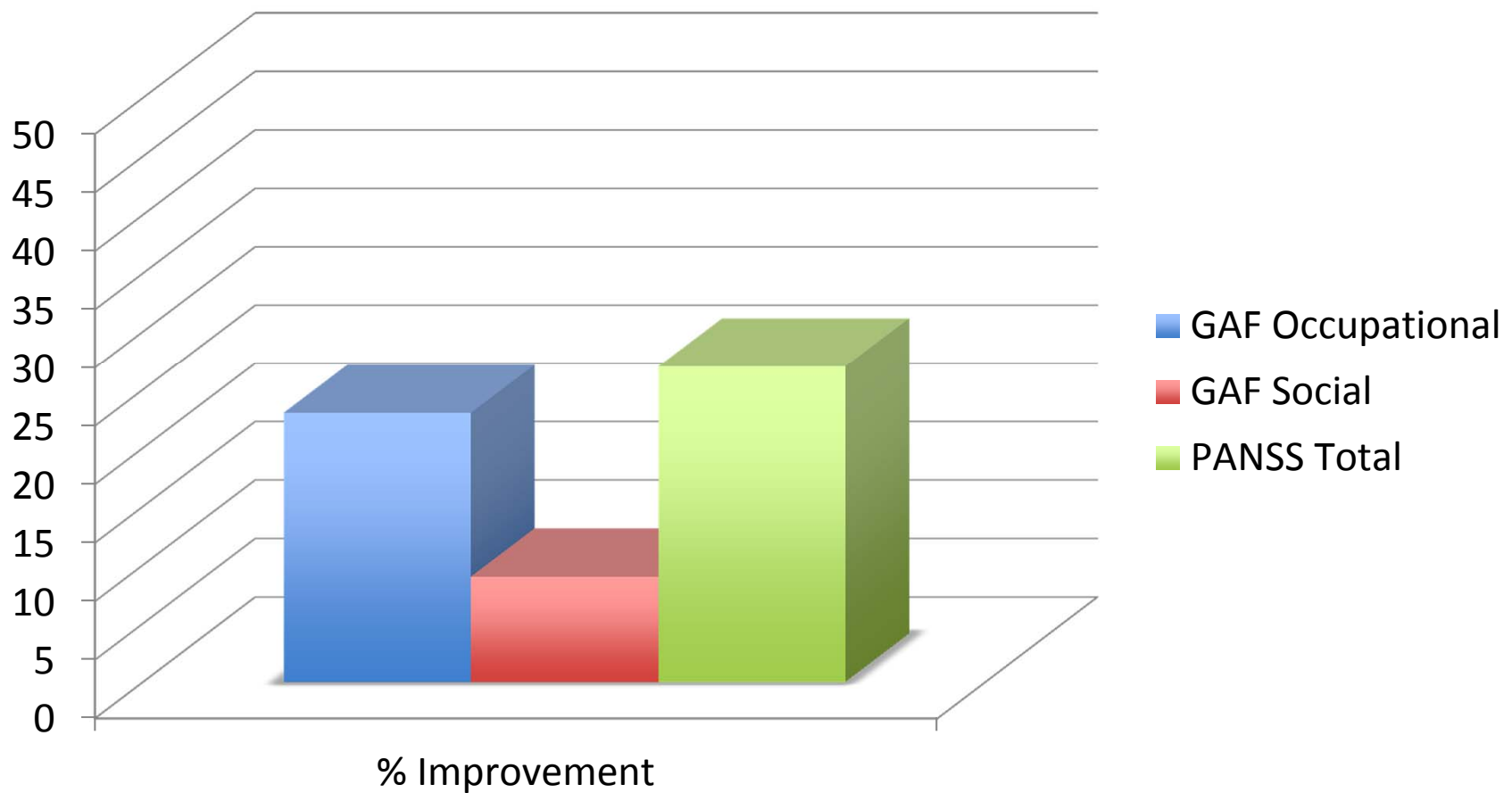
At 5 years:

- More intervention subjects living independently
- Fewer intervention subjects using supported housing

At 10 years, all intervention gains had been lost

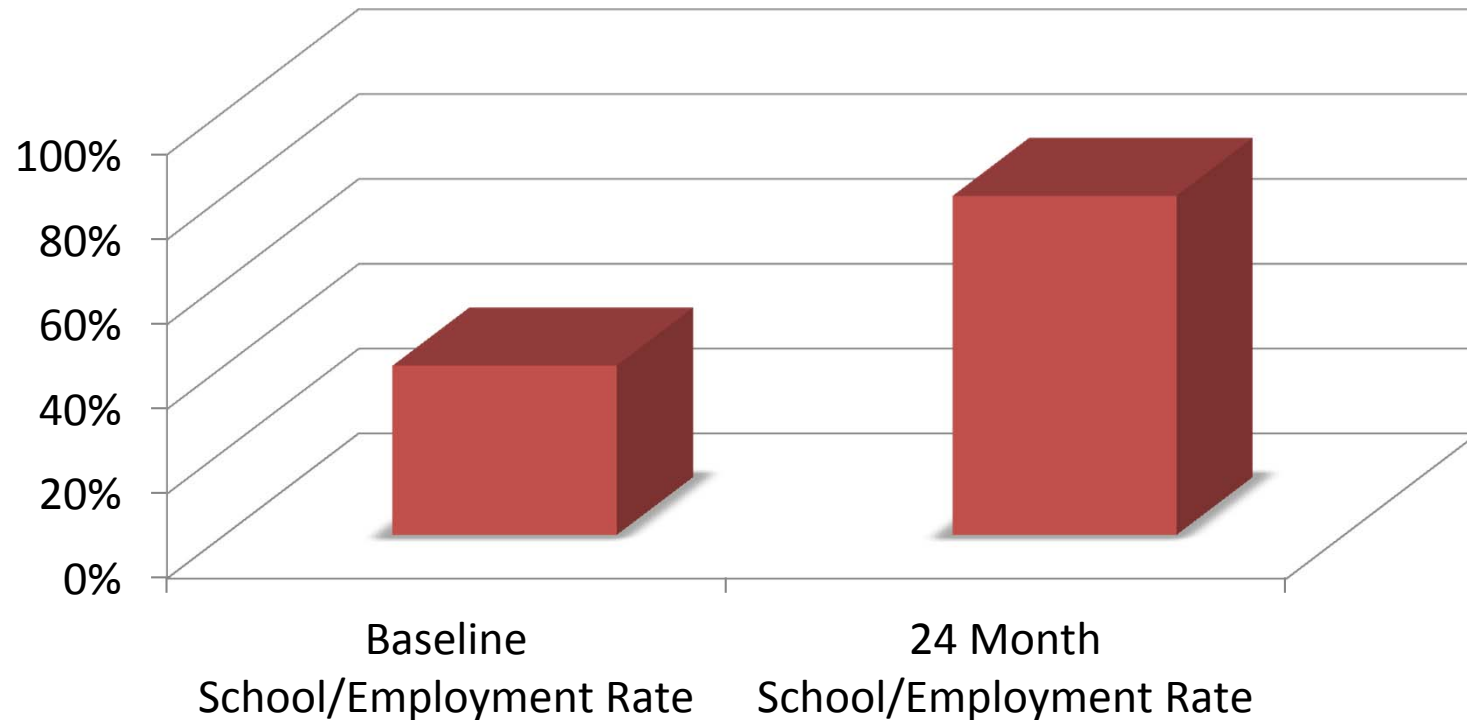
RAISE Connection Study

**Percent Improvement on Symptom and Functional Measures
after 24 Months of Intervention**



RAISE Connection Study

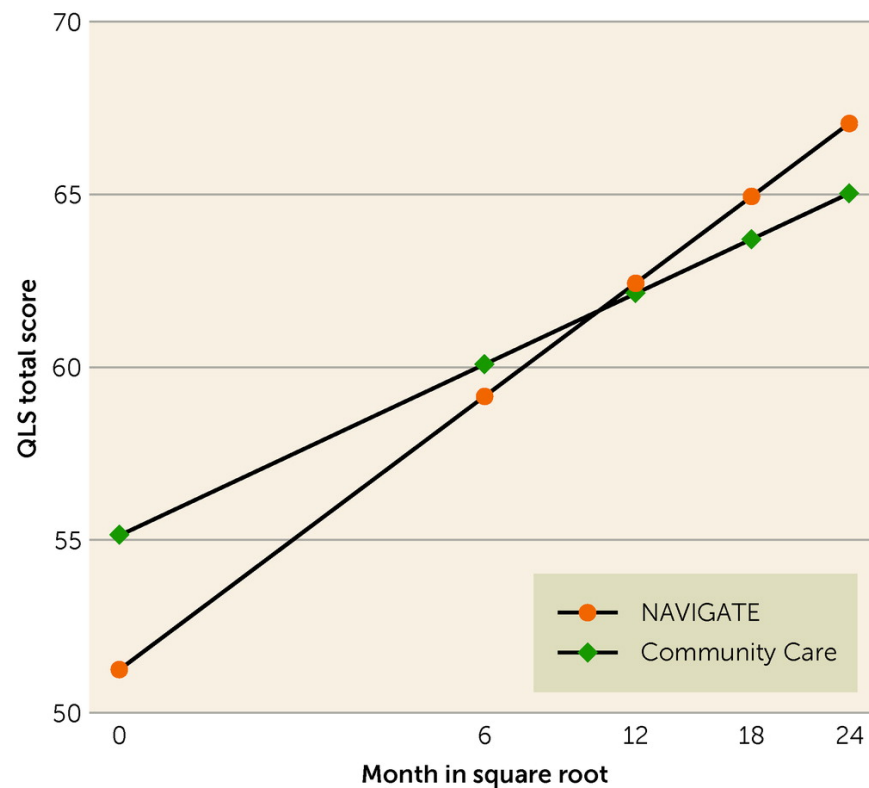
Rates of engagement in school or work at baseline and 24 months of intervention



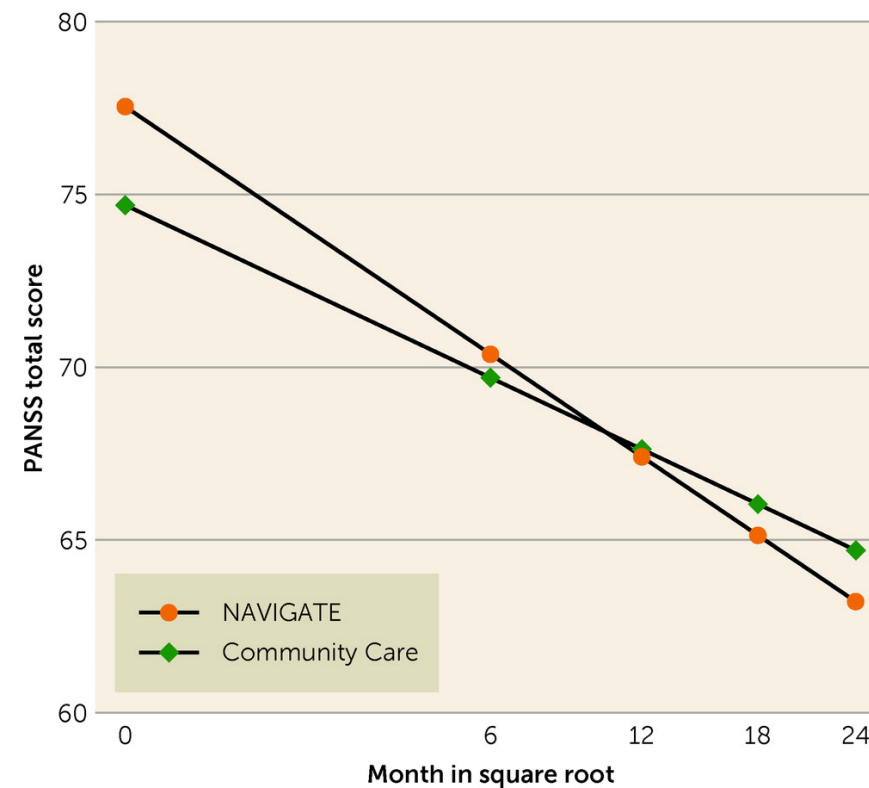
From: Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program

American Journal of Psychiatry

A. QLS total score^b



B. PANSS total score^c



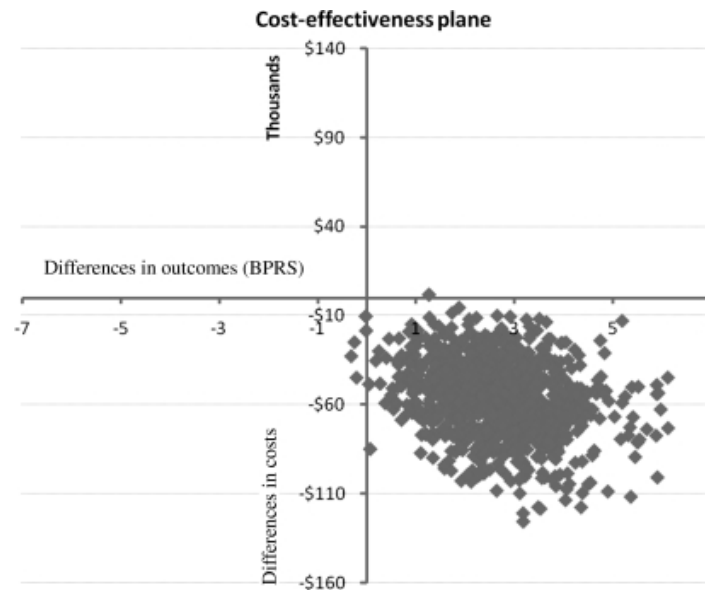
c Treatment by square root of time interaction, $p=0.016$.

Coordinated Specialty Care (CSC) Elements

- Low staff to participant ratio (10:1)
- Community Outreach and Engagement
- Case Management
- Evidence-based psychotherapy
- Family Therapy/ Family Psychoeducation
- Supported Employment/Education
- Evidence-Based Psychopharmacology
- Coordination with primary care and substance abuse treatment programs

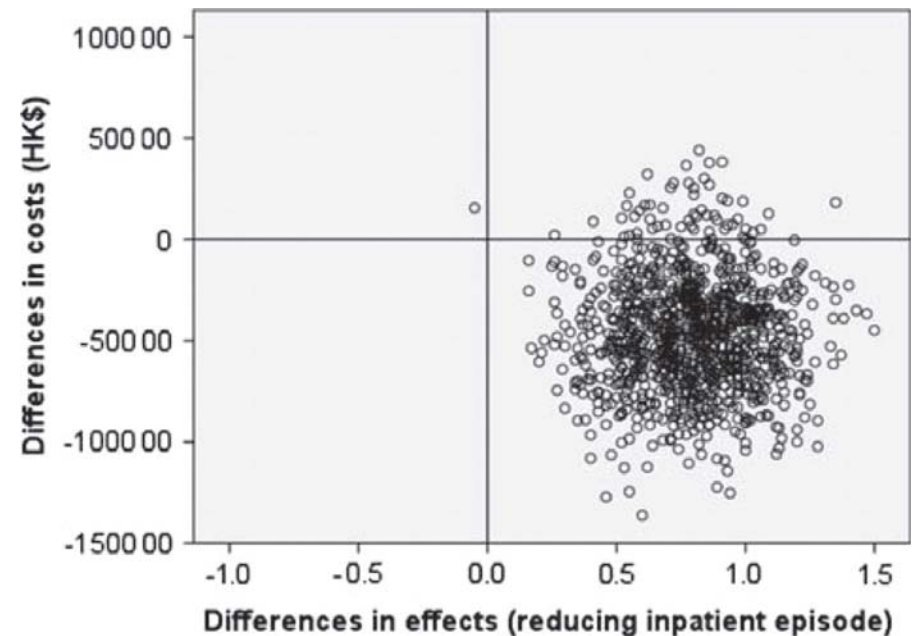
Cost-Effectiveness Data

- EPPIC Per Annum— EIP patients cost \$3588 vs. \$9896 for control patients



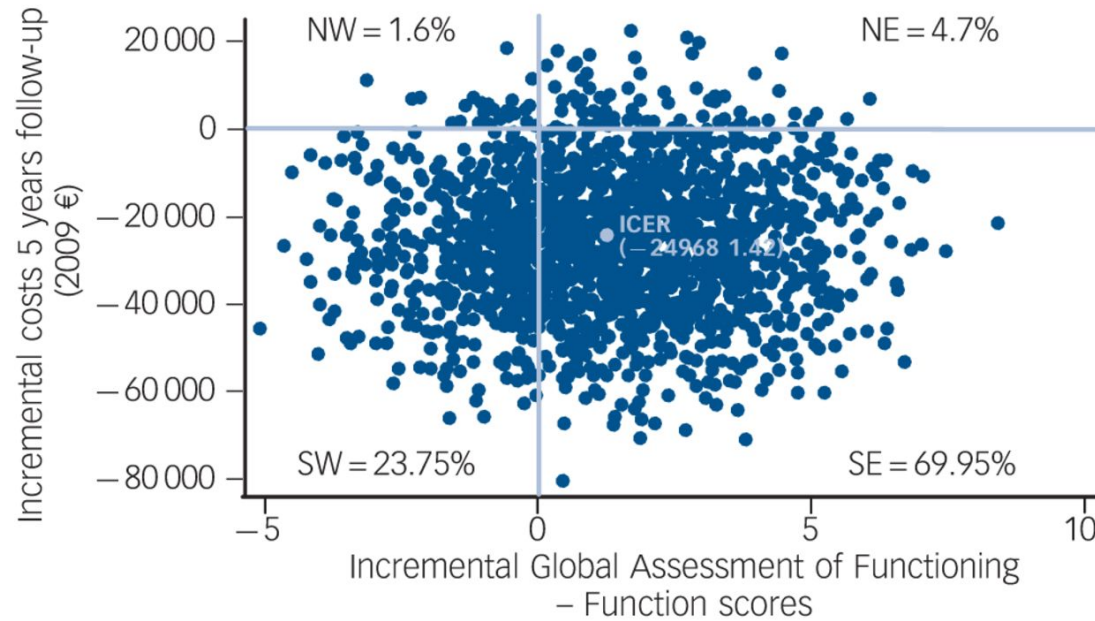
Cost-Effectiveness Data

- Hong Kong EASY Trial:
 - 32% less inpatient service
 - \$14,538 vs. \$19,681



Cost-Effectiveness Data

OPUS Trial
Total cost differences =
\$170,683 for OPUS;
\$205,138 for TAU (NS)

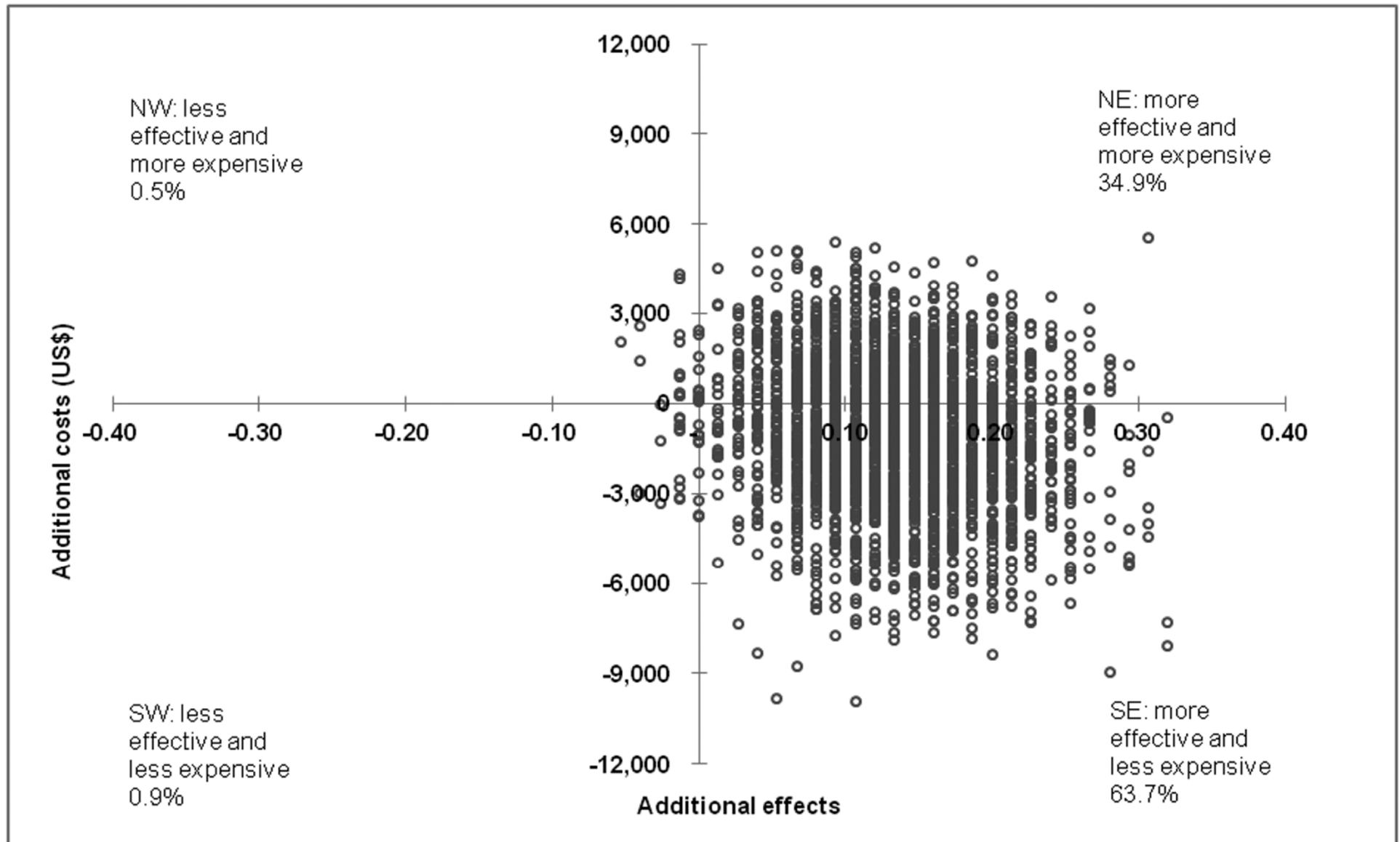


Hastrup L H et al. BJP 2013;202:35-41

THE BRITISH JOURNAL
OF PSYCHIATRY

17

Cost-effectiveness of preventing first-episode psychosis in ultra-high-risk subjects



Take Home Messages

- Early Intervention Programs
 - **Reduce symptoms** and **improve functioning and quality of life** during active intervention, and for \approx 2-3 years post-intervention
 - Are probably **cost-effective**, and certainly cost-neutral
 - Have not yet proven to be disease-modifying



PEACE

Objectives

- Significantly shorten the duration of untreated psychosis for participants from an average of 1-3 years (nationally) to 3 months or less (WHO guidelines)
- Promote successful recovery of participants through
 - Symptom reduction and functional improvement
 - Promotion of community integration
 - Reducing the use of high cost acute services

PEACE Mission

Keep people with early signs of psychosis on their normal life paths by

- Building community awareness
- Offering easily accessible, effective treatment and support with a focus of resiliency and recovery

PEACE



PEACE



PEACE Team

- Program Director/Psychiatrist
- Program Coordinator
- Resilience and Empowerment Professionals (REPs)
- Certified Peer Specialist
- Occupational Therapist
- Supported Employment/Supported Education Specialists
- Nurse
- Fellows, Residents, Medical Students, SW Interns

PEACE Elements

- Community Outreach and Engagement
- Screening and Assessment
- CBT/Case Management
- Family Therapy/Multi-Family Group Psychoeducation
- Supported Employment/Education
- Occupational Therapy
- Certified Peer Specialist
- Evidence-Based Psychopharmacology
- Coordination with inpatient services and substance abuse treatment programs

PEACE

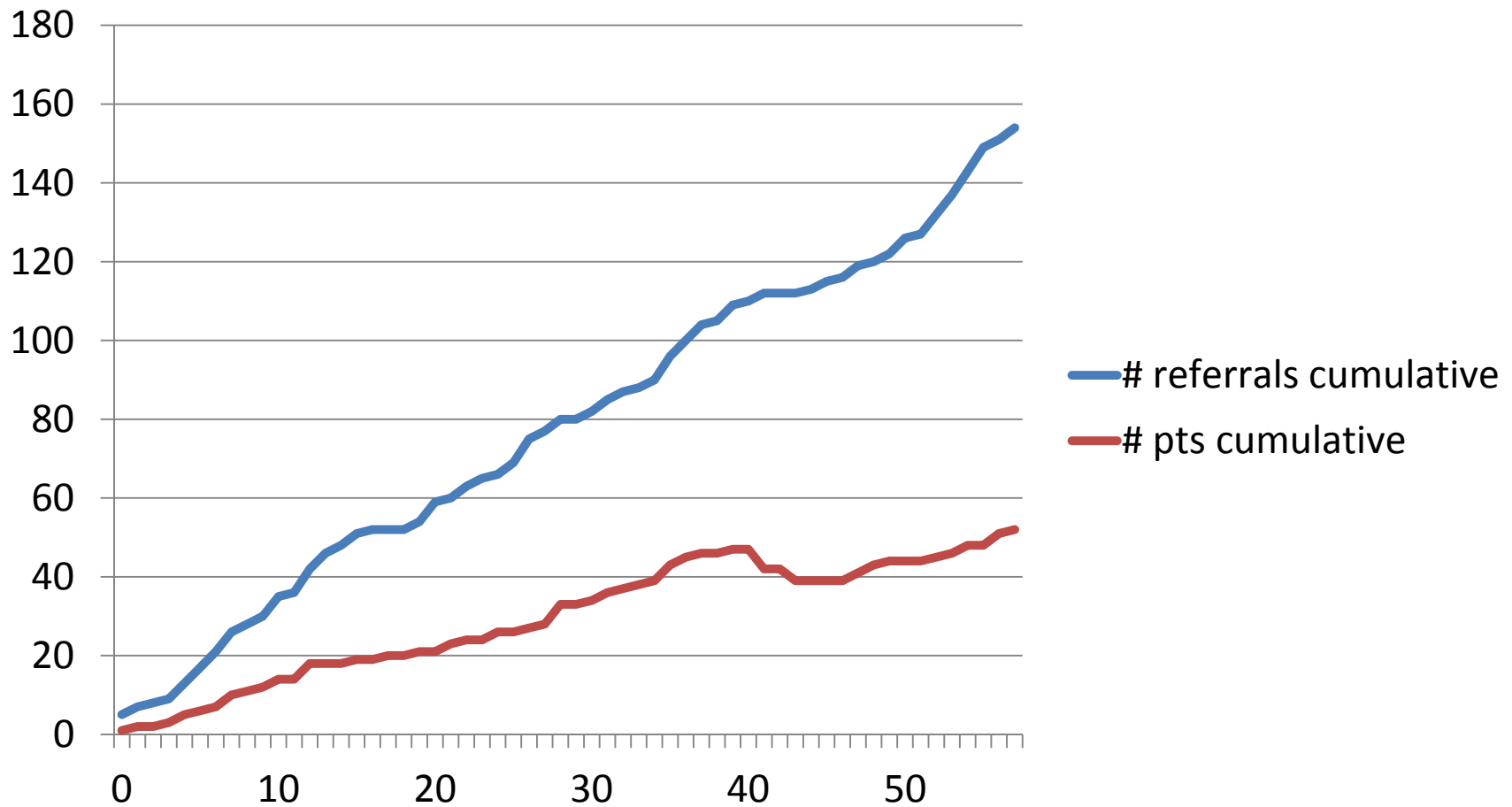
Diagnostic Eligibility

- Experiencing, or at risk for, *early* psychosis (psychosis lasting one year or less from when the threshold symptoms began)
- DSM 5 psychotic spectrum disorders AND those in the prodromal (at-risk) stage.
- age 15 and older (there is no maximum age cap)
- who have Medicaid or are MA eligible



Early data

Cumulative number of Referrals to PEACE



As of 4/6/16

Demographic Data

	Number	%
N	43	
Mean age	20	
Median age	20	
Male	33	74
African American	34	79
White	3	7
Southeast Asian	3	7
Hispanic	3	7

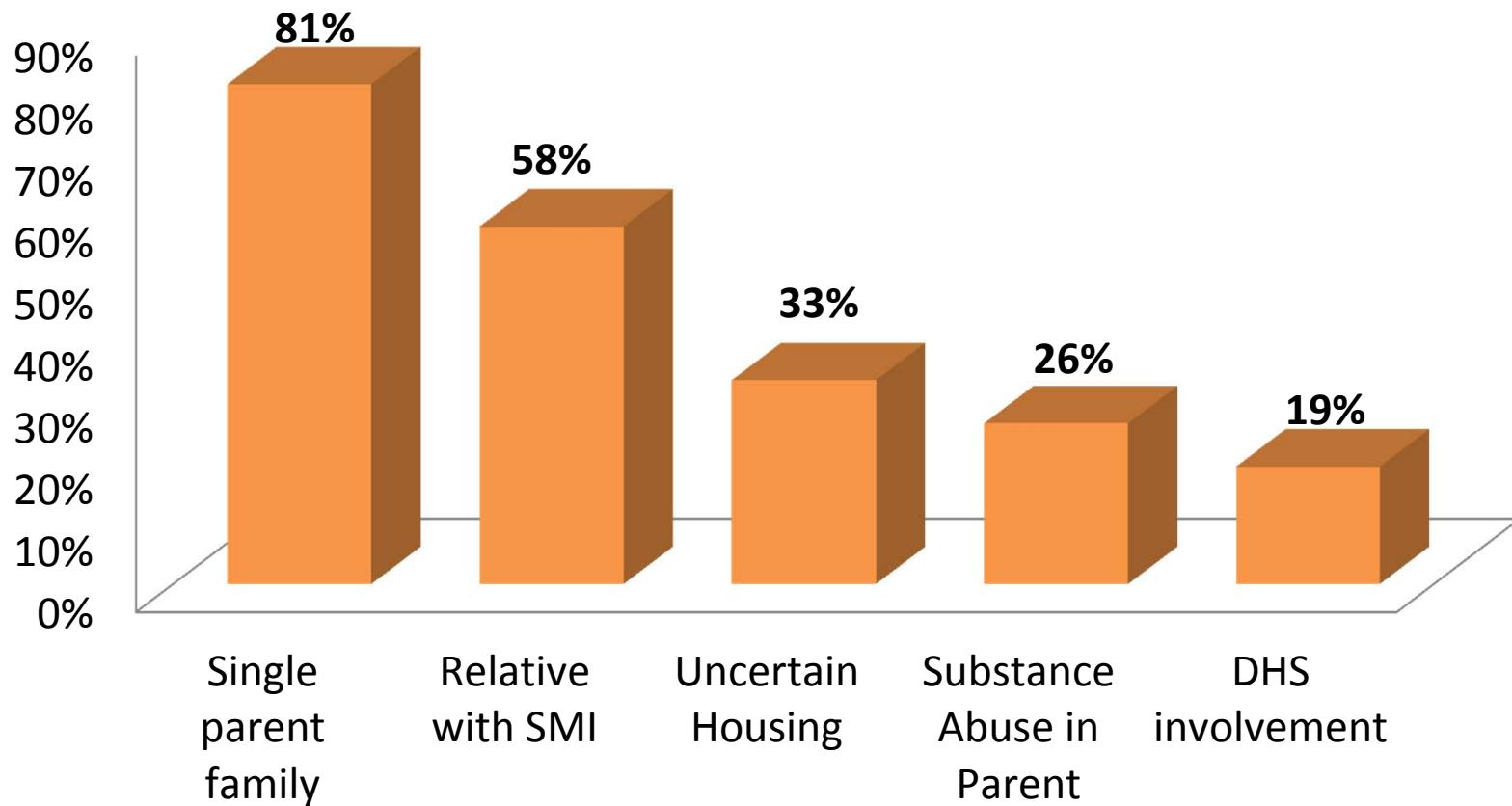
As of 4/1/16

Diagnostic Characteristics

Diagnosis	%
Schizophrenia	43
Schizoaffective D/O	18
Psychosis NOS	25
Schizophreniform D/O	5
Substance Induced	7
Co-morbid Trauma History	79

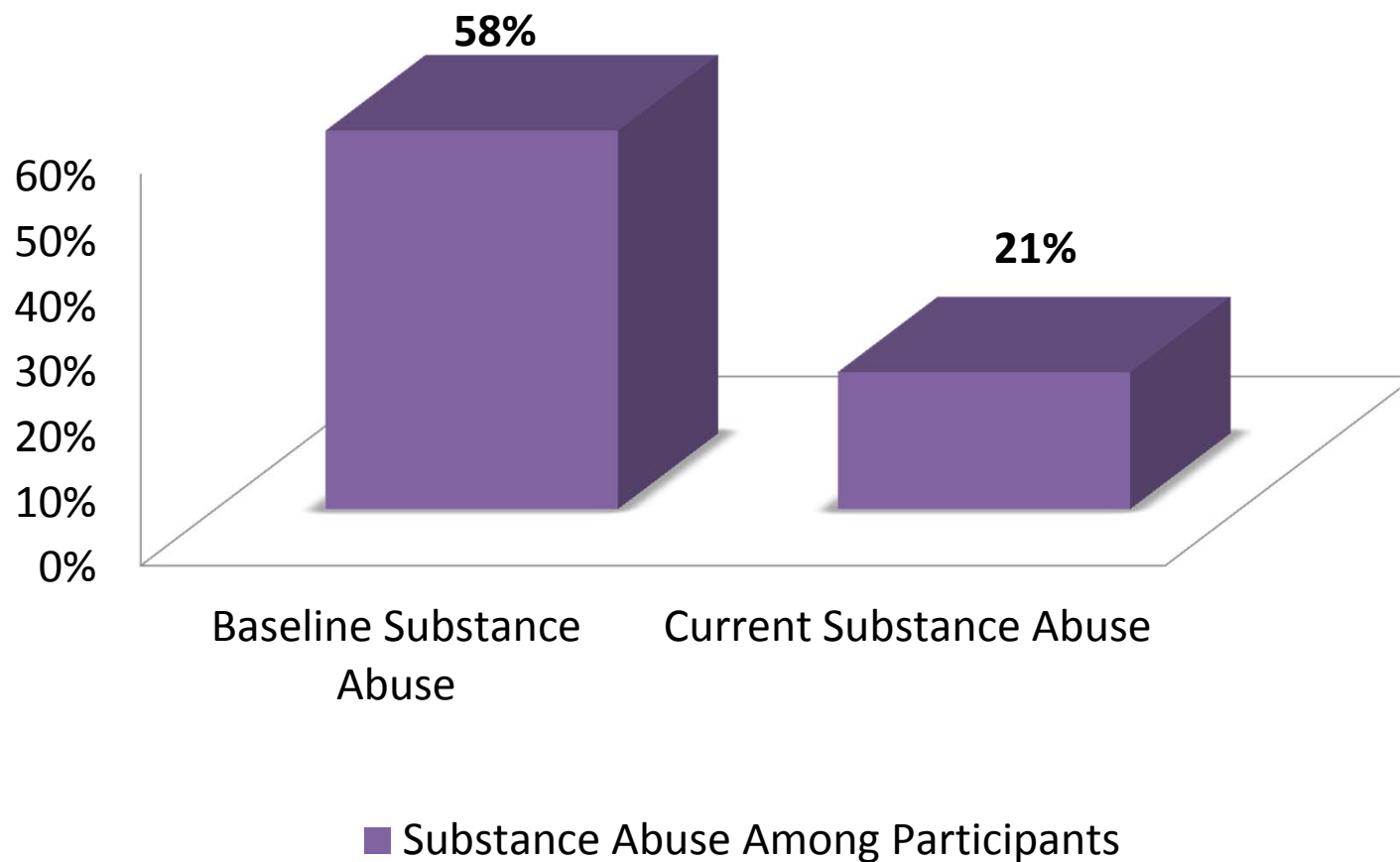
As of 4/1/16

Family Psychosocial Stressors



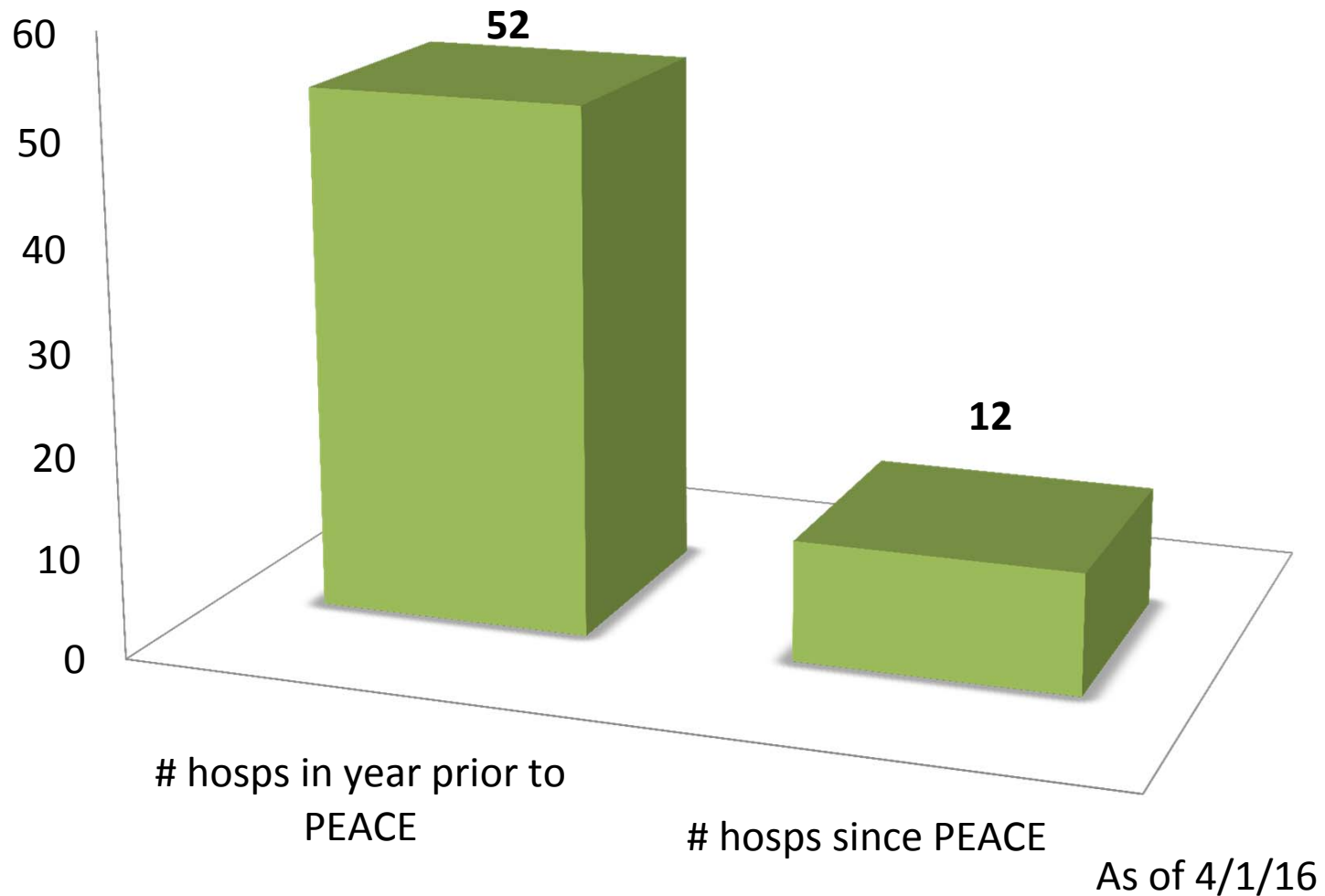
As of 4/1/16

Baseline and Current Substance Abuse

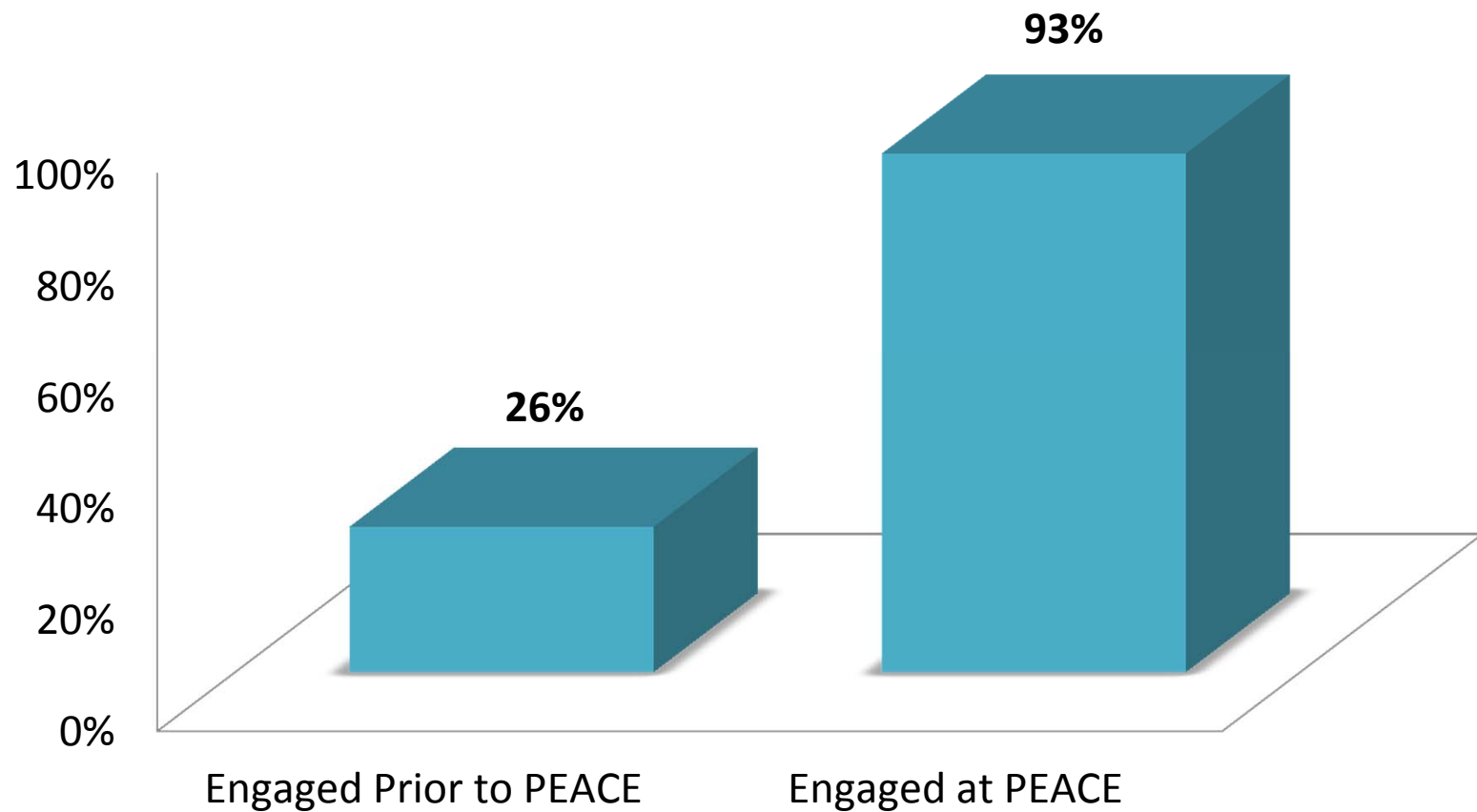


As of 4/1/16

Hospitalizations before and since PEACE

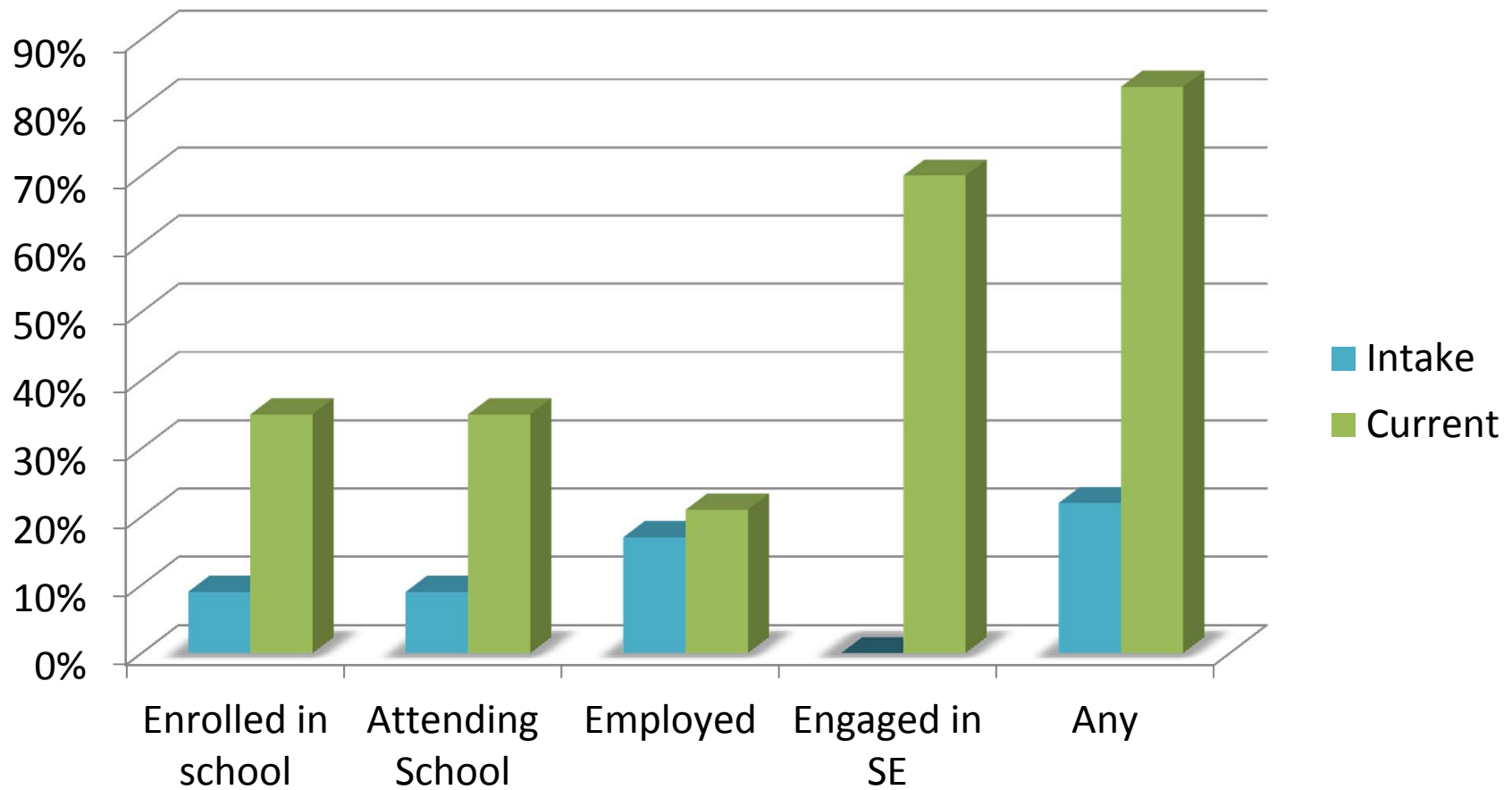


Engagement in Outpatient Treatment Prior to PEACE and at PEACE



Growth in Functional Activities

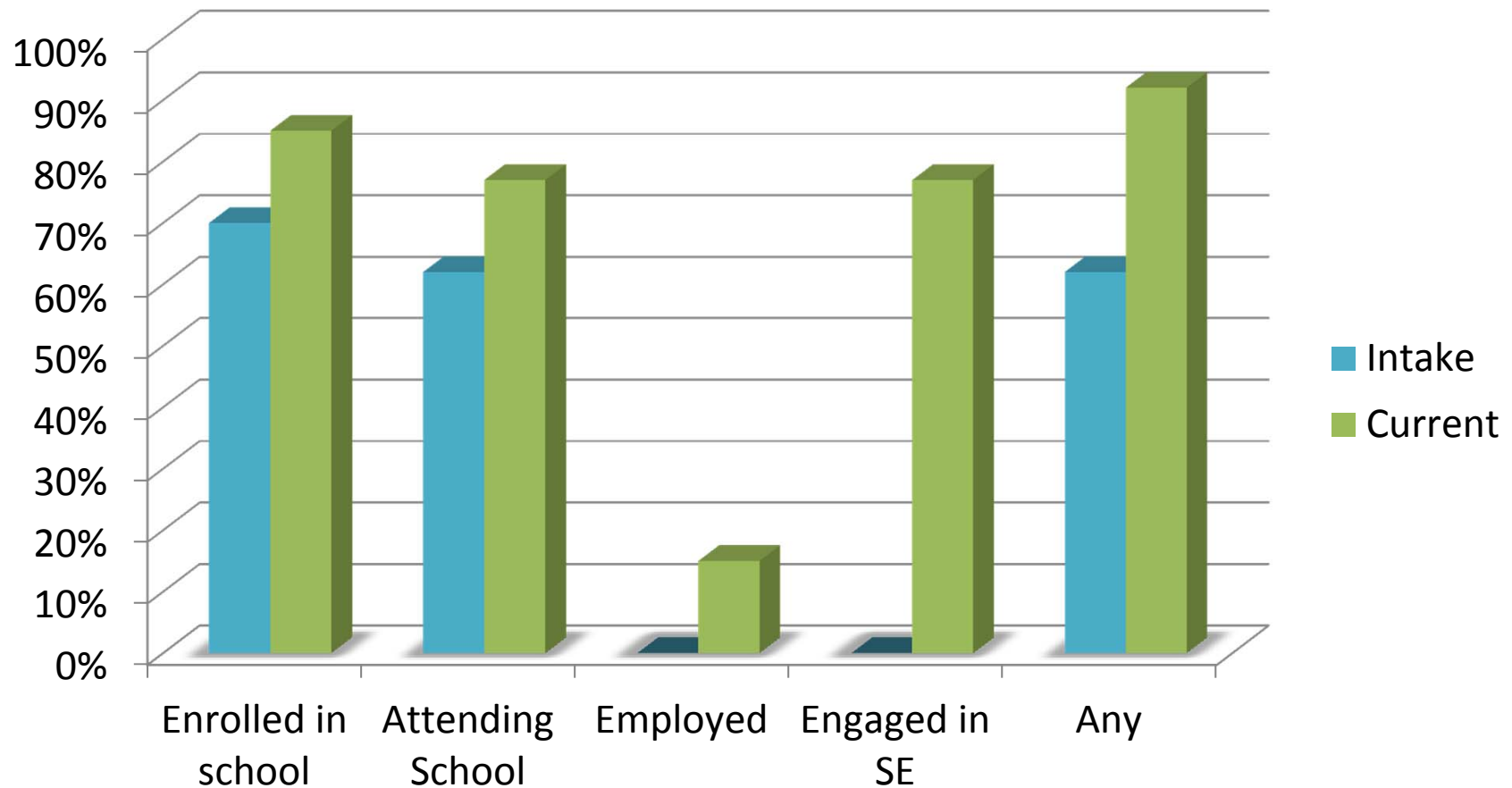
Ages Over 18



As of 4/1/16

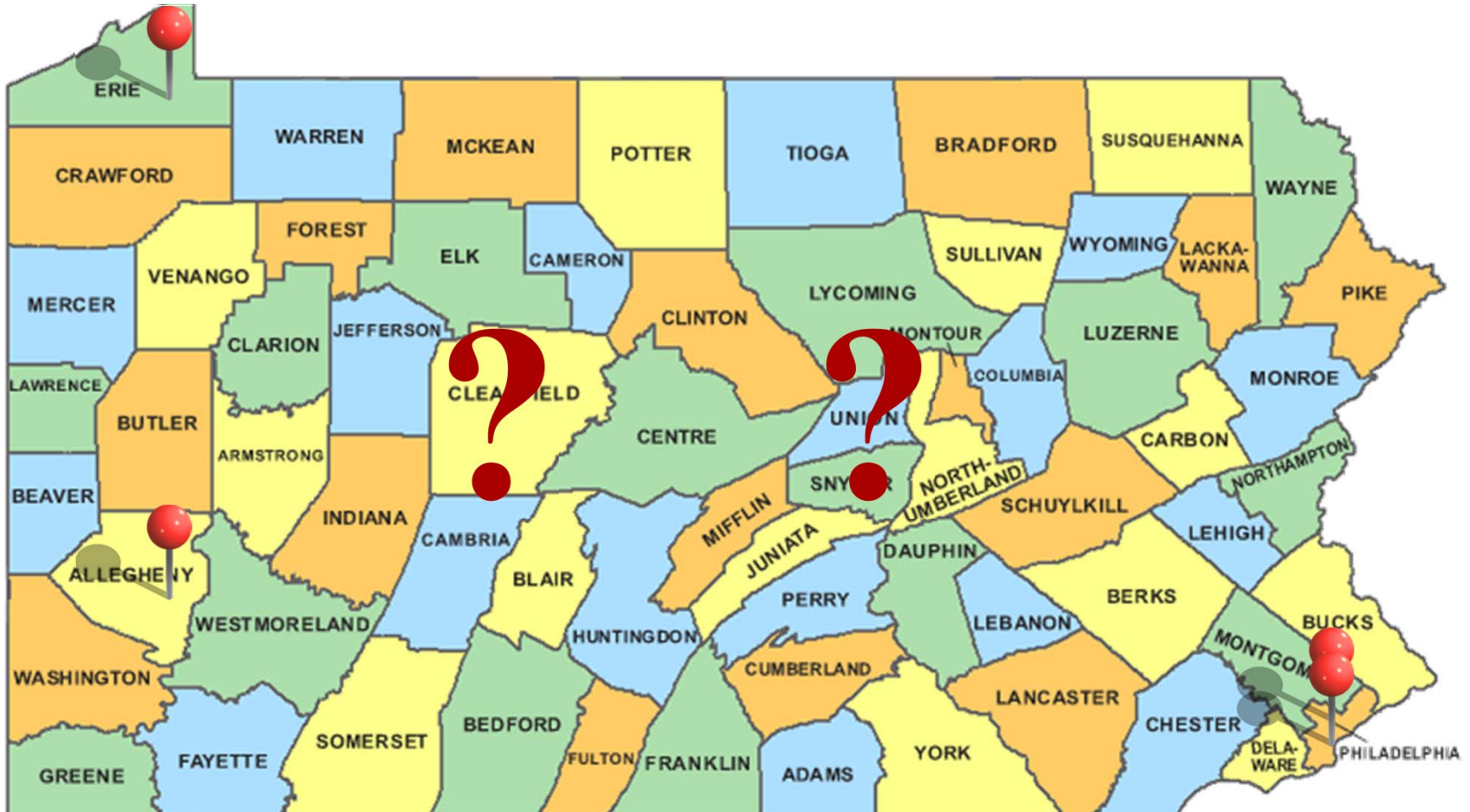
Growth in Functional Activities

Ages 18 and Under



As of 4/1/16

First Episode Psychosis Programs in PA



John

