

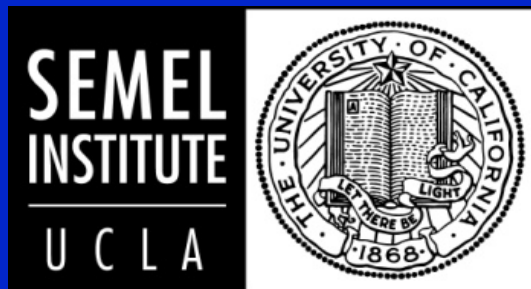
# Special issues in pharmacotherapy for first-episode patients

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*Early Psychosis: Prevention and  
Early Intervention  
September 17, 2015*





Elyn Saks



Nathanial Ayers

# Science Informing Policy

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- Diagnostic uncertainty
- Concerns about delaying treatment
- Physical health concerns for early psychosis patients
- High response rates; response to low doses; high sensitivity to side effects

# Treatment of early-onset schizophrenia spectrum disorders (TEOSS)

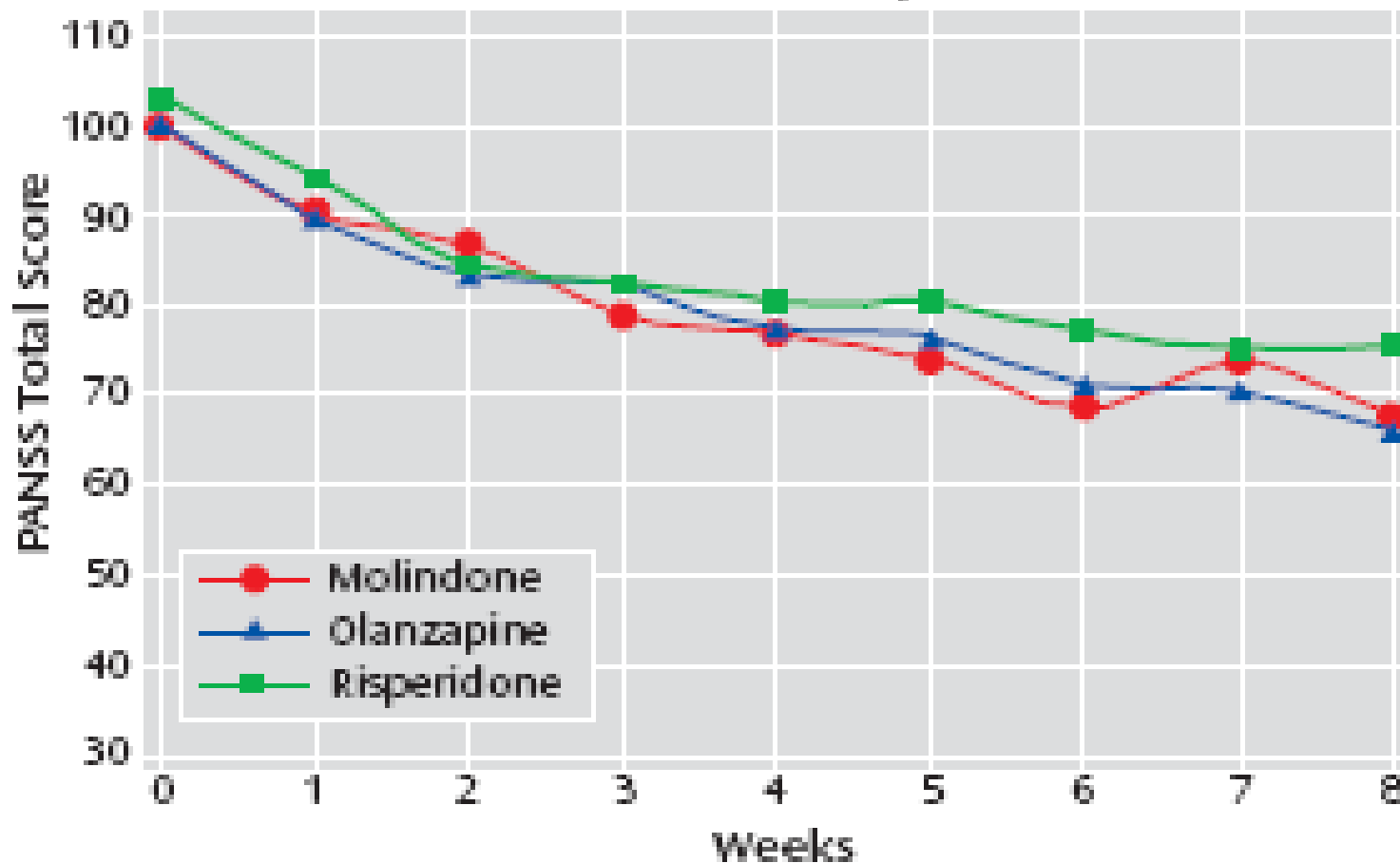
Sikich et al *Am J Psychiatry* 2008

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- 8-19 yo pts w schizophrenia were randomly assigned to double-blind molindone 10-140 mg, olanzapine 2.5-20 mg, or risperidone 0.5-6 mg for 8 weeks
- Primary outcome was responder status defined as much or very much improved on CGI;  $\geq 20\%$  reduction in total PANSS; and tolerating treatment

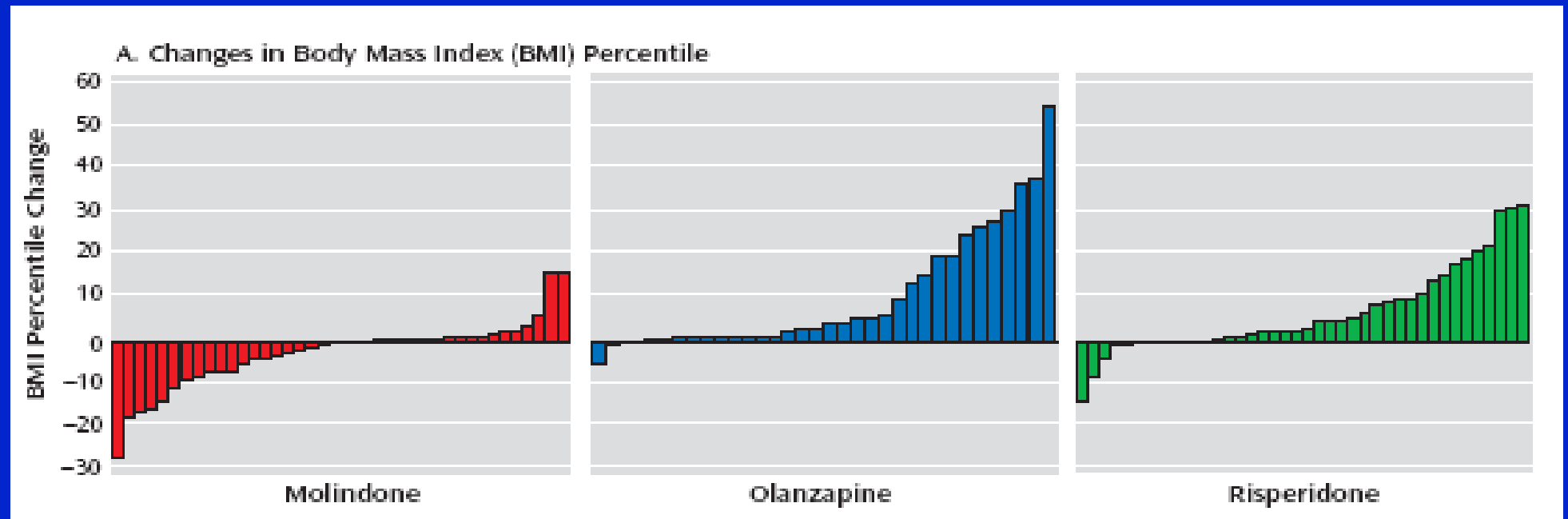
# TEOSS PANSS Scores

B. Observed PANSS Total Score by Week of Treatment

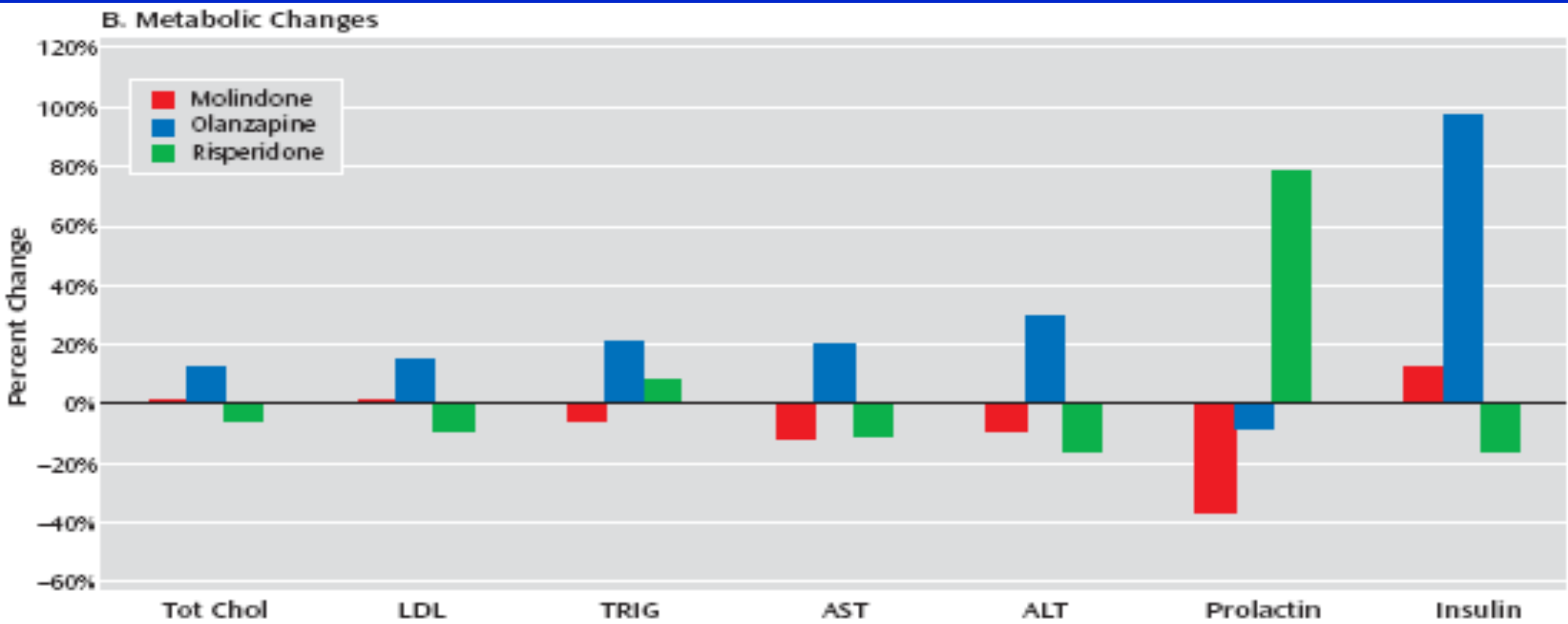


# BMI Change in TEOSS

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# Metabolic Changes in TEOSS



# Guidelines for Monitoring

Monitoring	APA	ADA/APA	Mt. Sinai
Body weight and height	BMI every visit for 6 months; quarterly thereafter	BMI at baseline; every 4 weeks for the 12 weeks; quarterly thereafter	BMI at baseline; at every visit for next 6 mos; quarterly when stable
Fasting plasma glucose	Fasting blood glucose at baseline. Fasting plasma glucose or HbA1c at 4 months after initiating new treatment and annually thereafter	Fasting plasma glucose at baseline, 12 weeks and annually thereafter	Fasting plasma glucose or HbA1c before initiating an antipsychotic, annually thereafter
Lipid panel	At least every 5 years	Baseline; at 12 weeks; every 5 years	Every 2 years or more often if levels are in the normal range and every 6 months if LDL levels are >130mg/dL



The quality of initial treatment can have long-lasting effects on both physical and mental health