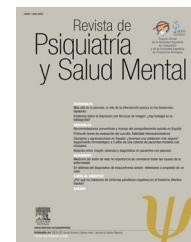




Revista de Psiquiatría y Salud Mental

www.elsevier.es/saludmental



SPECIAL ARTICLE

When the healthcare does not follow the evidence: The case of the lack of early intervention programs for psychosis in Spain[☆]

Celso Arango^{a,*}, Miguel Bernardo^b, Pere Bonet^c, Ana Cabrera^d,
Benedicto Crespo-Facorro^e, Manuel J. Cuesta^f, Nel González^g, Sílvia Parrabera^h,
Julio Sanjuanⁱ, Alfonso Serrano^g, Eduard Vieta^j, Belinda R. Lennox^k, Marianne Melau^l

^a Servicio de Psiquiatría del Niño y del Adolescente, Hospital General Universitario Gregorio Marañón (IISGM), Facultad de Medicina, Universidad Complutense, CIBERSAM, Madrid, Spain

^b Unidad de Esquizofrenia Clínic, Institut Clínic de Neurociències, Hospital Clínic de Barcelona, Departament de Medicina, Universitat de Barcelona, IDIBAPS, CIBERSAM, Barcelona, Spain

^c Fundació Althaia, Xarxa Assistencial Universitària de Manresa, Manresa, Barcelona, Spain

^d Asociación Madrileña de Amigos y Familiares de Personas con Esquizofrenia, AMAFE, Madrid, Spain

^e Departamento de Medicina y Psiquiatría, Universidad de Cantabria, Hospital Universitario Marqués de Valdecilla, IDIVAL, CIBERSAM, Santander, Spain

^f Servicio de Psiquiatría, Complejo Hospitalario de Navarra, Instituto de Investigación Sanitaria de Navarra (IdiSNa), Pamplona, Spain

^g Confederación Salud Mental España, FEAFES, Madrid, Spain

^h Unidad de Atención Temprana Joven de Fundación Manantial, Madrid, Spain

ⁱ Unidad Docente de Psiquiatría y Psicología Médica, Universidad de Valencia, Valencia, Spain

^j Programa de Trastornos Bipolares, Departamento de Psiquiatría, Hospital Clínic, Universidad de Barcelona, IDIBAPS, CIBERSAM, Barcelona, Spain

^k Department of Psychiatry, University of Oxford, Oxford, United Kingdom

^l Mental Health Centre Copenhagen, Copenhagen University Hospital, Copenhagen, Copenhagen, Denmark

Received 19 May 2016; accepted 3 January 2017

KEYWORDS

Psychosis;
Schizophrenia;
Early intervention;

Abstract There is now sufficient evidence to support the importance of interventions in the early stages of psychosis. The delay in the detection and treatment of the first-episode psychosis is related to a lower and slower recovery, as well as a higher risk of relapse. Despite this fact, early intervention units or teams are still not regularly implemented in mental health

[☆] Please cite this article as: Arango C, Bernardo M, Bonet P, Cabrera A, Crespo-Facorro B, Cuesta MJ, et al. Cuando la asistencia no sigue a la evidencia: el caso de la falta de programas de intervención temprana en psicosis en España. Rev Psiquiatr Salud Ment (Barc.). 2016. <http://dx.doi.org/10.1016/j.rpsm.2017.01.001>

* Corresponding author.

E-mail address: carango@hggm.es (C. Arango).

First episode psychosis;
Duration of untreated psychosis

service settings in Spain. In this opinion article, a review is presented of the main arguments for defending the need to implement these programmes and strategies in order to achieve this aim. There are a number of programmes for early intervention for psychosis currently working in other countries, with a therapeutic programme that includes pharmacological and psychosocial interventions, together with public awareness, information dissemination, and family-professional collaboration activities. Published literature on the experience of these programmes indicates that early intervention is not only effective in terms of the improvement of health status, but is also economically efficient. The main steps and recommendations needed to implement such early intervention programmes in our country are described.

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PALABRAS CLAVE

Psicosis;
Esquizofrenia;
Intervención temprana;
Primer episodio psicótico;
Duración de la psicosis no tratada

Cuando la asistencia no sigue a la evidencia: el caso de la falta de programas de intervención temprana en psicosis en España

Resumen Actualmente existe evidencia suficiente que avala la importancia de las intervenciones en fases tempranas de la psicosis. El retraso en la detección y el tratamiento del primer episodio psicótico se asocia con una recuperación menor y más lenta, así como con un riesgo mayor de recaídas. A pesar de ello, todavía no se han implementado de forma regular programas de intervención temprana en los servicios de salud mental en España. En este artículo de opinión se revisarán los principales argumentos que nos permitan defender la necesidad de la implementación de estos programas y las estrategias a seguir para cumplir con este objetivo. Existen actualmente programas de intervención temprana para la psicosis bien establecidos en otros países que incluyen intervenciones farmacológicas y psicosociales, junto con actividades de sensibilización al público, de colaboración entre familias y profesionales y de difusión de información. Los datos publicados acerca de la experiencia de estos programas ya instaurados indican que esta atención es eficiente no solo en términos de salud, sino también desde el punto de vista económico. Se resumen en este artículo las principales acciones y estrategias para la implementación de servicios de atención temprana en nuestro país.

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Introduction

The lifetime prevalence of psychiatric disorders in the general population is 3%. Usual onset is at the end of adolescence or in early adulthood, which implies major personal, social and healthcare costs.¹ Psychoses are broadly defined as a picture of a break with reality, impacting the way the person functions and the presence of psychotic symptoms principally including delirium and hallucinations, and more varied symptoms such as formal thought disorders, mood disorders, and the presence of motor signs.² The concept of psychosis encompasses multiple combinations of symptoms and this results in classifying patients under several diagnoses that are included in the latest WHO International Classification of Mental and Behavioural Disorders,³ distinguishing between schizophrenia, schizoaffective disorder, persistent delusional thought disorder and bipolar disorder, amongst others.

Over the past two decades, there has been increasing interest in the early phases of psychotic and other psychiatric disorders, since the scientific evidence is that an early diagnosis and intervention can considerably improve

therapeutic results⁴⁻⁶ and improve the effectiveness of established treatments.⁷

Although the onset of a first psychotic episode (FEP) can be sudden, most people present a prodromal phase that manifests through the slow and gradual development of various signs and symptoms. The premorbid phase is the period prior to the onset of prodromal symptoms (Fig. 1). The prodromal phase of psychotic disorders marks the start of symptoms and precedes an FEP, in other words, the first onset of frank psychotic symptoms.⁸ The prodromal phase is considered an attenuated form of psychosis that constitutes a risk factor for its development, especially if combined with other risk factors such as a family history of psychosis. In this phase, non-specific mood symptoms and behavioural changes tend to present in addition to attenuated psychotic symptoms. It should be borne in mind that the presence of prodromal symptoms does not always lead on to an FEP. After an FEP, it is considered that the first 2–5 years are crucial in the subsequent evolution of psychotic disorders.⁹⁻¹¹ This critical period that affects long-term prognosis, supports optimised intervention in the first stages after an FEP. Intervention in these initial stages should focus not only

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