Overview of the Institutional Treatment Team and Their Role in Treating Patients With Schizophrenia and Bipolar Disorder

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Disclosure Statement

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Disclosure Statement

Other Income	MBL Publishing for past services as Editor-in-chief of CNS Spectrums; Slack Inc. for services as Associate Editor of Psychiatric Annals; Editorial Board, Mind Mood Memory, Belvior Publications
Patents and Copyrights	Copyright joint ownership with MGH for Structured Clinical Interview for MADRS and Clinical Positive Affect Scale
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Outline

- Institutional Treatment Team
- Treatment settings
- Phases of Illness
  - Schizophrenia
  - Bipolar Disorder
- Staging of Illness
  - Schizophrenia
  - Bipolar Disorder
- Transitions

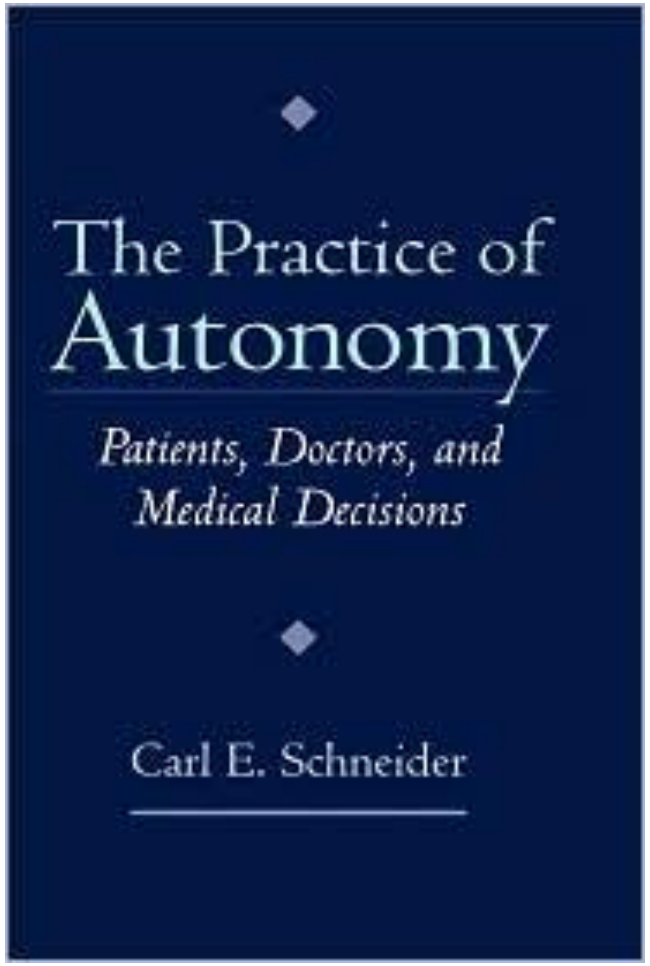
Institutional Treatment Team

- Psychiatrist and patient
  - Trusting relationship
  - Manage meds
  - Provide psychiatric care
  - Coordinate care
- Psychologist
  - Expert psychosocial treatments
- Primary Care Physician
- Case Manager
- Inpatient team

"... For the secret of the care of the patient is in caring for the patient."

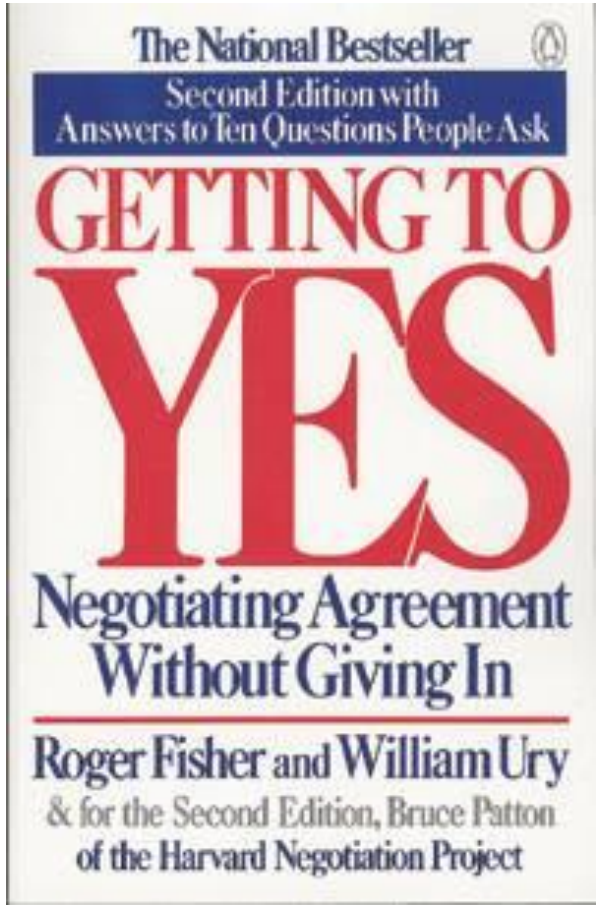
Lecture by Francis W. Peabody to Harvard students on October 21, 1925

Patient Autonomy vs. Physician Authority



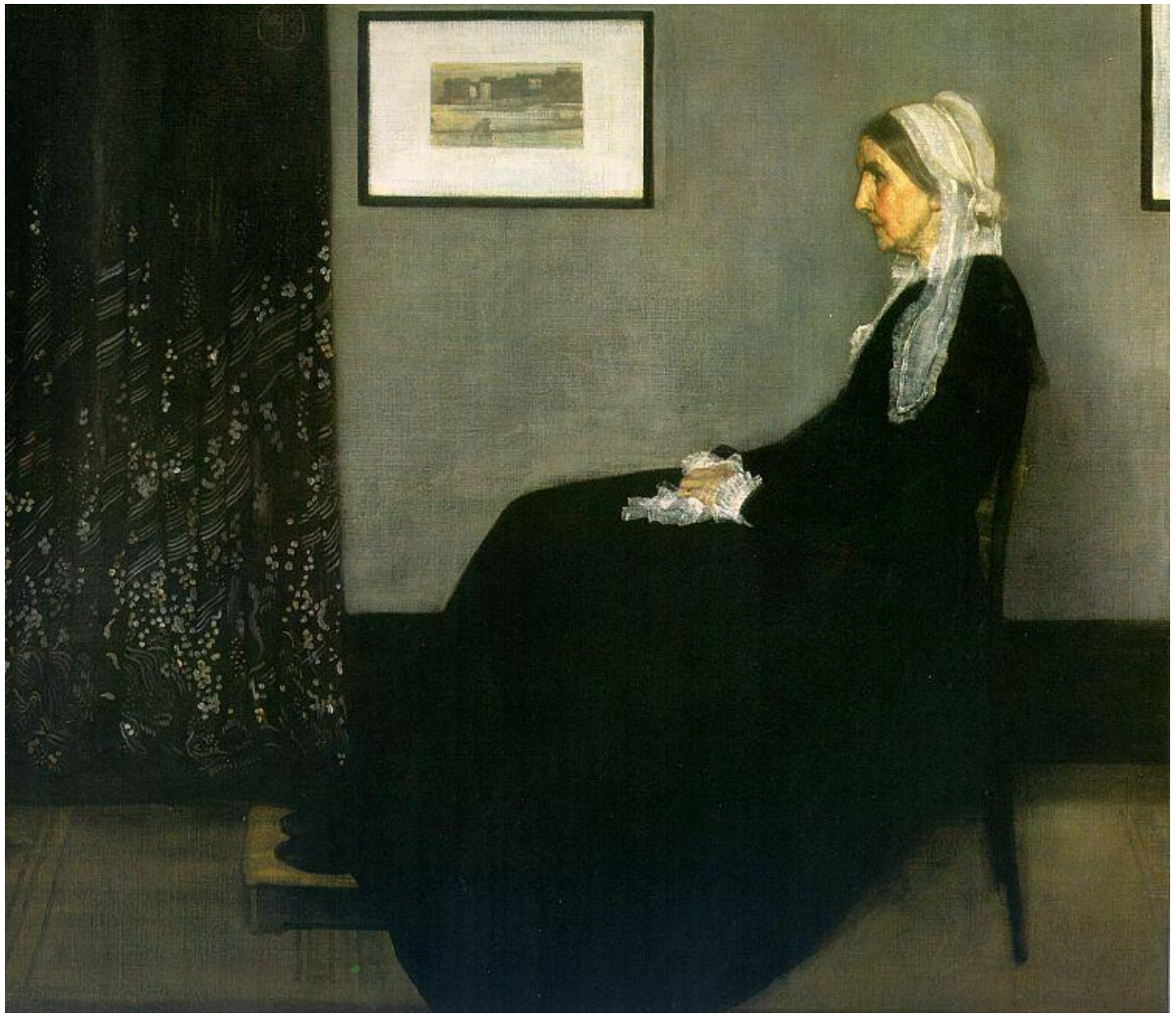
Majority of treatment is outside of the treatment settings.

Negotiate, collaborate, reach concordance, and share decisions



Self-management of chronic illness

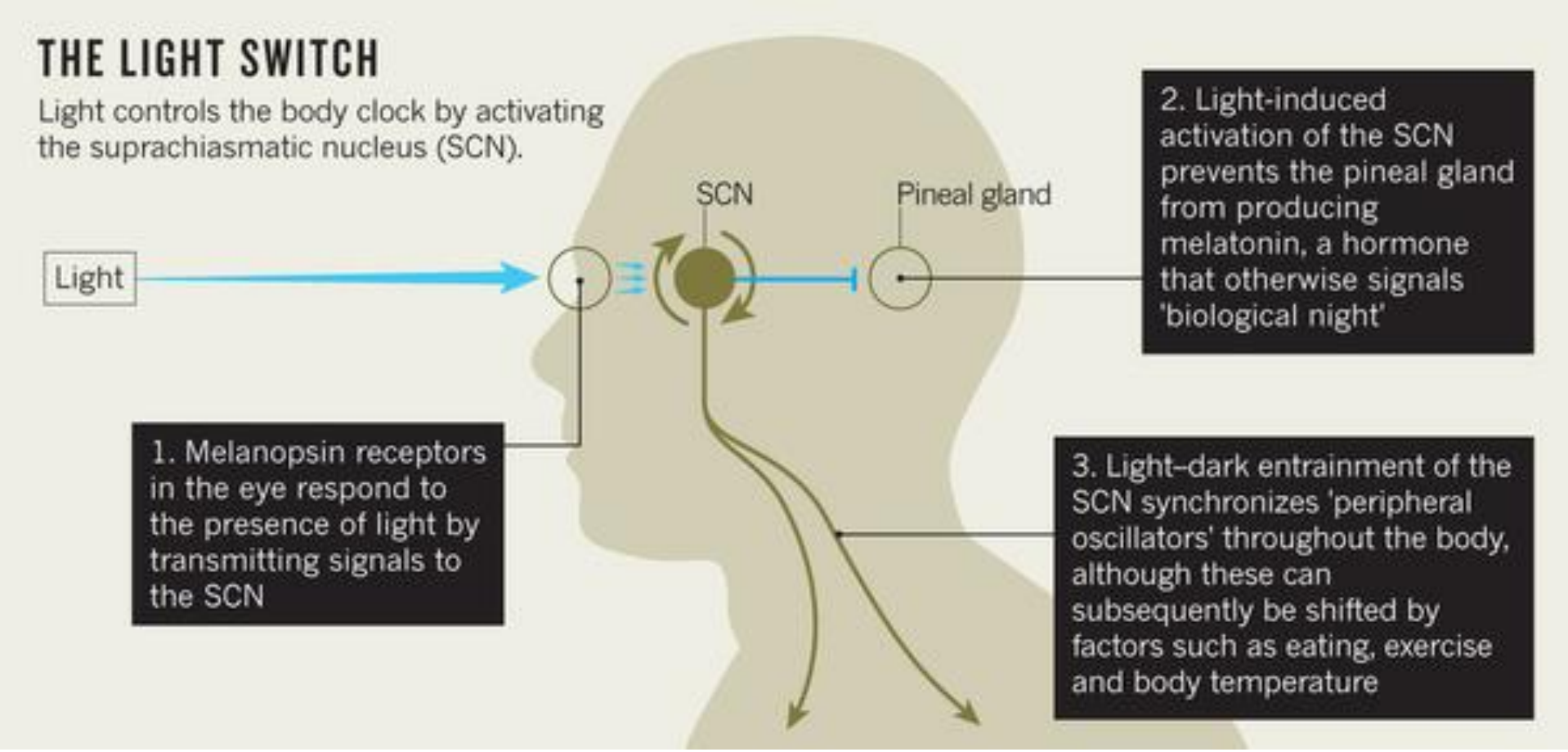
Listen to Your Mother



Your mother was right.

Get a good night's sleep.

Eisenstein. Nature 497, S10–S12 (23 May 2013)



Eisenstein. Nature 497, S10–S12 (23 May 2013)

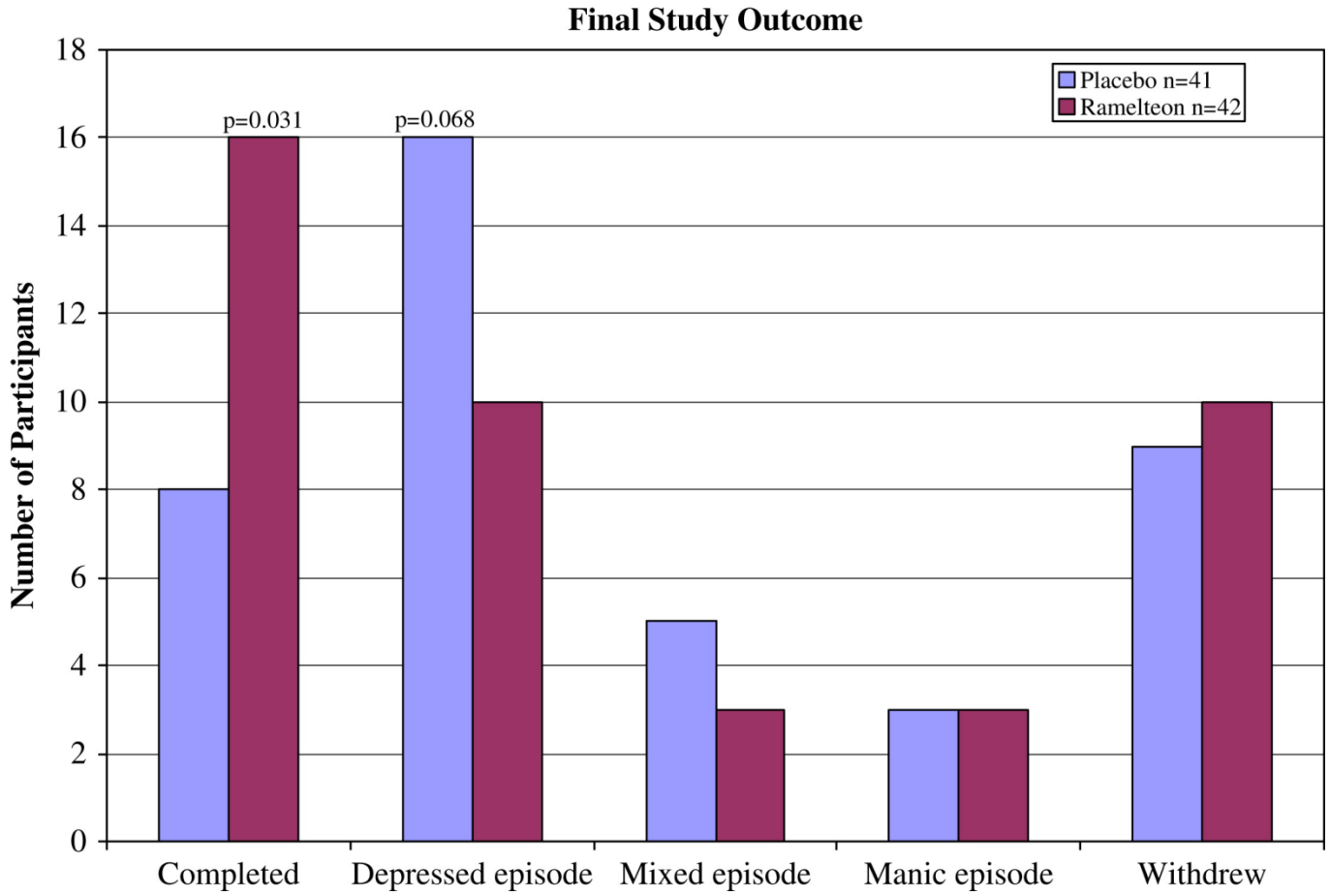
Sleep Hygiene

- Use the bed and bedroom only for sleeping
- Go to bed only when feeling tired
- Get out of bed and leave bedroom when unable to fall asleep within 30 minutes
- Return to bed when tired
- Wake up and get out of bed at the same time every day

Sylvia, Salcedo, Bianchi, Urdahl, Nierenberg, Deckersbach. Cog Therapy and Res . Online 26July2013

Ramelteon for Insomnia in Euthymic Bipolar Disorder

- 8 mg
- 24 weeks



Norris et al. Journal Affective Disorders 144:10 January 2013, Pages 141–147

"Eat food. Not too much.
Mostly plants."

Michael Pollen. Food Rules: An Eater's Manual 2009

People with bipolar disorder eat a less healthy diet.

- Higher glycemic index
- Higher “Western Diet”
- Higher “Modern Diet”
- Lower “Traditional Diet”
- Associative or causal?
- Source of increased inflammatory load?
- Will a better diet lead to better outcomes?

Jacka et al. J Affective Disorders 129:332-7; 2011

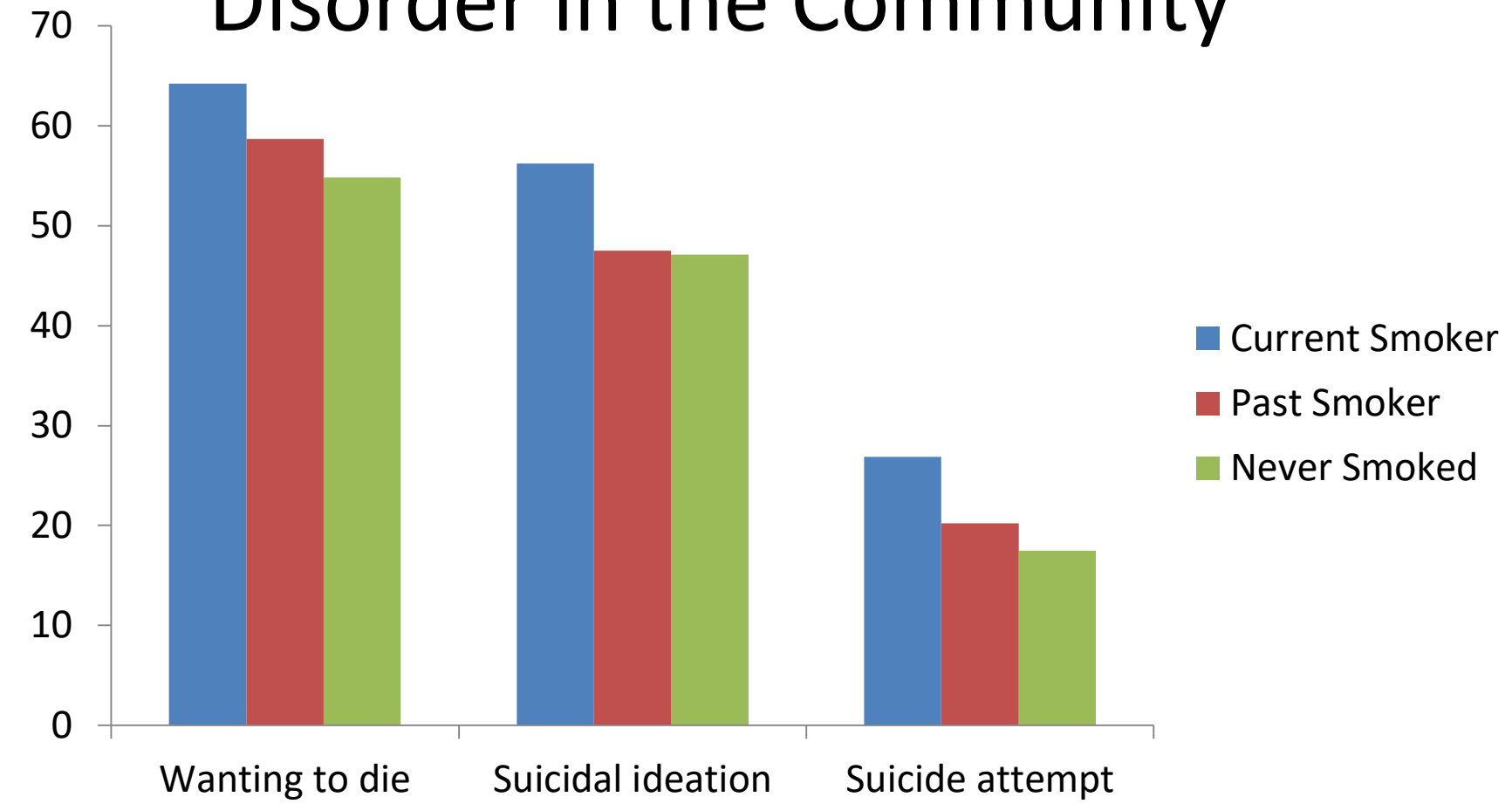
Don’t smoke.

Smoking increases inflammation

- increased levels of acute phase proteins
  - CRP
  - pro-inflammatory cytokines
  - IL-1β, IL-6 and TNF–α,
- direct effects in activation of microglia and astrocytes

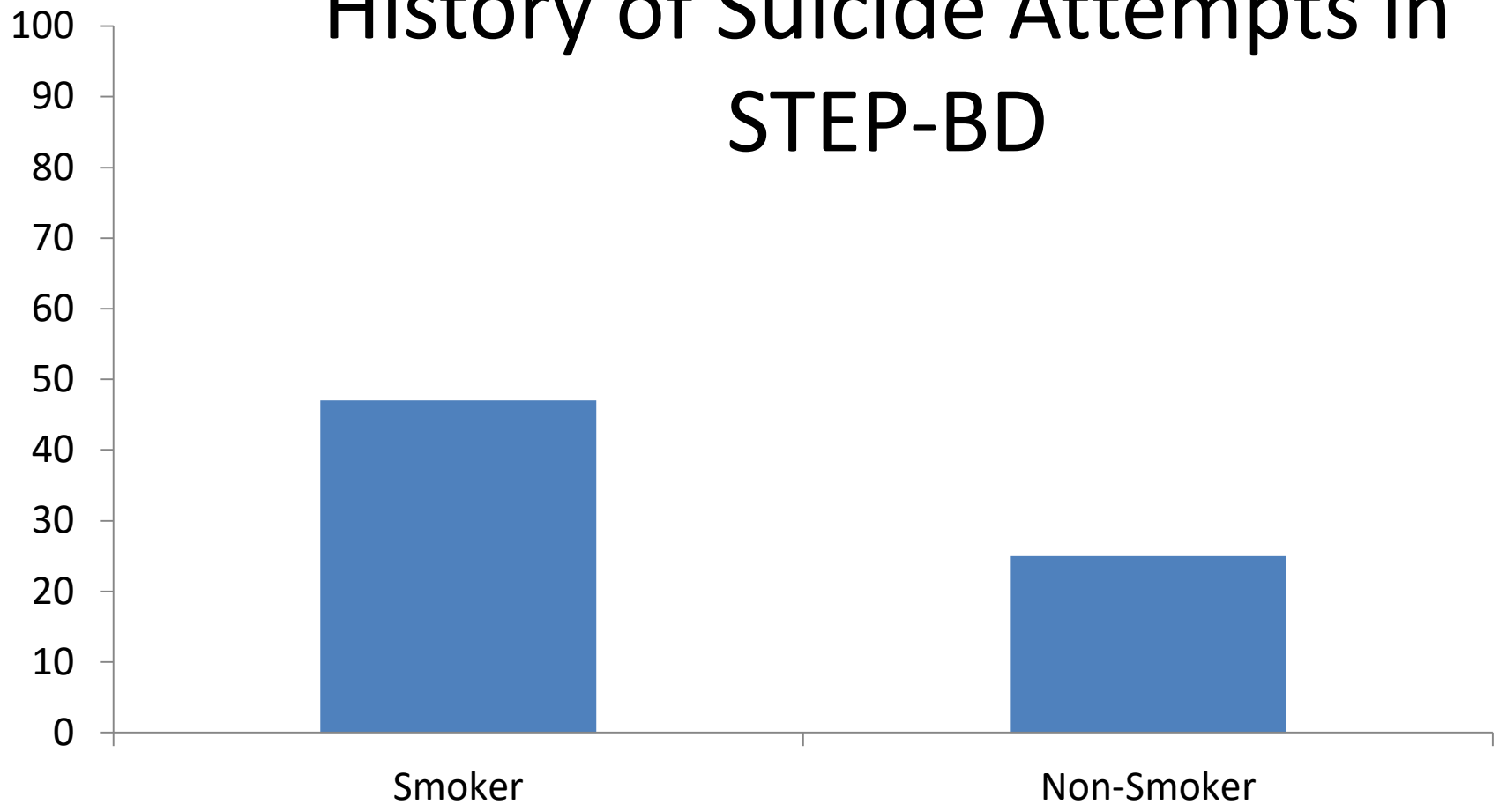
Berk et al. *BMC Medicine* 2013, **11**:200

Smoking Associated with Increased Suicide in Bipolar Disorder in the Community



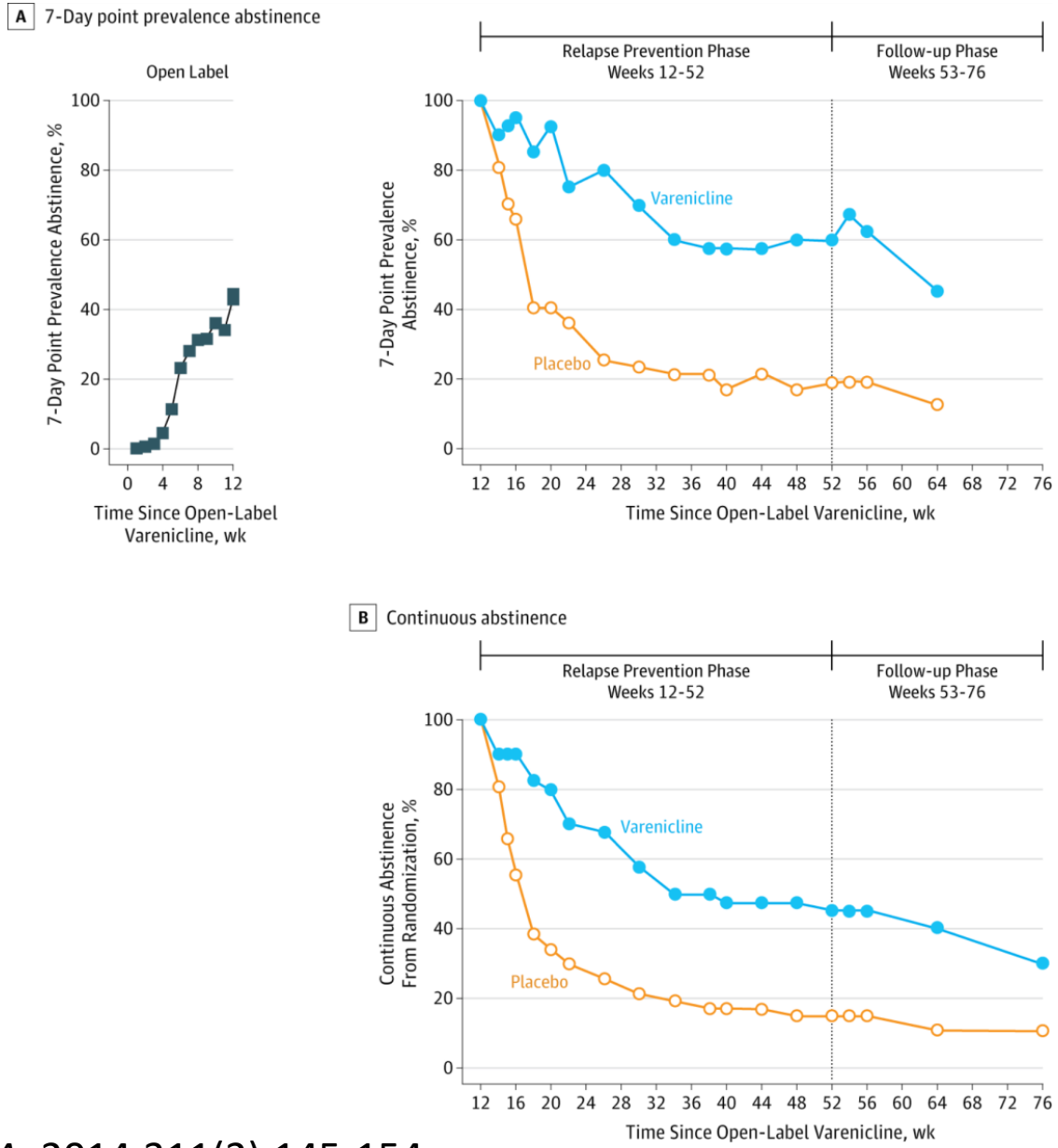
Baek, Eisner, Nierenberg. Depression Anxiety 30:982-90;2013

Smoking with Higher Lifetime History of Suicide Attempts in STEP-BD



Ostacher. 2006;67:1907-11

Varenicline helps stop smoking.



Evins et al. *JAMA.* 2014;311(2):145-154

Get organized.

Cognitive Rehabilitation

- Tasks done at work to improve performance
  - Organization
  - Time management
  - Priorities
- Improved
  - Presenteeism
  - Total lost work days
  - Executive functioning

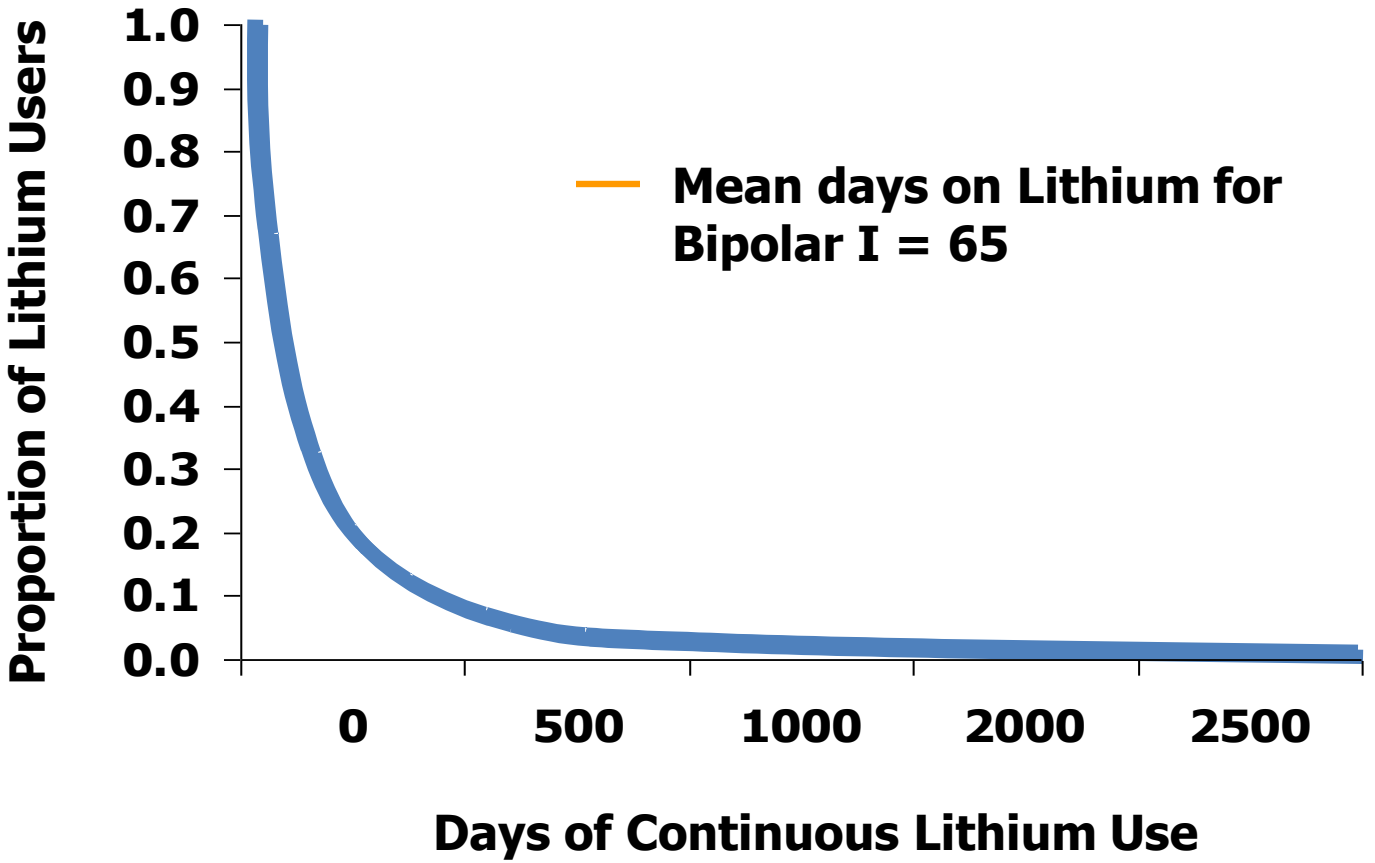
Deckersbach et al. CNS Neuroscience & Therapeutics 16 (2010) 298–307

Drink moderately.

Don’t abuse drugs.

Listen to your doctor and take your medicine.

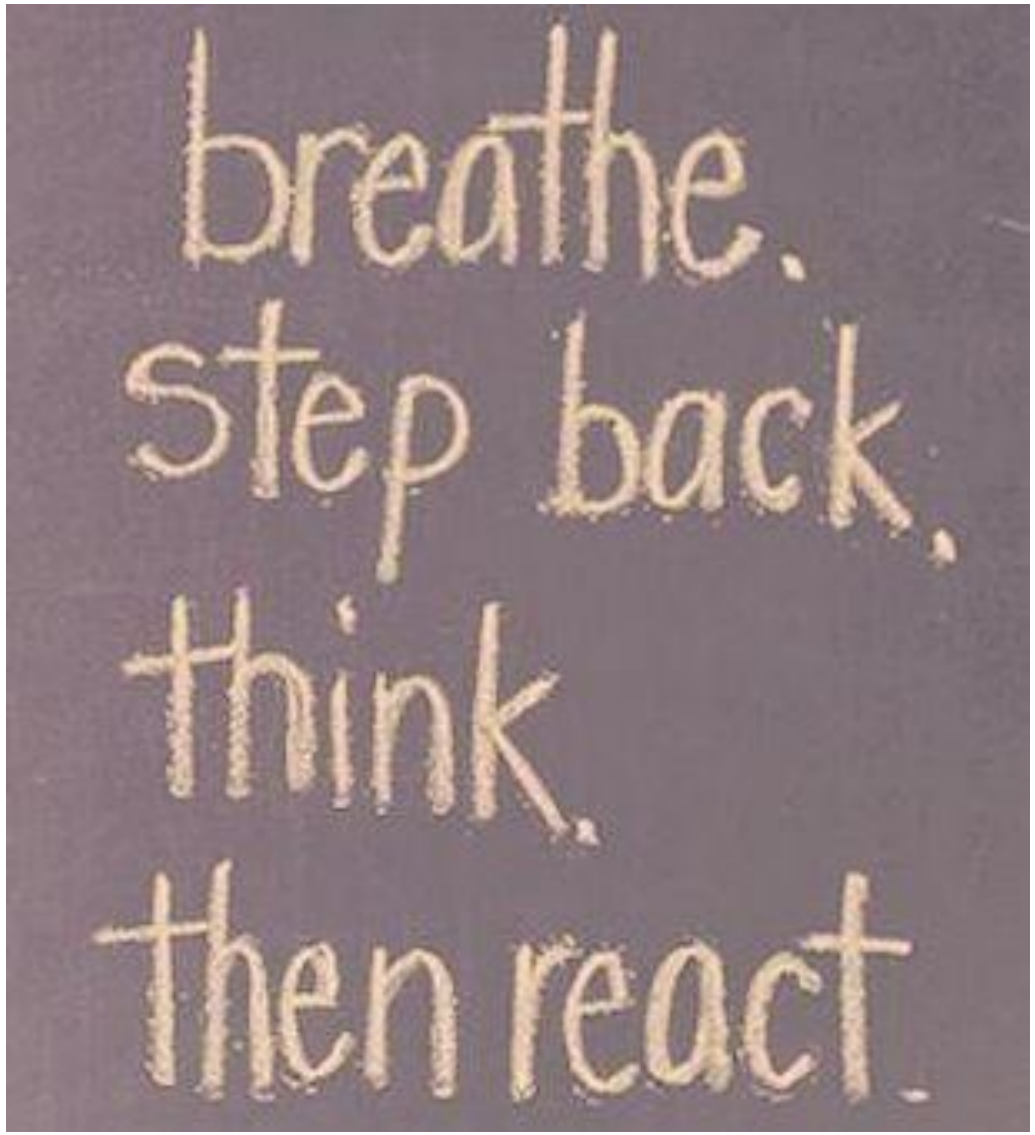
Time on Lithium Following Initial Prescription



Johnson JG et al, *Am J Psychiatry* 1995

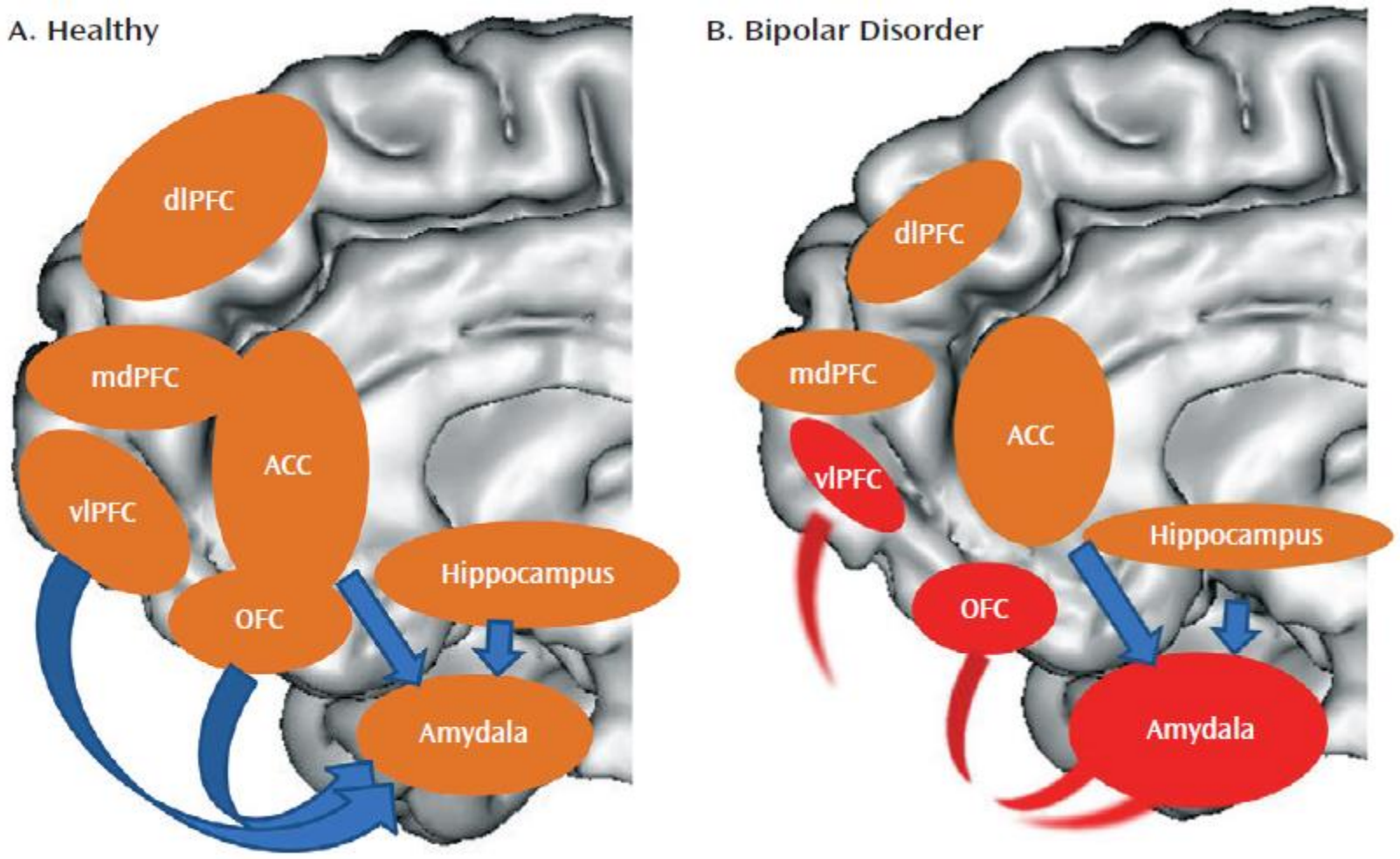
Count to 10 before you get angry.

http://jtmoore.org/mindfulness-for-children-at-jtm/



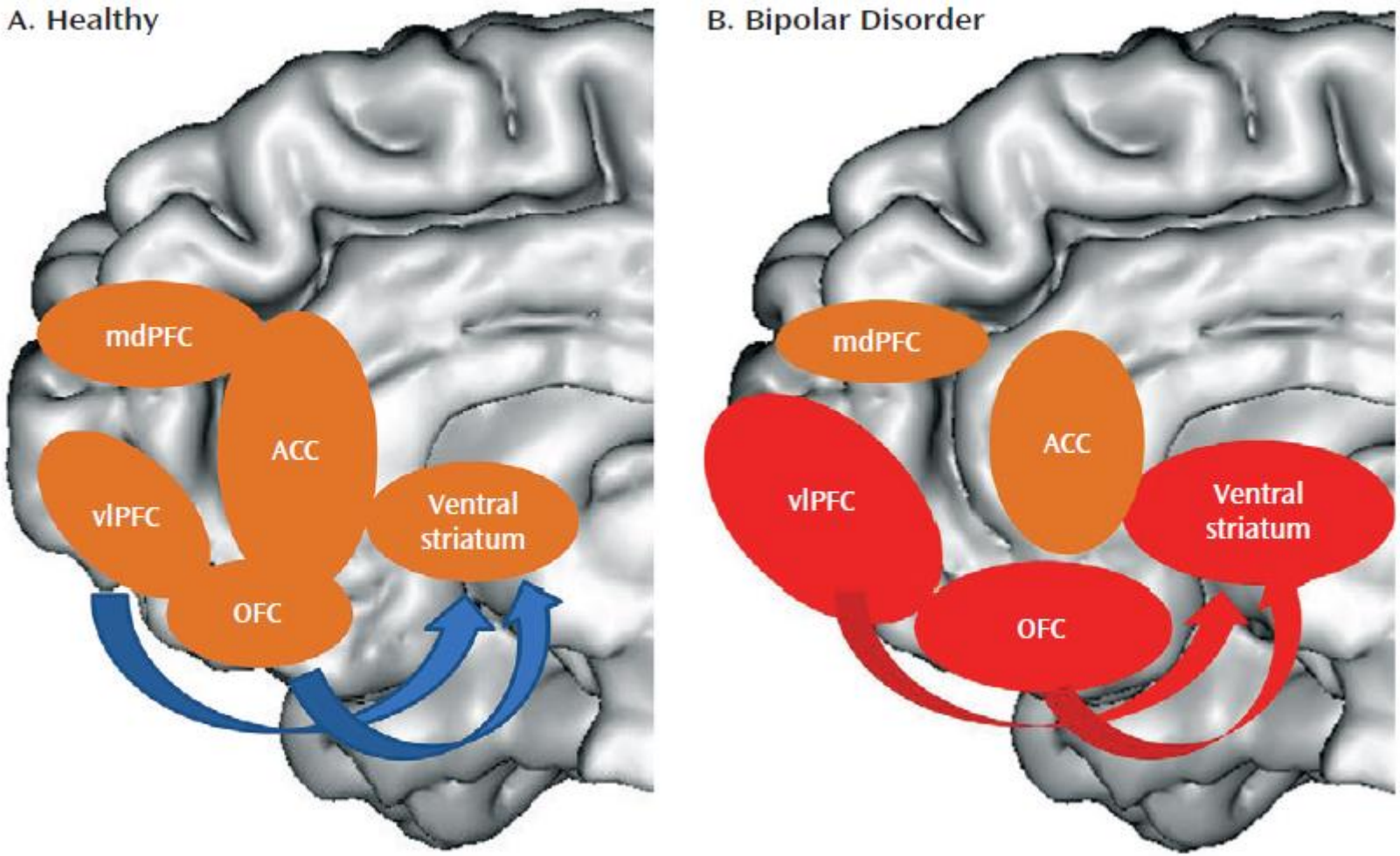
http://www.pinterest.com/pin/467881848758271128/

Key Nodes Emotional Processing



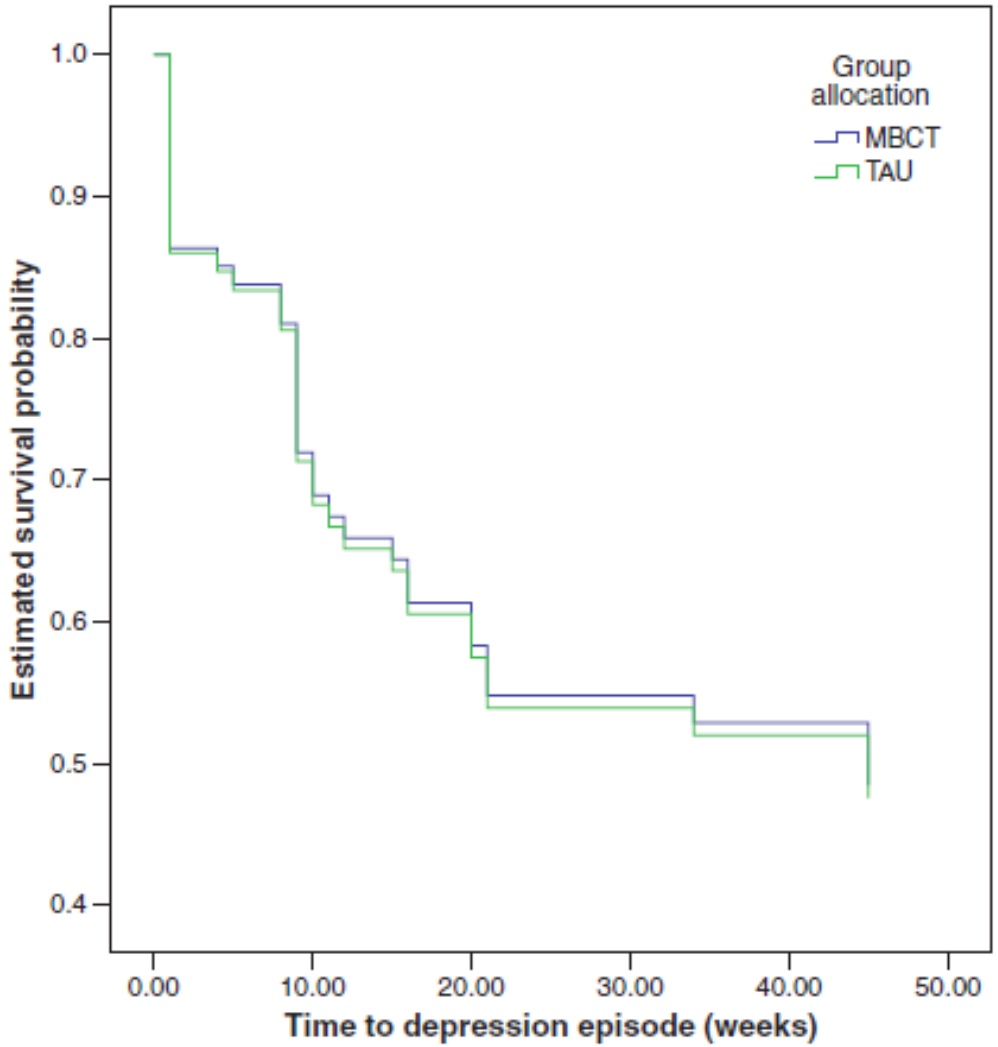
Am J Psychiatry Phillips; AiA:1–15

Key Nodes in Reward Processing



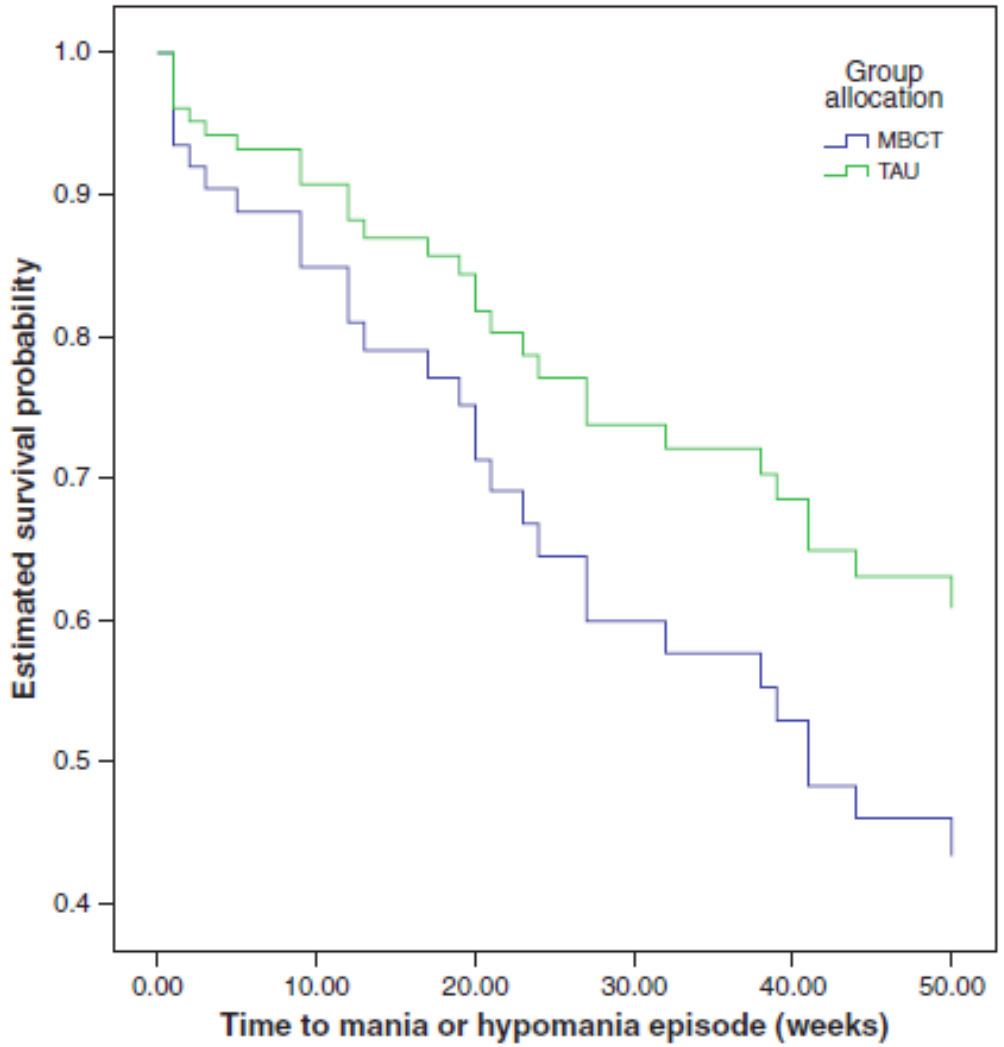
Am J Psychiatry Phillips; AiA:1–15;2014

Mindfulness CBT for Bipolar Disorder: Depressive Relapse



Perich et al. Acta Psychiatr Scand 2013: 127: 333–343 © 2012

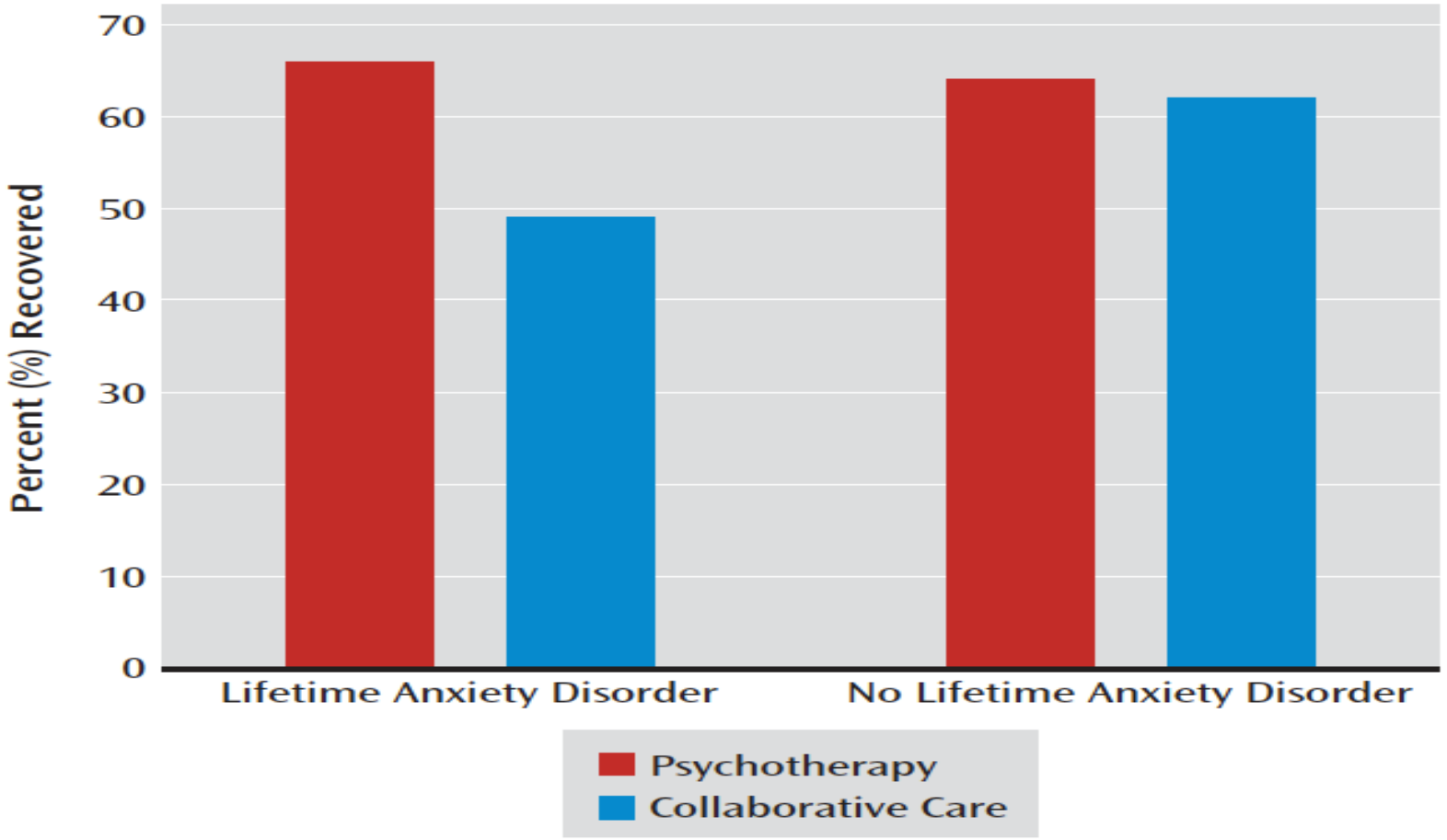
Mindfulness CBT for Bipolar Disorder: Manic or Hypomanic Relspse



Perich et al. Acta Psychiatr Scand 2013: 127: 333–343 © 2012

Don’t be so nervous.

Intensive psychotherapy better than psychoeducation ***only*** if bipolar patients have comorbid anxiety.



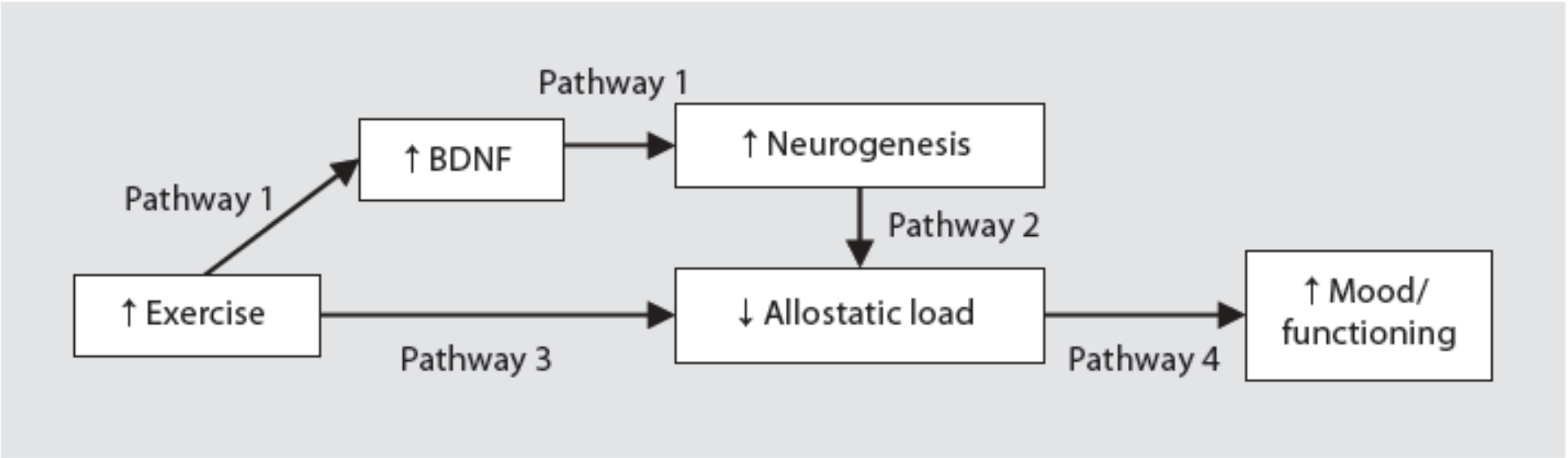
Deckersbach et al. Am J Psychiatry. 2014 Feb 1;171(2):178-86.

Send thank you notes.

Be kind.

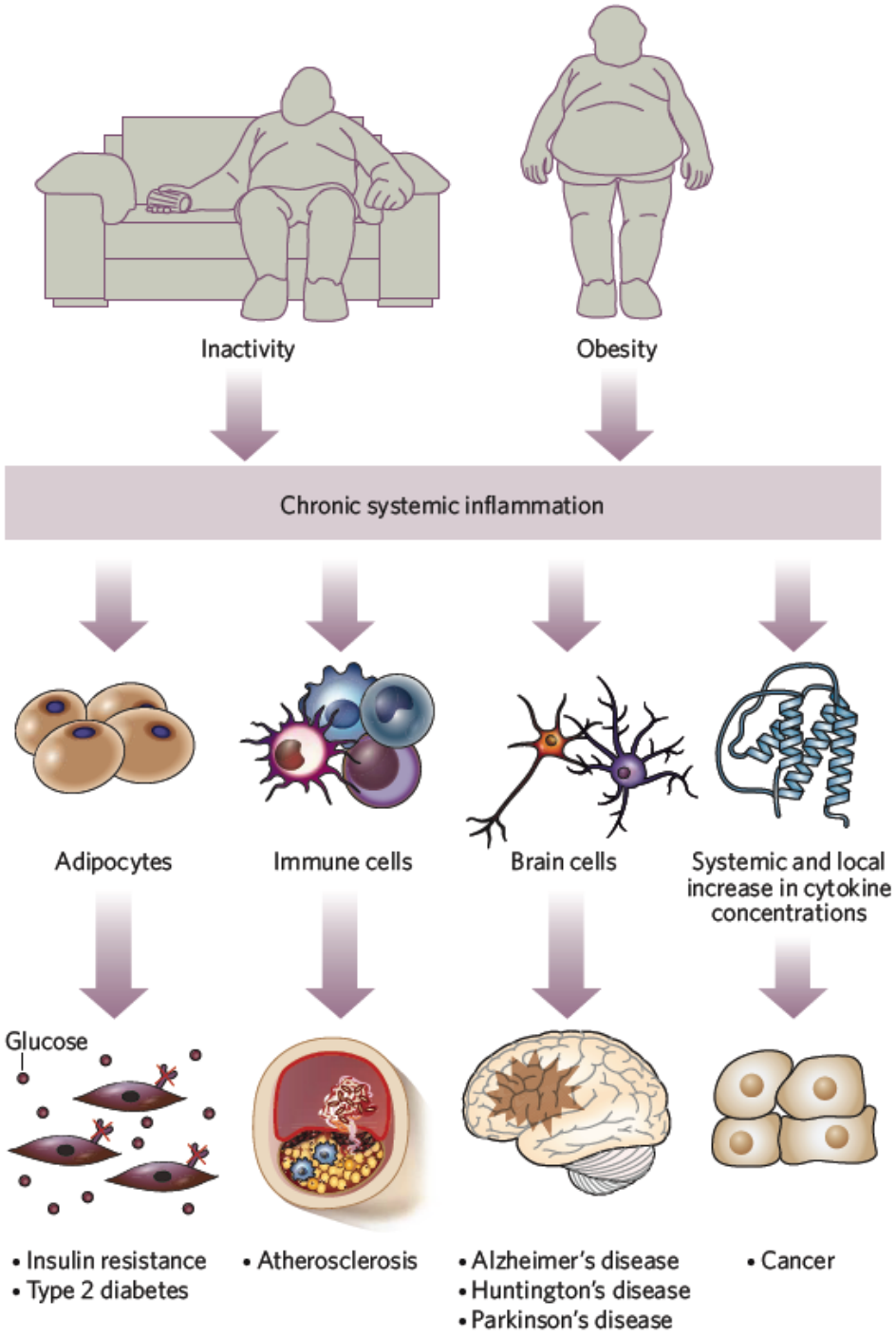
Exercise

Bipolar Disorder and Exercise



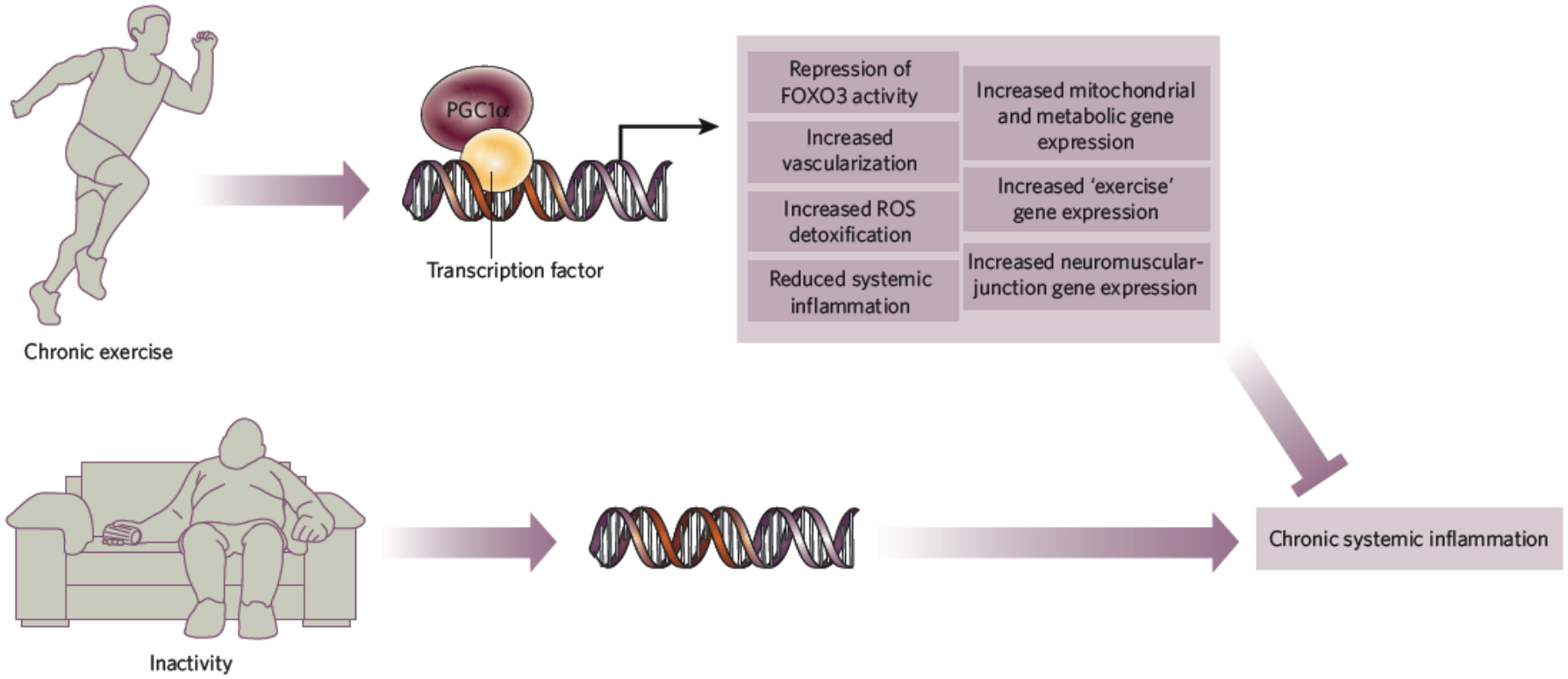
Sylvia et al. Psychother Psychosom 2010;79:87–96

Inactivity increases inflammation



Handschin and Spiegleman.
NATURE|Vol 454|24 July 2008

Exercise decreases inflammation.



Handschin and Spiegleman. NATURE|Vol 454|24 July 2008

A Memory of the Future

Phases of Illness

Phases of Illness

- Acute
  - Schizophrenia
    - Psychosis
    - Unable to care for self
  - Bipolar
    - Manic
    - Depressed
    - Mixed
    - With or without psychosis
    - Suicidal

Chronic and Subchronic

- Residual symptoms
- Functioning
  - Interpersonal
  - Work
  - Activities of daily living
  - Variable insight
- Salience of internal vs external stimuli
- Shared goals

Stages of Illness

- Prodromal
  - Nonspecific dysregulation
  - Time limited
  - Social difficulties
- Active
  - In full episode
  - Repeated episodes more chronic
- Residual
  - Subthreshold symptoms more dysfunction

McGorry The Canadian Journal of Psychiatry, Vol 58, No 1, January 2013

Transitions

- Living situation
- Emergency rooms
- Inpatient
- Outpatient
- Thresholds for transitions tailored

Outline

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