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PSYCHIATRY ACADEMY

Schizophrenia care – 20 years of progress

20th Annual Schizophrenia Education Day
December 9, 2022

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Disclosures

My spouse/partner and I have the following relevant financial relationship with a commercial interest to disclose:

- Alkermes – Research grant (to institution), consultant honoraria (Advisory Board)
- Janssen – Research grant (to institution), consultant honoraria (Advisory Board)
- Otsuka – Research grant (to institution)
- Neurocrine – Consultant honoraria (Advisory Board)
- American Psychiatric Association – Consultant honoraria (SMI Adviser)
- Medscape – Honoraria (CME speaker)
- Elsevier – Honoraria (medical editor and writer)
- Wolters-Kluwer – Royalties (medical writer)
- UpToDate – Royalties, honoraria (content developer and editor)



Outline

A

Basic principles of care

B

The story of one clinic

C

Reflections on progress



Who are your heroes?



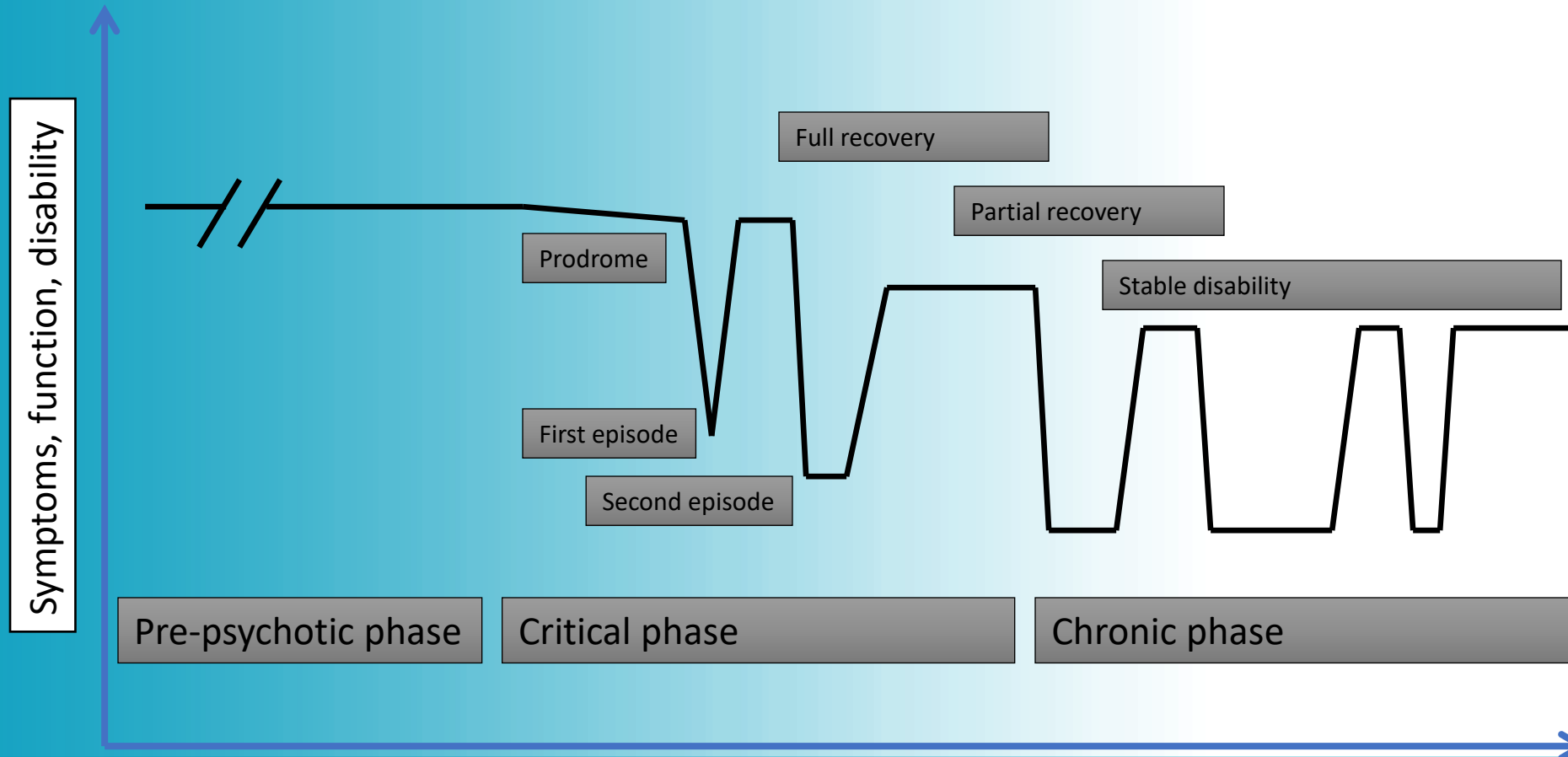
A

Basic principles of care



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What matters to patient and families

- Not getting sick in the first place - preventing schizophrenia
- Getting treatment early - “early intervention”
- Getting better as much as possible - minimizing disability
- Staying alive
 - Avoiding suicide
 - Avoiding premature death from medical causes

Integrated care

There is no health without mental health

- Dr Brock Chisholm



Stage-specific care

Stage 1 (Clinical high-risk)

- High index of suspicion (functional decline, withdrawal, distress)
- Offer needs-based psychosocial care
- Treat identifiable comorbidities; avoid antipsychotics

Stage 2 (first-episode psychosis)

- Reduce duration of untreated psychosis
- Use low doses of antipsychotics to minimize side effects
- Offer coordinated specialty care
- Offer LAIs and clozapine if no symptomatic remission in 3-6 months

Stage 3 and 4

- Retain optimistic stance even in difficult times
- Focus on quality of life and vocational rehabilitation
- Pay attention to physical health



Quality of life matter
in all diseases
Key for chronic diseases

<https://www.psychiatrictimes.com/view/stage-specific-treatment-of-psychotic-disorders>

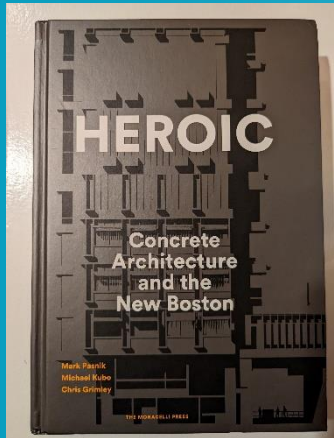
B

The story of one clinic



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Heroic Boston



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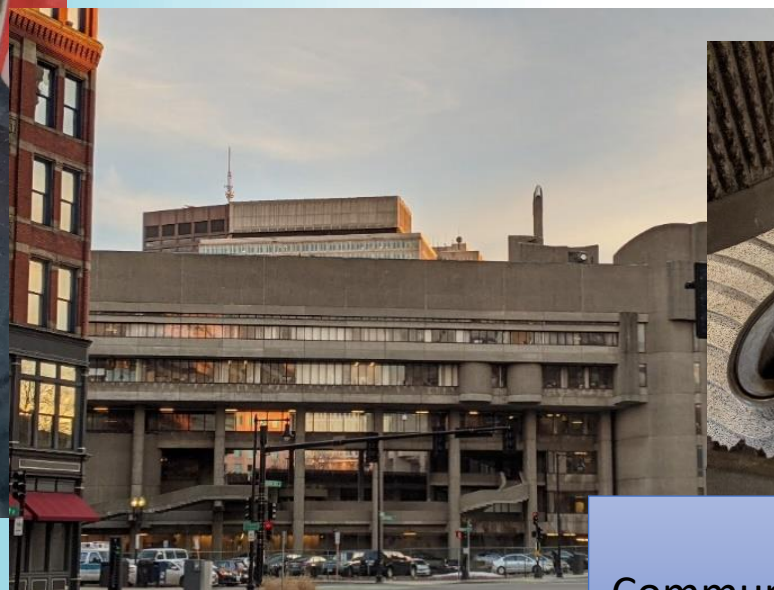


Freedom Trail Clinic (FTC)



Donald Goff

- Founded Schizophrenia Program in 1988
- Director of Schizophrenia Program until 2012
- One of first Clozapine Clinics in US
- Donald C. Goff, MD Lecture in Schizophrenia since 2012



Erich Lindemann
Community Mental Health Center



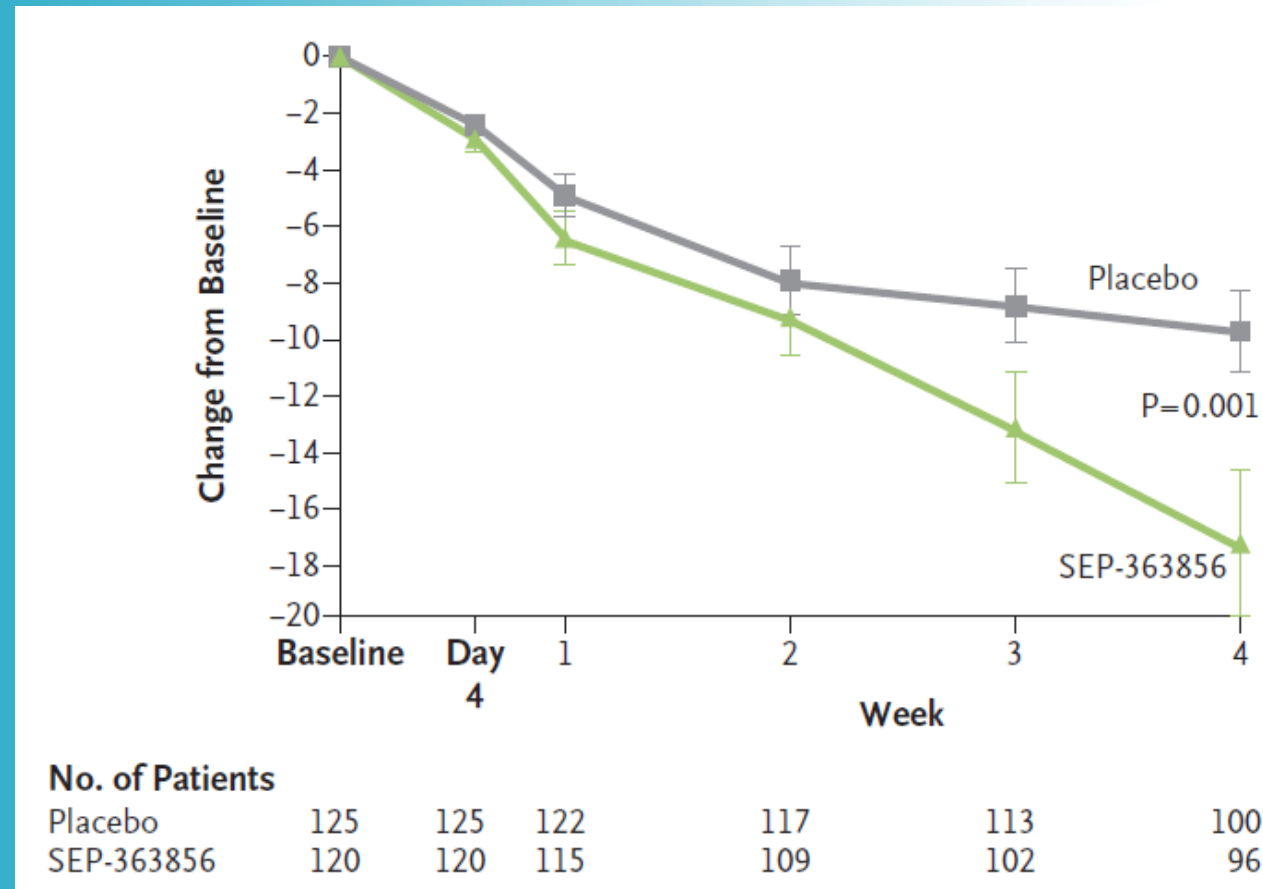
Clinical trials

- Seminal trials
 - Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) Study¹
- Registration trials
 - Long-acting injectable antipsychotics
- Innovative research
 - Non-dopaminergic medications (glutamate system)
 - Medications for cognition
 - Medications for negative symptoms
 - Addressing metabolic risk from antipsychotics
 - Clozapine clinic for treatment-resistant schizophrenia

¹Lieberman JA et al. NEJM. 2005;353(12):1209-23.



Ulotaront (SEP-363856)



TAAR-1 = Trace amine-associated receptor 1

TAAR1 agonists = -taront

Ulo-taront (Sunovion) – phase 3 [DIAMOND]
Ralmi-taront (Roche) – phase 2

Nedic N et al. Int J Mol Sci. 2021;22:13185.

Koblan KS et al. N Engl J Med. 2020;382(16):1497-1506. Goff DC. N Engl J Med. 2020;382(16):1555-1556. [Editorial]



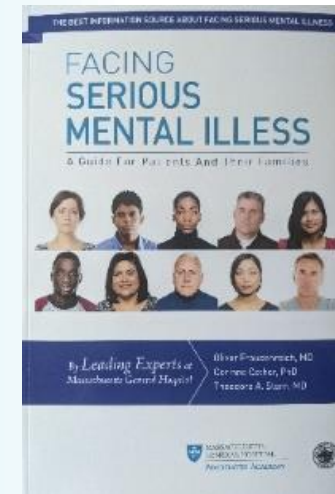
Non-pharmacological therapies

- Cognitive-behavioral therapy for psychosis
- Behavioral therapies for medical problems
 - Illness self-management
- Working with families
- Peer involvement
- Empowerment

"Nothing about
us without us."



<https://mghcoe.com/>



Cori Cather, PhD



“However beautiful the strategy*, you should occasionally look at the results.”**

-Sir Winston Churchill

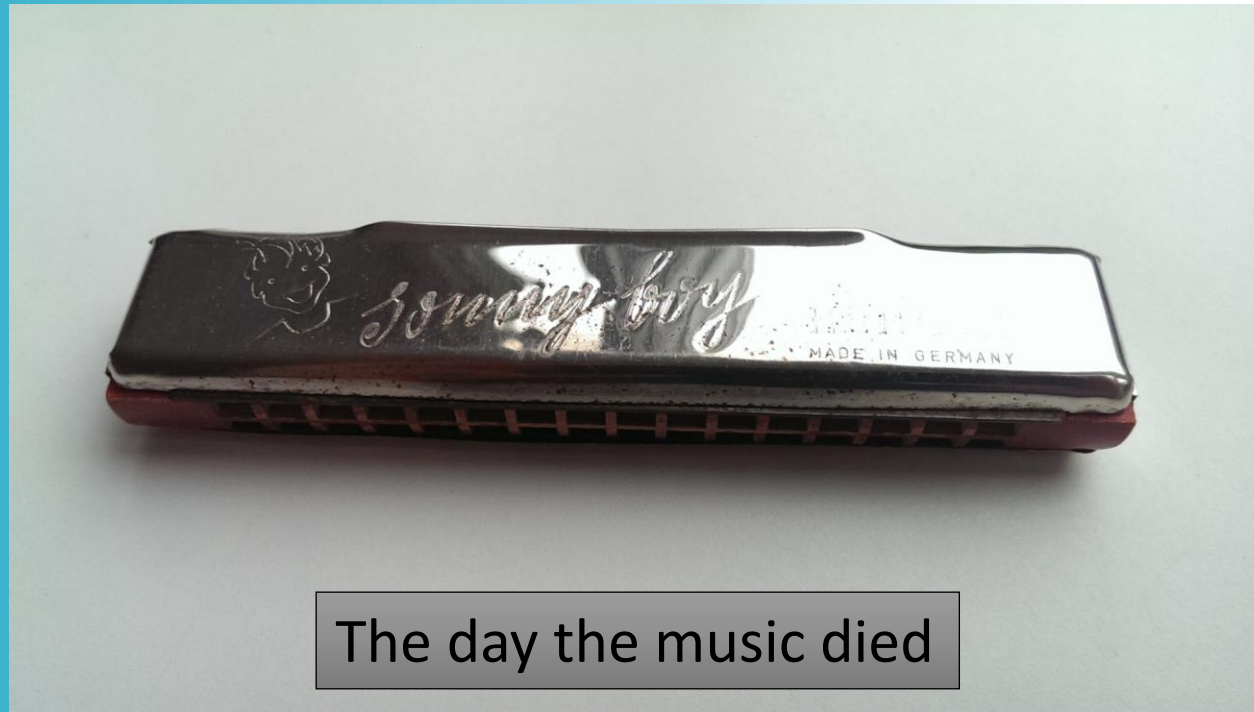
*** = what your clinic does**

**** = how your patient is doing**

Haas LF. JNNP 1996;61:465.



The need to focus on mortality



The day the music died



Smoking in schizophrenia



John Umstead Hospital, Butner, NC, ca. 1995

KEY LESSONS LEARNED

Patient with schizophrenia want to quit

Smoking cessation is more difficult

Psychopharmacology is needed

Varenicline is effective and better than the patch

Varenicline is safe in our patients

Maintenance treatment may be needed

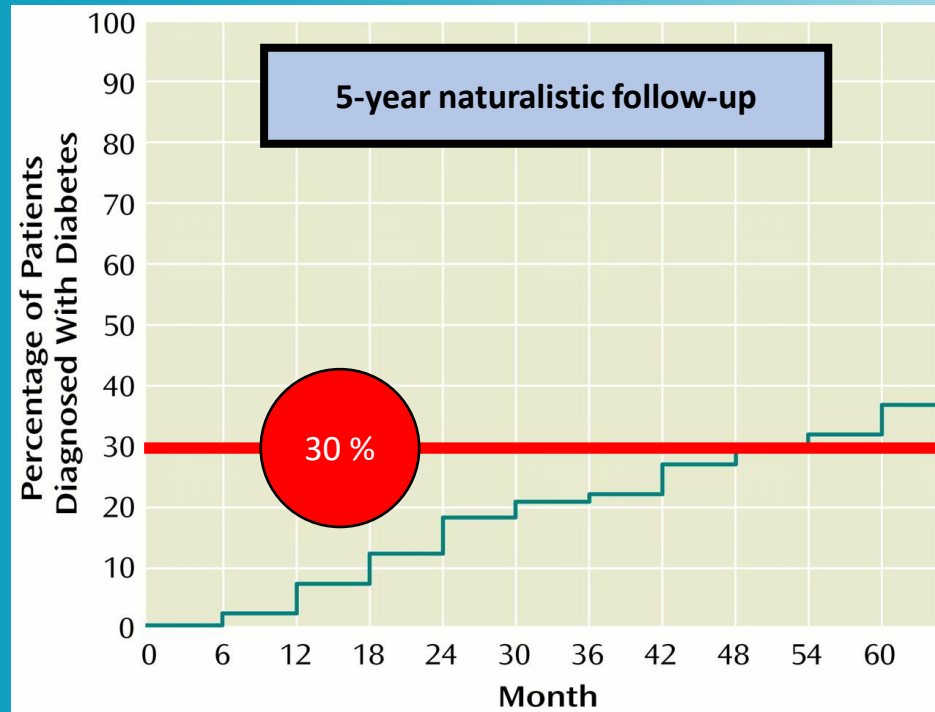


A. Eden Evins, MD

Evins AE et al. JAMA. 2014;311:145-154. Evins AE et al. Psychiatric Services 2021; 72:7–15.



FTC clozapine cohort



Henderson DC et al. Am J Psychiatry. 2000;157(6):975-981.

Laursen TM. Curr Opin Psychiatry. 2019;32(5):388-93. Meta-analysis
Olfson M et al. JAMA Psychiatry 2015;72(12):1172-81.



Greatly decreased life expectancy

Natural causes: 85%

Unnatural causes: 15%

Three main medical causes:

#1 Cardiovascular disease

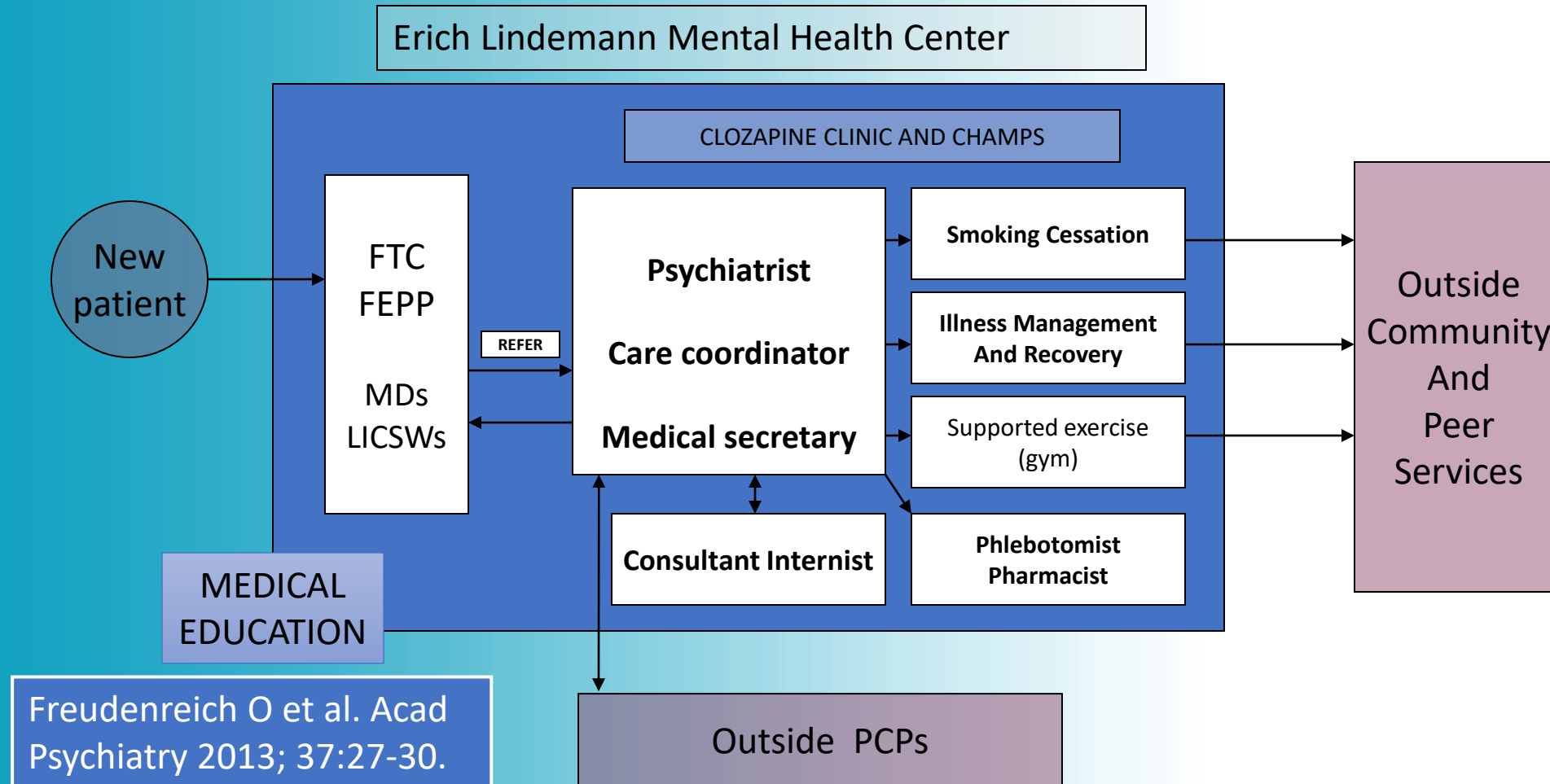
#2 Cancer

#3 Lung disease including influenza

Coordinated Health And Medical Prevention Service and Clozapine Clinic



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Cancer care for people with serious mental illness

Bridge model

To facilitate collaborative cancer care

Clinical service and team-model

To increase access to experts

The Engage Initiative

To strengthen partnerships, build capacity for care, and advance cancer equity



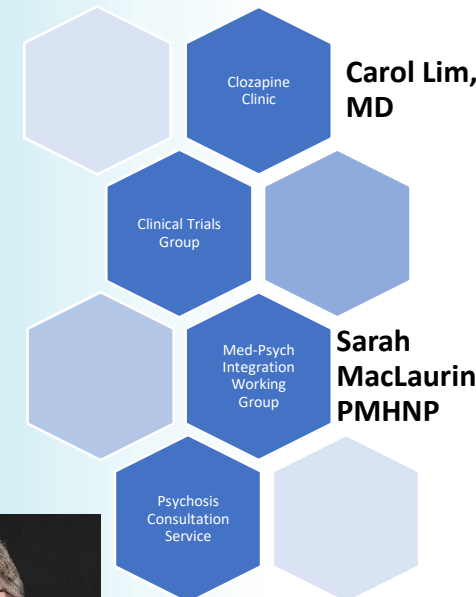
Kelly Irwin, MD





MGH Treatment-Resistant Schizophrenia (TRS) Service

- **Director**
 - Oliver Freudenreich, MD, FACLP
- **Mission**
 - To improve the care of patients with treatment-resistant schizophrenia
- **Goals**
 - **Innovate:** More effective and safer treatments
 - **Integrate:** Fewer silos and more partners
 - **Instruct:** Easier access to consultation
 - **Influence:** Disseminate knowledge



Carol Lim,
MD



Sarah
MacLaurin,
PMHNP



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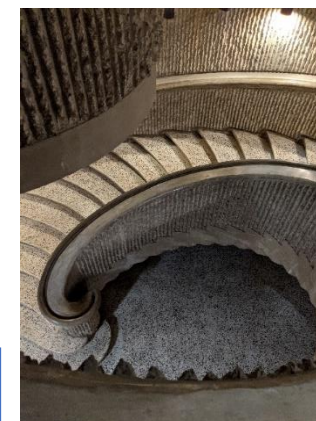
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MGH Psychosis Clinical and Research Program





It has been a long pandemic



March 5, 2020



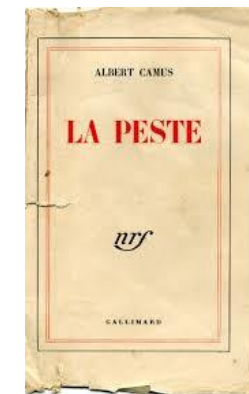
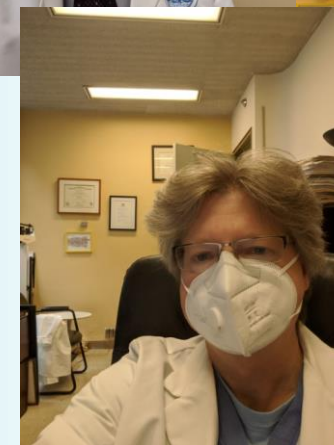
March 21, 2020



April 21, 2020



March 13, 2020



“Tragic” epidemiologic triad of SMI and COVID-19

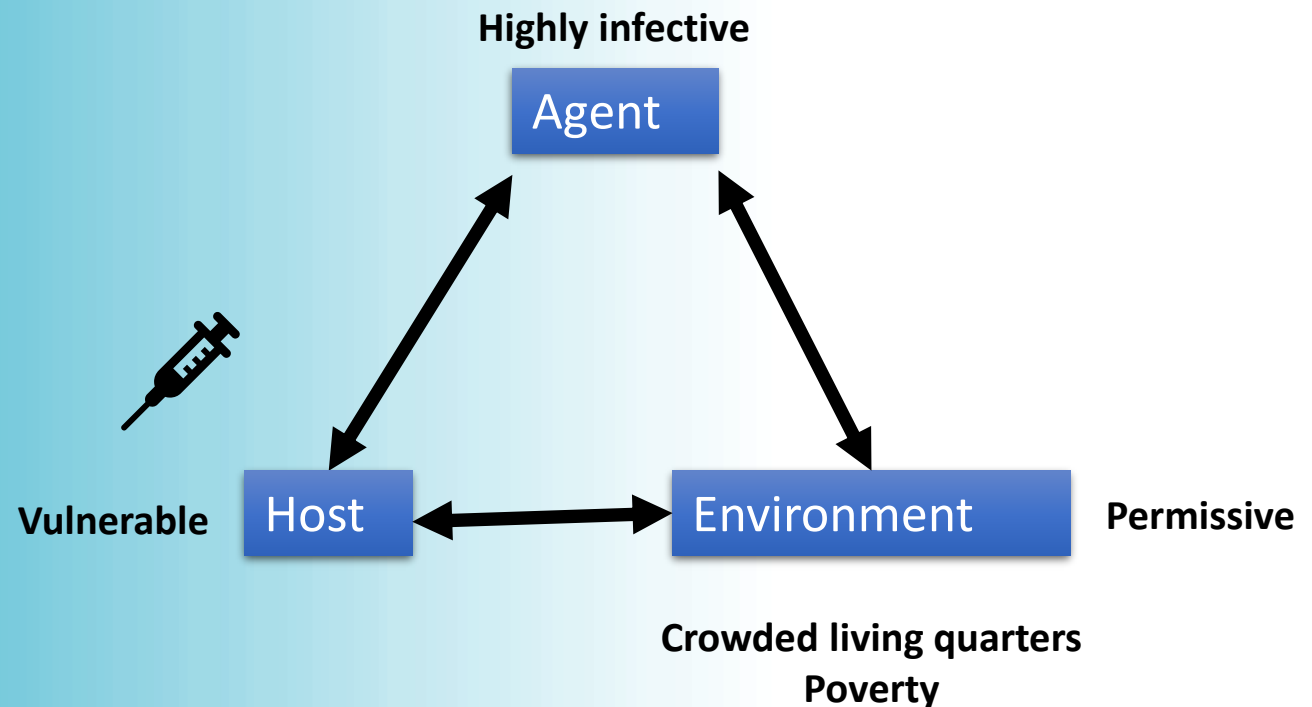
Vulnerable host

Psychiatric illness

- Acute psychosis/mania
- Disorganization
- Negative symptoms
- Cognitive difficulties

Medical comorbidities

- Obesity
- Smoking
- Lung disease
- Diabetes



Freudenreich O et al. Current Psychiatry. 2020;19(9):24-39.

Increasing Covid-19 vaccination rates in serious mental illness



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Patients with serious mental illness are at high risk for COVID-19

- Schizophrenia 2nd largest predictor of Covid-19 mortality after age¹
- Undervaccinated despite vaccine availability²



Manjola Van Alphen, MD



**Significantly higher COVID-19
vaccination rates than the rate of
statewide vaccination in
Massachusetts³**

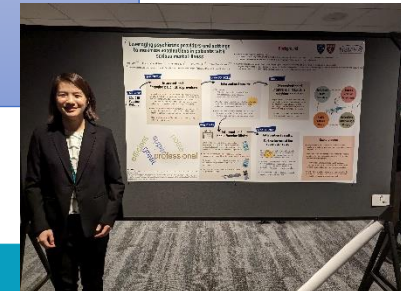
**Our cohort: 84%
Adults in MA: 62%-77%**

Pilot study between February and June 2021



Sarah MacLaurin, PMHNP

Mobile vaccine clinics
Other vaccine-preventable illnesses
“Psychiatrists as vaccine ambassadors⁴”



1. Nemani K et al. JAMA Psychiatry. 2021;78(4):380-6. 2. Siva N. Lancet. 2021;397(10275):657.

3. Lim C et al. Psychiatric Services (in Press) 4. Lim C et al. Current Psychiatry. 2021;20(8):10-38.

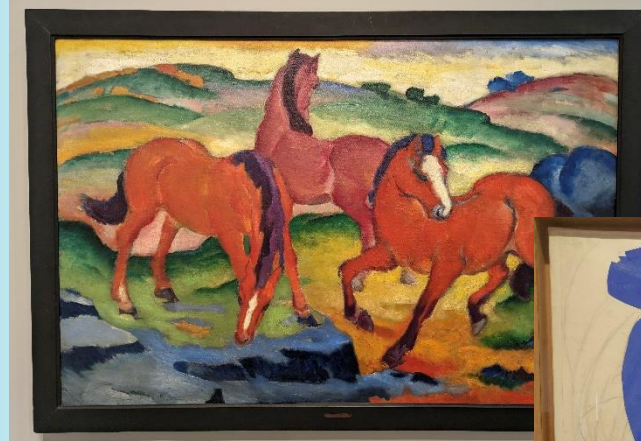
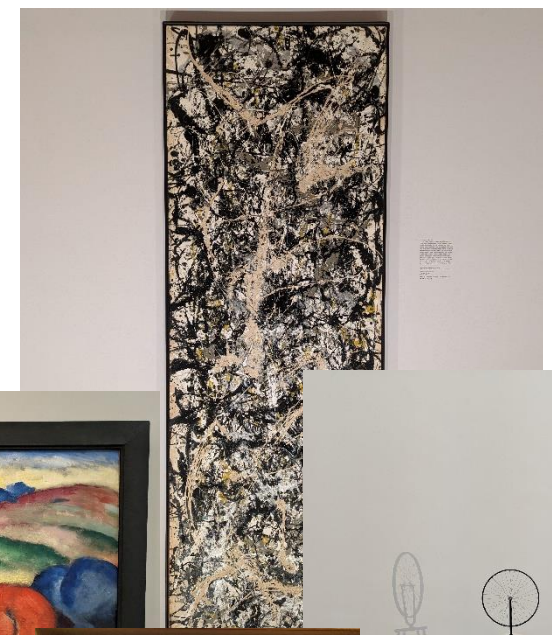
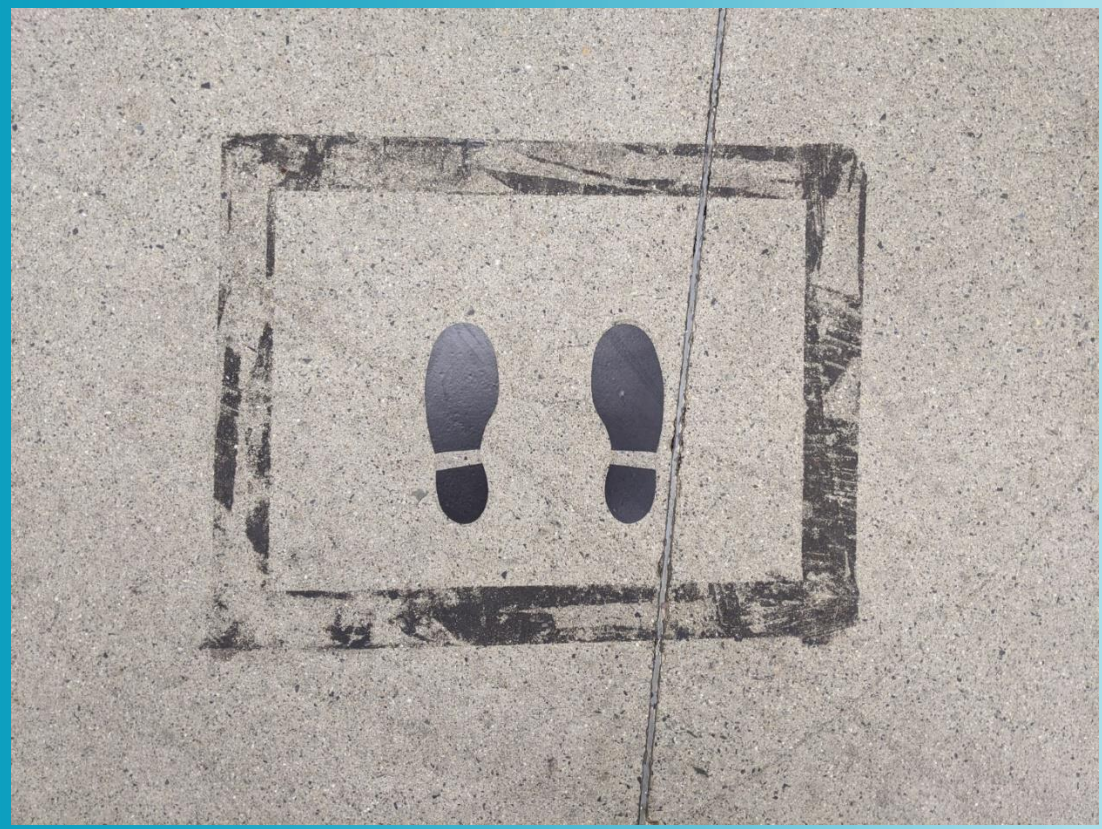


Reflection on progress



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What exactly is progress?



There is no such thing as my being in the right, my side being in the right, because within a generation of two, my present way of thinking is bound to be found perhaps faintly ludicrous, perhaps quite outmoded by new development – at the best, something that has been changed, all passion spent, into a small part of a great process, a development.

- Doris Lessing

- Enlightenment
 - Technological advances
 - Societal progress
 - The end of history (Fukuyama)
- Beloved community (MLK)
 - Triple evil – poverty, racism, militarism
- Key questions:
 - Who decides?
 - Who is left out?
 - At what cost? For whom?





(The return of) Social medicine



„Die Medizin ist eine soziale Wissenschaft, und die Politik ist nichts weiter als Medizin im Großen.“

– Rudolf Virchow, 1821-1902

“All organizations are perfectly designed to get the results they get!”

– Don Berwick, MD (and others)



Waitzkin H. Social Medicine. 2006;1:5-10.



What gets in the way of recovery?

- Unresponsive biology



Innovative treatments unavailable
Not using existing treatments
(clozapine is underutilized)¹

- Time spent psychotic, in hospitals, or idle at home
- Poor access to treatment and no care, including structural violence and racism
- **Substandard psychiatric care**
- Poor engagement in ongoing care and poor adherence
- **Substance use and smoking**
- **Comorbid medical disorders**
- Multiple social determinants of health



Health disparities in society were
magnified during COVID-19²

¹Kelly DL et al. Psychiatr Serv. 2018;69(2):224-227. ²Bartels S et al. Psychiatr Serv. 2020;71(10):1078-1081.

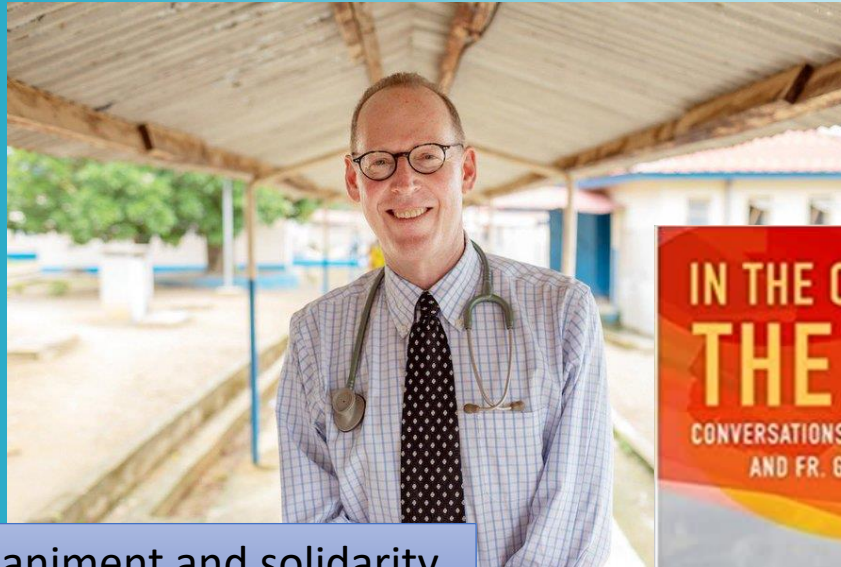


Who are your heroes?

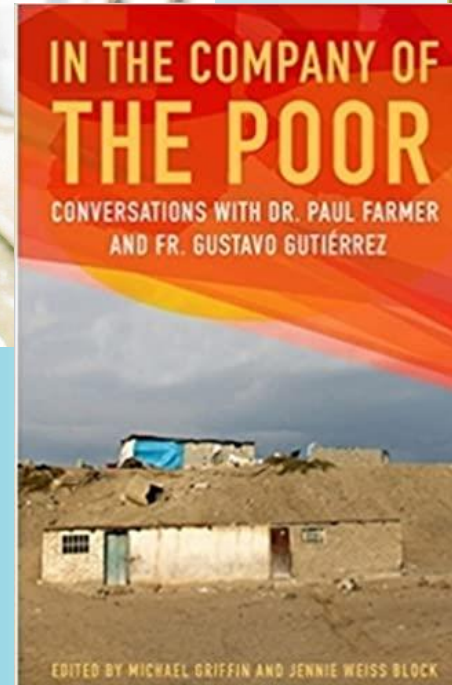




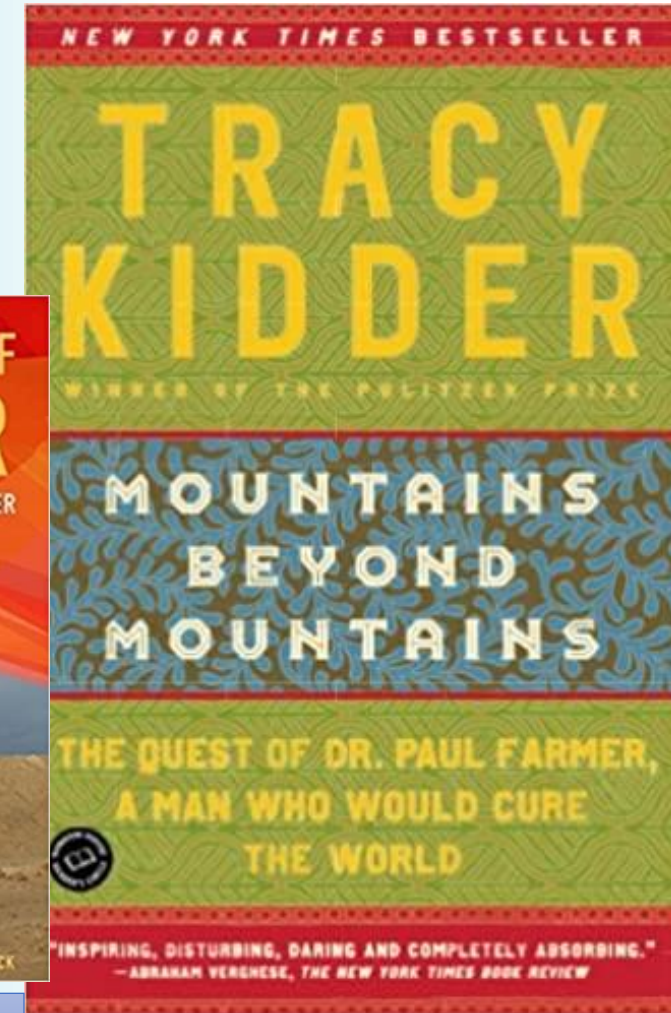
Dr. Paul Farmer (1959-2022)



Accompaniment and solidarity



Structural violence





“The Dutiful Cog” – William Kovacs

[...] we would emphasize the value of **staying hopeful, avoiding hype, and committing to the important work** of closing the treatment gap as well as the research-practice gap. Thus, [...] the solution to challenges in psychiatric diagnosis and treatment is unlikely to lie in entirely novel paradigms, but rather in **the humble, laborious, iterative work of systematic clinical observation, painstaking research, and creative thinking.**

Stein DJ et al. World Psychiatry 2022;21(3):393–414.

Albert Camus

‘This whole thing is not about heroism. It’s about decency. It may seem a ridiculous idea, but the only way to fight the plague is with decency.’

‘In general, I can’t say, but in my case I know that it consists in doing my job.’

- Doctor Bernard Rieux

<https://www.nytimes.com/2020/03/19/opinion/sunday/coronavirus-camus-plague.html>

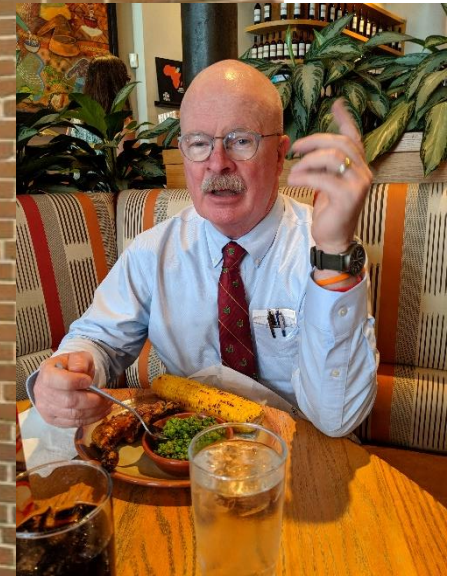
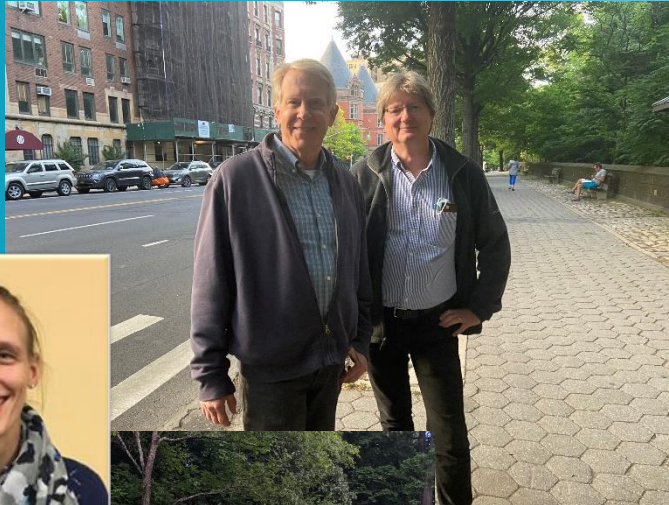


1947

Thank you!



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John Umstead Hospital, Butner, NC, ca. 1995