

# ***“Early Psychosis: Diagnosis & Management from a GP Perspective”***

## **Summary**

This two-page summary is an accompaniment to “*Early Psychosis: Diagnosis & Management from a GP Perspective*” please consult it for more detailed advice and scientific rationale (free download at [www.icgp.ie](http://www.icgp.ie) or [www.detect.ie](http://www.detect.ie) )

## **Introduction**

Delays in detection and treatment of psychosis lead to poorer outcome. Early treatment is more likely to lead to recovery.

## **Consider Psychosis**

In a person presenting with deterioration in functioning, changes in mood, impaired concentration and/or suspiciousness.

## **Assessment for Psychosis**

History  
Mental State  
Physical exam

This will determine if the person is displaying

- (a) early warning signs of psychosis
- (b) overt psychotic symptoms for the first time
- (c) relapsing psychotic symptoms

## **Checklist**

1. Positive symptoms (hallucinations, delusions)
2. Negative symptoms (social withdrawal, avolition)
3. Previous psychiatric history
4. Risk assessment
5. Collateral history
  - a. Developmental history
  - b. Premorbid level of functioning
  - c. Family history of mental illness
6. Toxicology screen
7. Medical history
8. Medication – adherence, effectiveness and side effects.
9. Social history and psychosocial stressors

## **Referral**

Refer all suspected first episode psychosis urgently to mental health services. If reluctant to accept:

- Discuss in terms of what is bothering the patient e.g. insomnia, anxiety

- Discuss with an agreed relative where confidentiality allows
- Contact the appropriate mental health service and request their advice on the best way to proceed
- If the person still refuses referral and is distressed you may decide to commence pharmacological treatment
- Inpatient admission under the Mental Health Act may be required.

## Management

### A) Early warning signs:

Schedule review appointment and if persistent refer to a psychiatrist.

### B) First presentation with psychotic symptoms

1. Get patient seen at public or private mental health service urgently.
2. Pharmacological: If a GP decides to commence anti-psychotic medication, discuss medication options and side effect profiles and where possible, start at a low dose. Monitor cardiovascular risk factors on all patients prescribed antipsychotic medication:
  - a. Weight and waist measurement
  - b. Blood pressure and ECG
  - c. Fasting random blood glucose
  - d. Fasting lipid profile
3. Psychosocial: Advise patients/families/carers to avail of psychosocial treatments (cognitive behavioural therapy, occupational therapy and family education) where available.

### C) Relapsing psychotic symptoms

1. Pharmacological: Assess adherence to medication and side effects. If patient is:
  - A) Adherent but medication is no longer effective, consider change in medication.
  - B) Not adherent due to side effects of medication change medication to antipsychotic with different side effect profile (see more detailed guidelines)
2. Get patient seen at public or private mental health service urgently.
3. Psychosocial: Advise patients/families/carers to avail of psychosocial treatments where available.