Enjeux de la détection et de l'intervention précoce dans la psychose et dans les autres troubles mentaux émergents

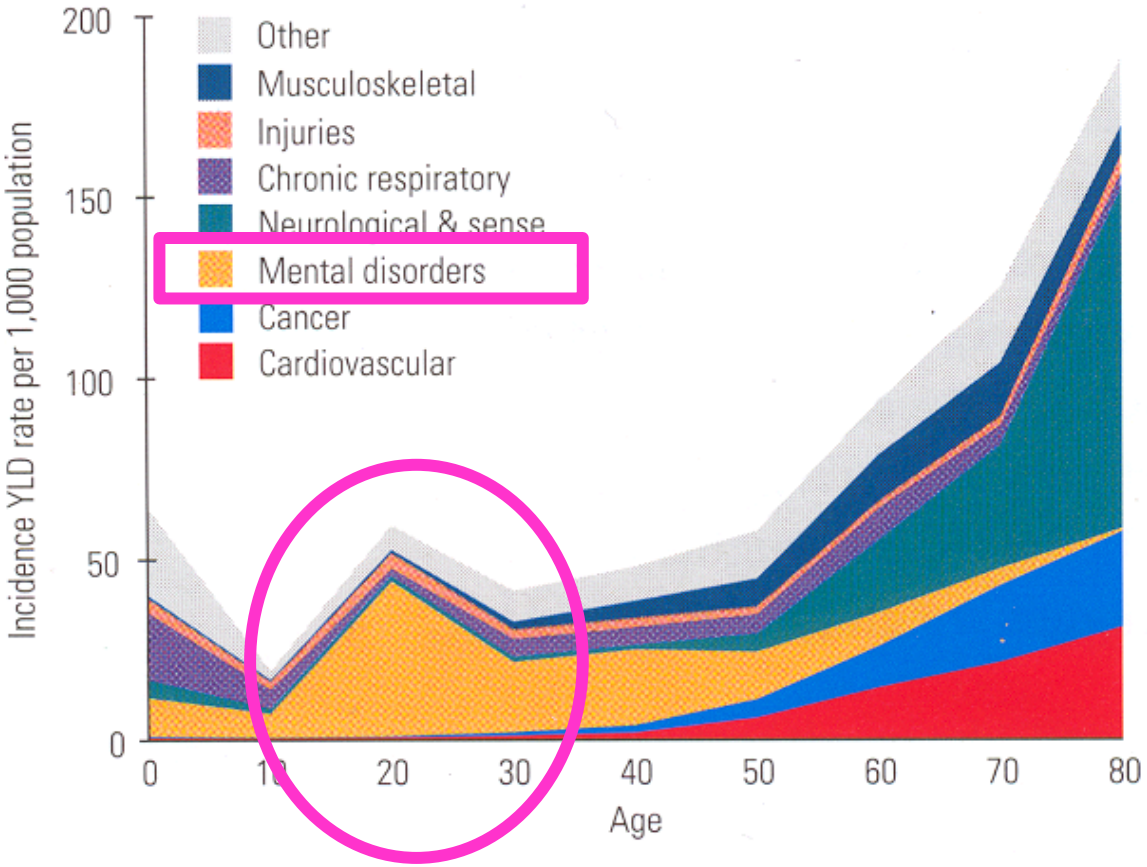
Philippe Conus

Département de psychiatrie CHUV

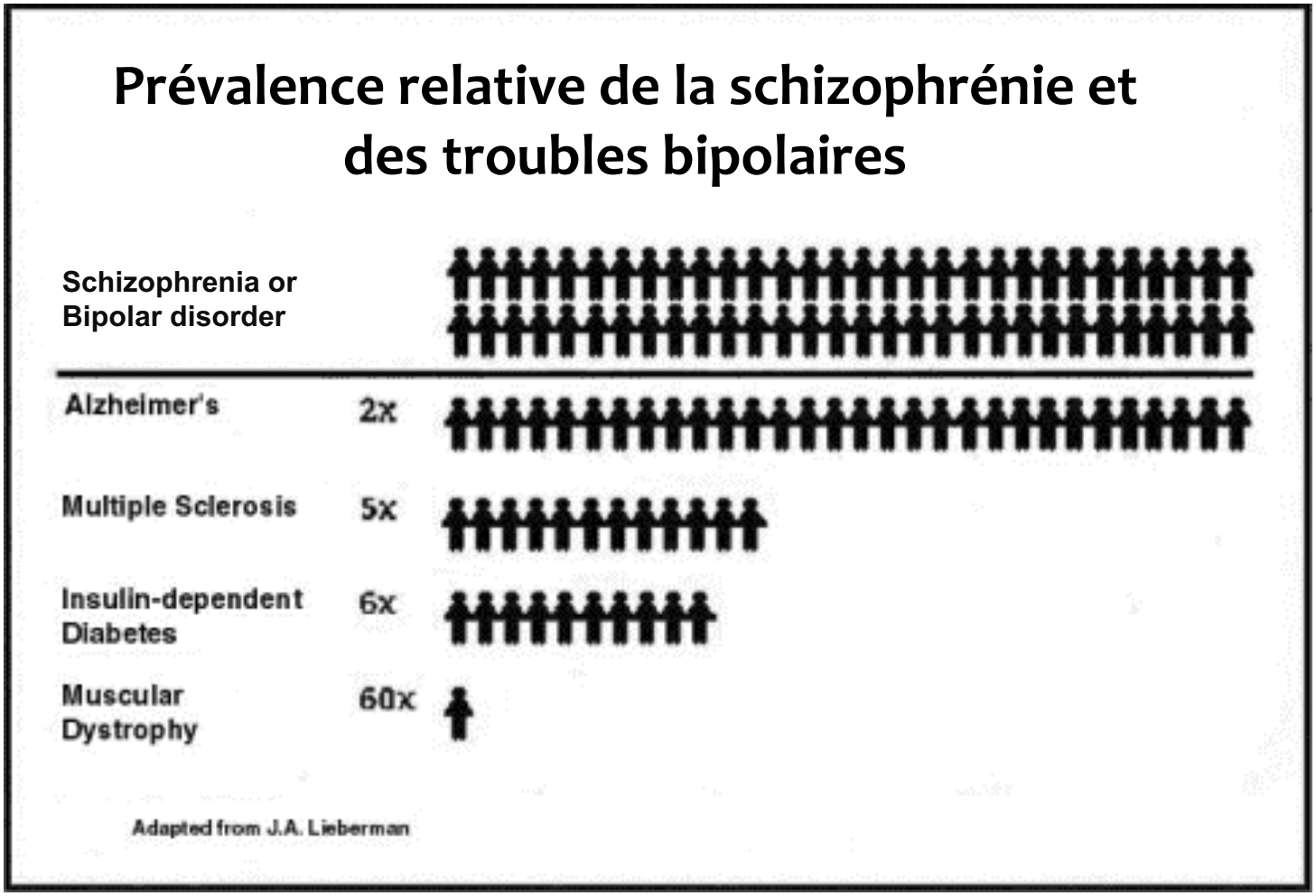
Lausanne, SUISSE

QUELS PROBLEMES DE SANTE CHEZ LES JEUNES?

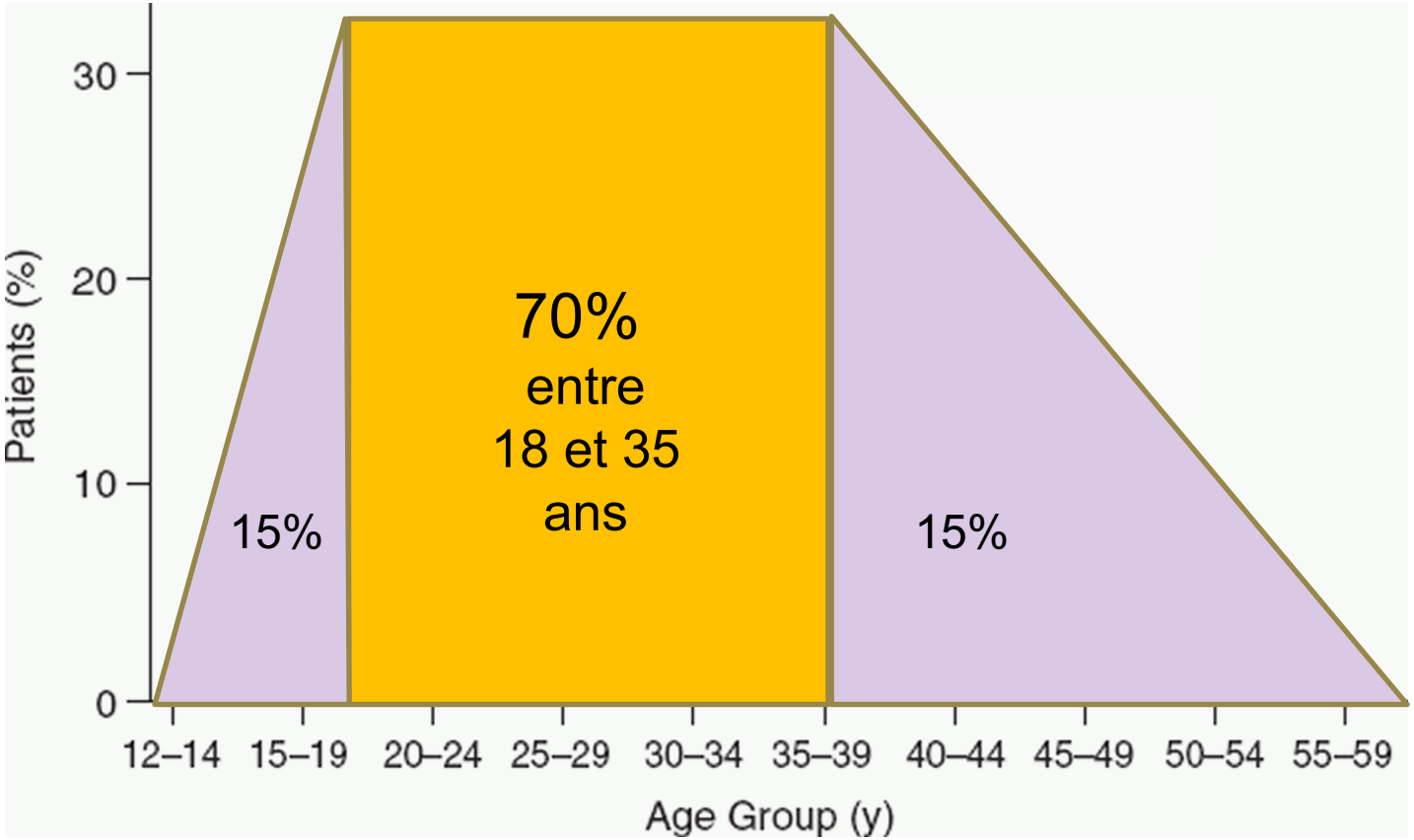
Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996



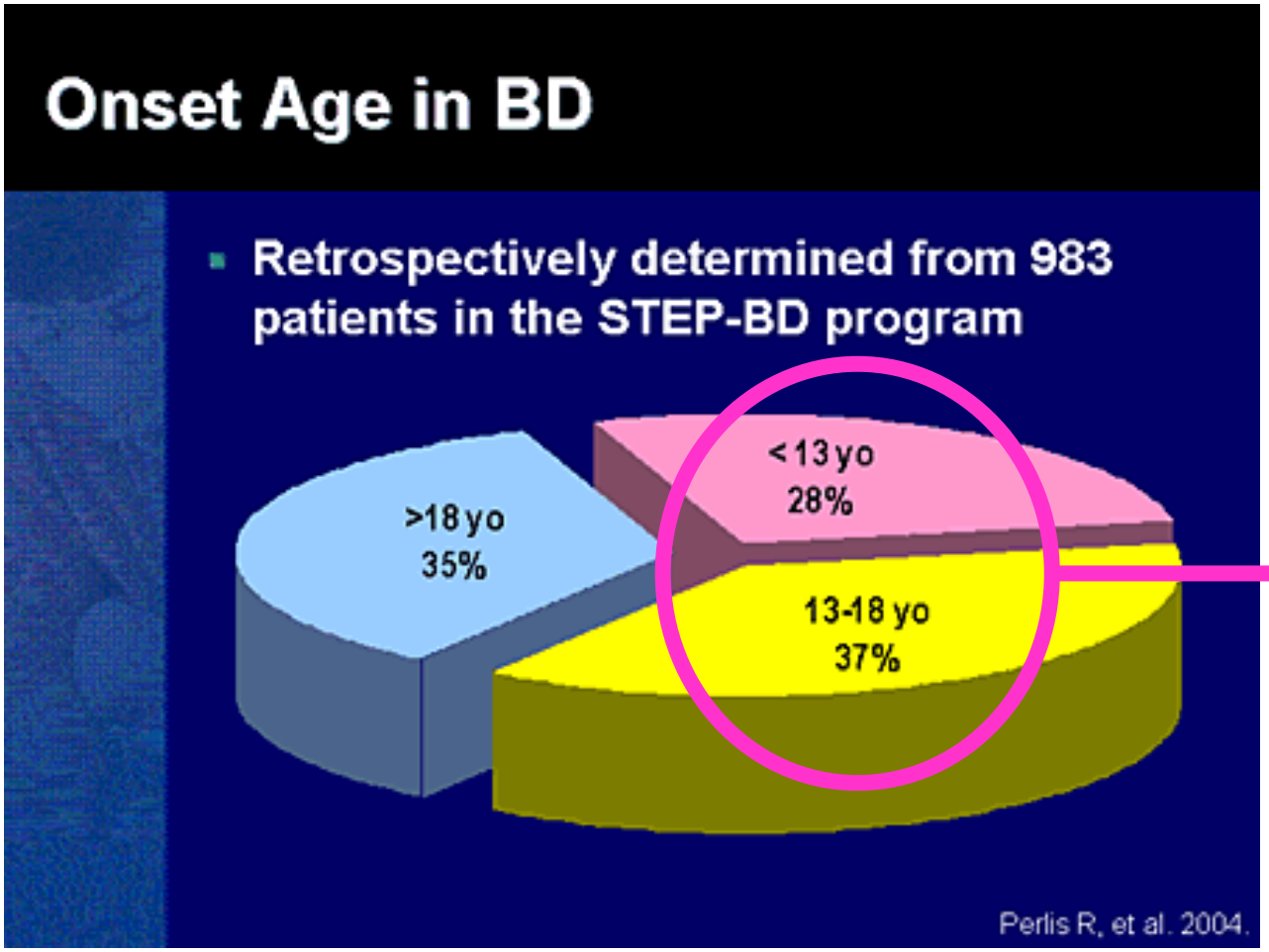
CES PATHOLOGIES NE SONT PAS RARES



A quel âge émergent les psychoses?



A quel âge émergent les troubles bipolaires?



65% avant 18 ans

A quel âge émergent les troubles borderline?

- Age de début des comportements d'automutilation
  - > 30% avant 12 ans
  - 30% entre 13 et 17 ans
- Début de prise en charge psychothérapique: 18 ans

Zanarini et al., 2009

A quel âge émergent la majorité des troubles psychiatriques?

ADOLESCENCE: PLUSIEURS DEFIS

- Définition de son identité
- Emancipation des parents
- Finalisation son éducation
- Choix de trajectoire
- Construction d'un réseau social
- Expériences de relation intime




ADOLESCENCE: PLUSIEURS DEFIS

- Enfin réaliser ses rêves…

ADOLESCENCE: PLUSIEURS DEFIS

Quand la psychose émerge dans cette phase de la vie et que les soins sont trop tardifs ou mal adaptés....

ADOLESCENCE: PLUSIEURS DEFIS

Quand la psychose émerge dans cette phase de la vie et que les soins sont trop tardifs ou mal adaptés....

Une belle trajectoire

ADOLESCENCE: PLUSIEURS DEFIS

Quand la psychose émerge dans cette phase de la vie et que les soins sont trop tardifs ou mal adaptés....

Une belle trajectoire peut complètement et durablement changer…

POURQUOI L'INTERVENTION PRECOCE DANS LES TROUBLES PSYCHOTIQUES?

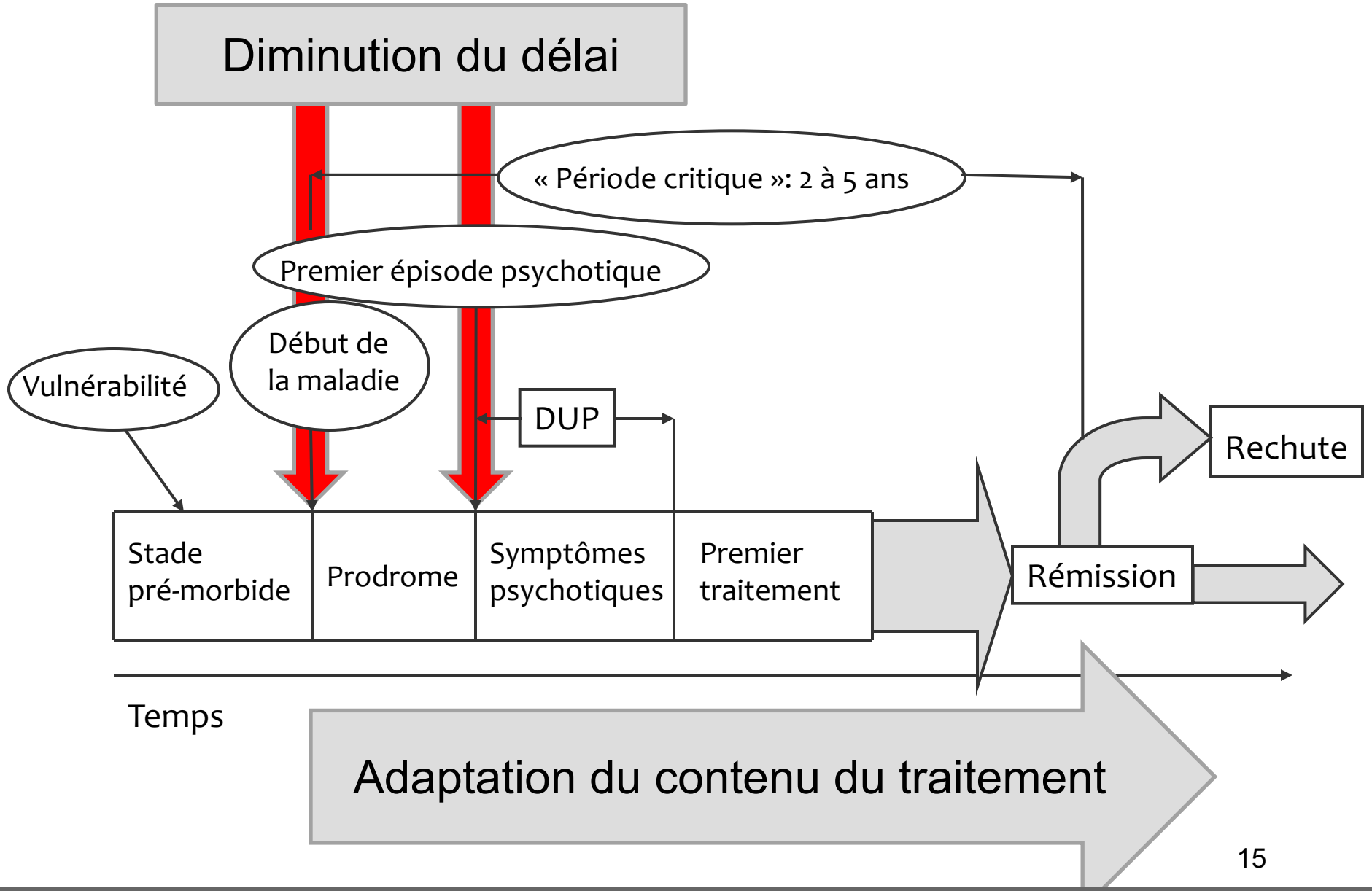
- « La grande majorité des patients souffrant de psychose accèdent au traitement beaucoup trop tard » *HS Sulivan, 1947*

- Trois observations en étudiant ces patients:
  - ***Période critique*** *de 3 à 5ans*
  - ***Divers stades*** *de la maladie nécessitent des traitements spécifiques*
  - ***Long délai*** *entre apparition des symptômes et début du traitement (DUP) a un impact néfaste*

IMPACT D'UNE LONGUE DUP

- *Suicide (15% tentative avant traitement)*
- *Moins bonne réponse au traitement*
- *Mauvaise évolution fonctionnelle*
- *Développement de co-morbidités*
- *Impact socio-économique*
- *Détresse des parents et de leurs proches*

Cibles de l'intervention précoce



Un défi: rendre les soins accessibles

Des patients souvent difficiles à approcher

- Volonté d'indépendance et d'émancipation
- Peu d'expérience des systèmes de soin
- Stéréotypes négatifs à l'égard de la maladie mentale
- Foi en leur propre invulnérabilité
- Difficultés à accepter le besoin de traitement
- Crainte de l'hospitalisation
- Se méfient des psychiatres
- Ne veulent pas être pris pour des fous

Deux réactions fréquentes après un premier épisode psychotique

Le déni

Le désengagement

Services standard: quel engagement des patients?

MÉMOIRE ORIGINAL

Insertion dans les soins après une première hospitalisation dans un secteur pour psychose

C. BONSACK [1], T. PFISTER, P. CONUS

L'Encéphale, 2006 ; *32* : 679-85

Linkage to care after first hospitalisation for psychosis

Summary. Background. *First hospitalisation for a psychotic episode causes intense distress to patients and families, but offers an opportunity to make a diagnosis and start treatment. However, linkage to outpatient psychiatric care remains a notoriously difficult step for young psychotic patients, who frequently interrupt treatment after hospitalisation. Persistence of symptoms, and untreated psychosis may therefore remain a problem despite hospitalisation and proper diagnosis. With persisting psychotic symptoms, numerous complications may arise : breakdown in relationships, loss of family and social support, loss of employment or study interruption, denial of disease, depression, suicide, substance abuse and violence. Understanding mechanisms that might promote linkage to outpatient psychiatric care is therefore a critical issue, especially in early intervention in psychotic disorders.* **Objective.** *To study which factors hinder or promote linkage of young psychotic patients to outpatient psychiatric care after a first hospitalisation, in the absence of a vertically integrated program for early psychosis.* **Method.** *File audit study of all patients aged 18 to 30 who were admitted for the first time to the psychiatric University Hospital of Lausanne in the year 2000. For statistical analysis, χ^2 tests were used for categorical variables and t-test for dimensional variables ; $p < 0.05$ was considered as statistically significant.* **Results.** *230 patients aged 18 to 30 were admitted to the Lausanne University psychiatric hospital for the first time during the year 2000, 52 of them with a diagnosis of psychosis (23 %). Patients with psychosis were mostly male (83 %) when compared with non-psychosis patients (49 %). Furthermore, they had (1) 10 days longer mean duration of stay (24 vs 14 days), (2) a higher rate of compulsory admissions (53 % vs 22 %) and (3) were more often hospitalised by a psychiatrist rather than by a general practitioner (83 % vs 53 %). Other socio-demographic and clinical features at admission were similar in the two groups. Among the 52 psychotic patients, 10 did not stay in the catchment area for subsequent treatment. Among the 42 psychotic patients who remained in the catchment area after discharge, 20 (48 %) did not attend the scheduled or rescheduled outpatient appointment. None of the socio demographic characteristics were associated with attendance to outpatient appointments. On the other hand, voluntary admission and suicidal ideation before admission were significantly related to attending the initial appointment. Moreover, some elements of treatment seemed to be associated with higher likelihood to attend outpatient treatment : (1) provision of information to the patient regarding diagnosis, (2) discussion about the treatment plan between in- and outpatient staff, (3) involvement of outpatient team during hospitalisation, and (4) elaboration of concrete strategies to face basic needs, organise daily activities or education and reach for help in case of need.* **Conclusion.** *As in other studies, half of the patients admitted for a first psychotic episode failed to link to outpatient psychiatric care. Our study suggests that treatment rather than patient's characteristics play a critical role in this phenomenon. Development of a partnership and involvement of patients in the decision process, provision of good information regarding the illness, clear definition of the treatment plan, development of concrete strategies to cope with the illness and its potential complications, and involvement of the outpatient treating team already during hospitalisation, all came out as critical strategies to facilitate adherence to outpatient care. While the current rate of disengagement after admission is highly concerning, our finding are encouraging since they constitute strategies that can easily be implemented. An open approach to psychosis, the development of partnership with patients and a better coordination between inpatient*

- ***Moins de 50% des patients se rendent au premier rendez-vous ambulatoire après une première hospitalisation***

- ***Sans organisation spécialisée, l'engagement dans les soins est mauvais***
- ***Il en découle des rechutes, un retard de traitement et une chronification***

Comment favoriser l'engagement des patients?

1. **Organiser des soins accessibles**

2. **Proposer des contenus de soins spécifiques**

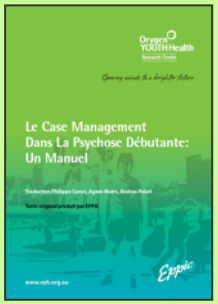
3. **Identifier les patients les plus à risque de désengagement**

Eléments de base des programmes spécialisés

Programme TIPP Lausanne

Equipe mobile de soins intensifs dans le milieu

Equipe clinique ambulatoire spécialisée:
*Binôme **case manager** et psychiatre*



- **Case management assertif**
- **Médication adaptée**
- **Information sur la maladie**
- **Travail avec les familles**
- **Activités (Hôpital de jour)**
- **Soutien à l'emploi**

Unité hospitalière/ lits spécialisés

Eléments de base des programmes spécialisés

Programme TIPP Lausanne

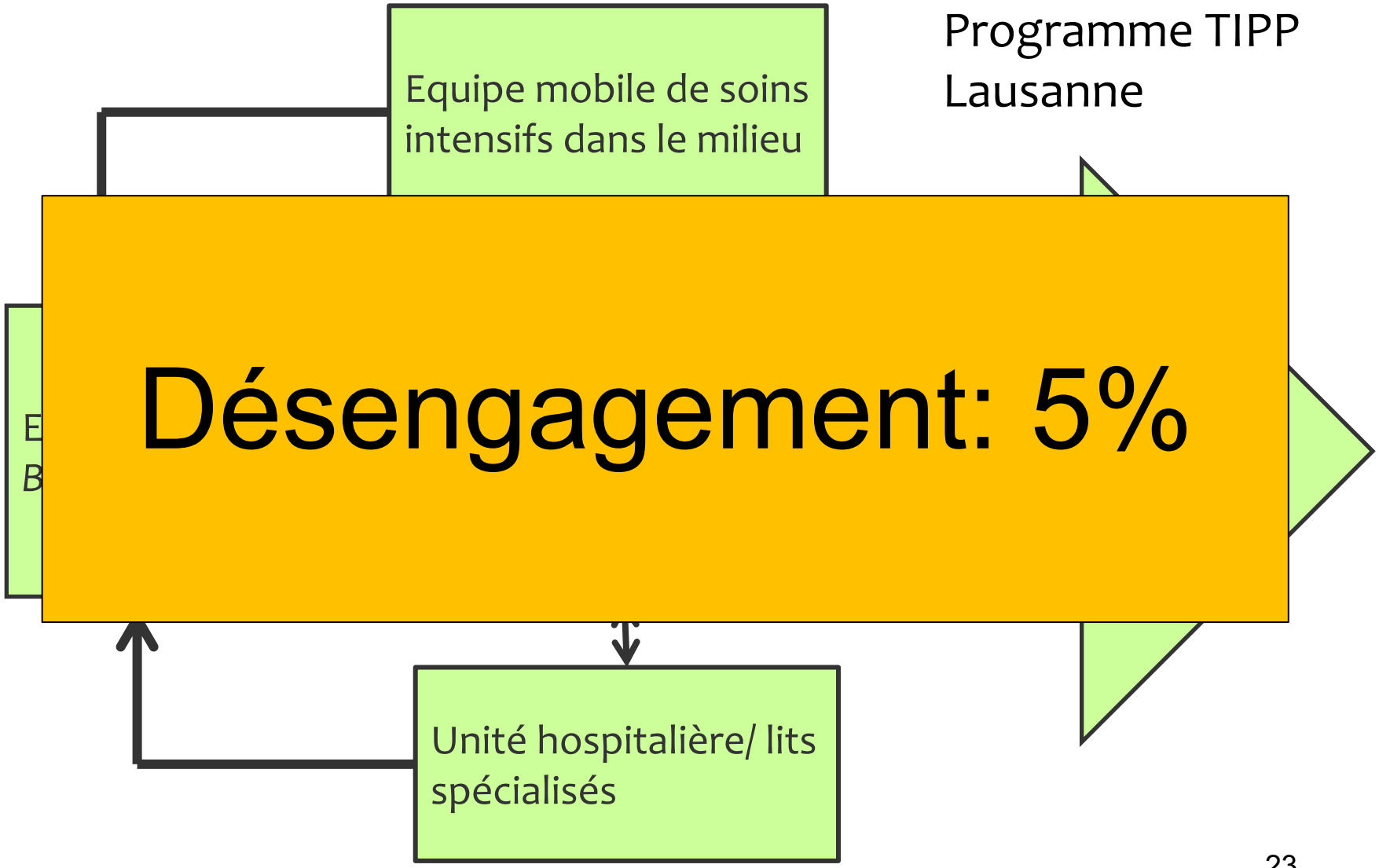
Equipe mobile de soins intensifs dans le milieu

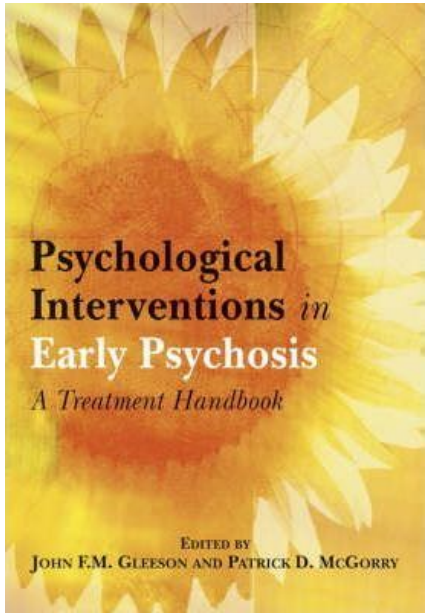
Equi
Binô

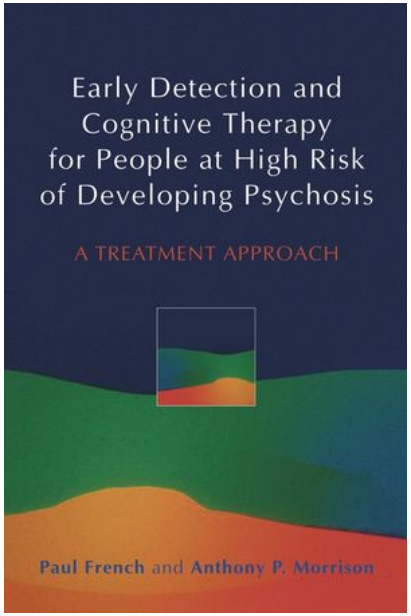
anagement clinique
tion adaptée
ation sur la maladie
avec les familles
s (Hôpital de jour)
à l'emploi

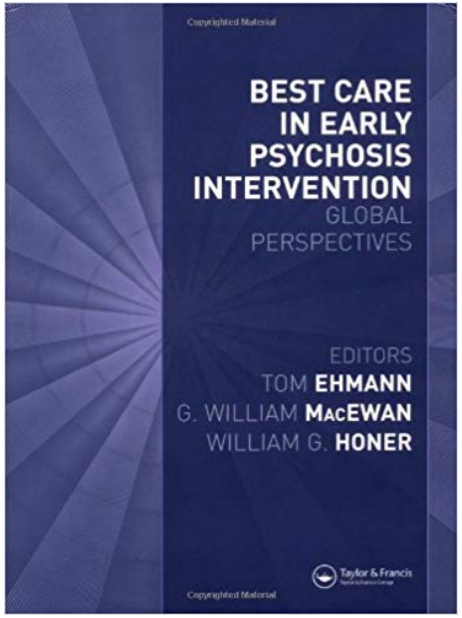
Unité hospitalière/ lits spécialisés

Eléments de base des programmes spécialisés




Psychological Interventions in Early Psychosis
A Treatment Handbook
Edited by
John F.M. Gleeson and Patrick D. McGorry


Early Detection and Cognitive Therapy for People at High Risk of Developing Psychosis
A TREATMENT APPROACH
Paul French and Anthony P. Morrison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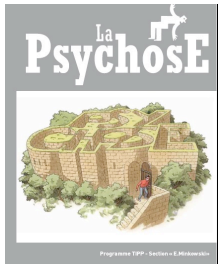
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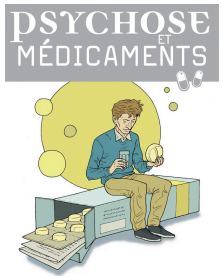
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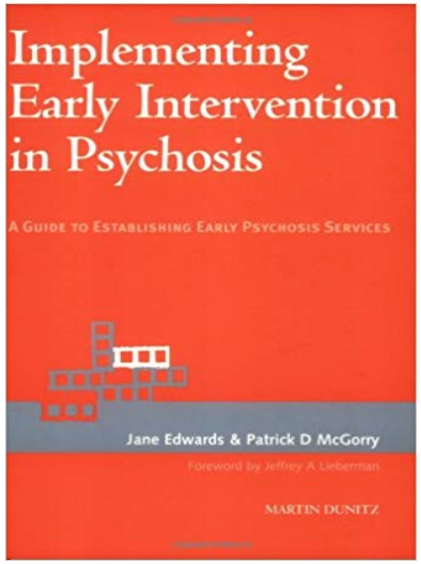
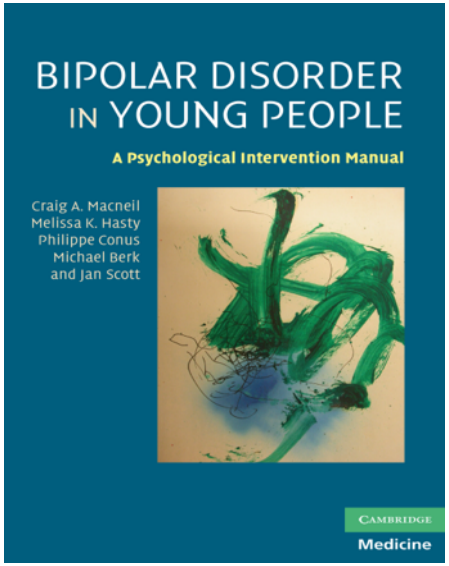

Implementing Early Intervention in Psychosis
A Guide to Establishing Early Psychosis Services
Jane Edwards & Patrick D McGorry
Foreword by Jeffrey A Lieberman
MARTIN DUNITZ


BIPOLAR DISORDER IN YOUNG PEOPLE
A Psychological Intervention Manual
Craig A. Macneil
Melissa K. Hasty
Philippe Conus
Michael Berk
and Jan Scott
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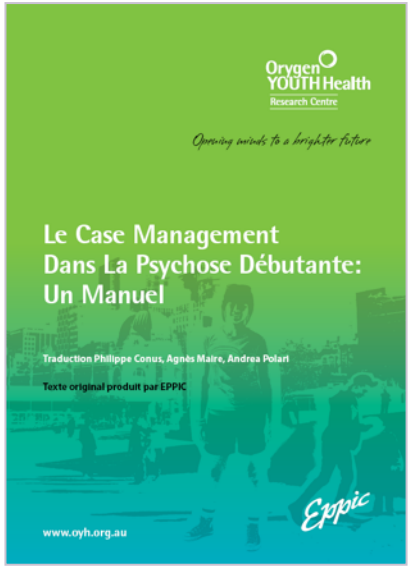
Medicine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Opening minds to a brighter future
Le Case Management Dans La Psychose Débutante: Un Manuel
Traduction Philippe Conus, Agnès Maire, Andrea Polari
Texte original produit par EPPIC
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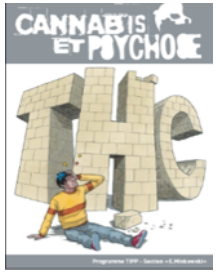
www.oyh.org.au


CANNABIS ET PSYCHOSE
THC


RÉTABLISSEMENT ET PSYCHOSE

Is Early Intervention in Psychosis Cost-Effective Over the Long Term?

Cathrine Mihalopoulos[1,2], Meredith Harris[3],
Lisa Henry[4,5], Susy Harrigan[4,5], and Patrick McGorry[4,5]

Schizophrenia Bulletin vol. 35 no. 5 pp. 909–918, 2009
doi:10.1093/schbul/sbp054
Advance Access publication on June 9, 2009

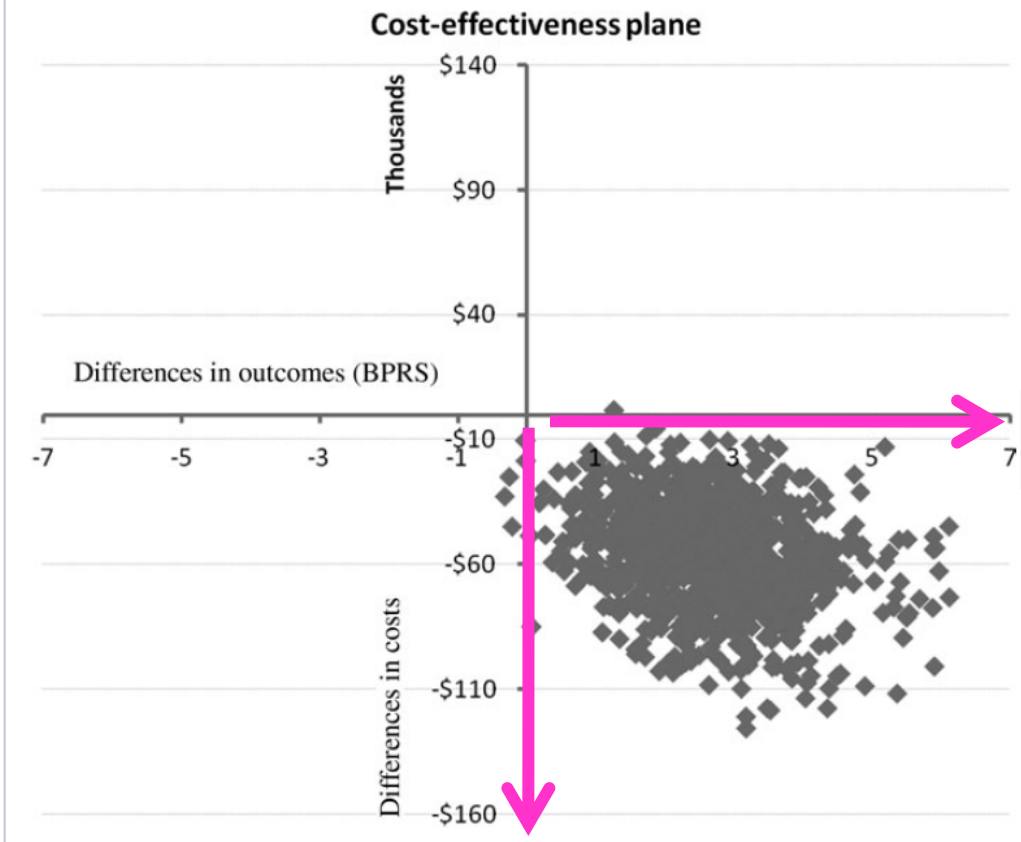


Fig. 1. Bootstrap Simulation Results on a Cost-Effectiveness Plane.

Plus efficace

Plus économique

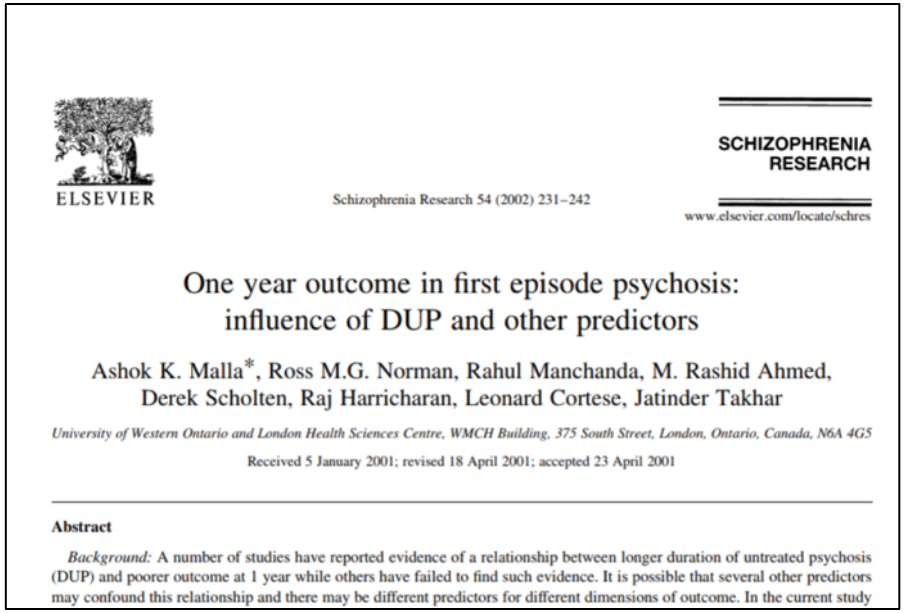
IMPLANTATION A TRAVERS LE MONDE

Ashok Malla

Jean Addington

Amal Abdel Baki

Canada



ELSEVIER

Schizophrenia Research 54 (2002) 231–242

SCHIZOPHRENIA RESEARCH

www.elsevier.com/locate/schres

One year outcome in first episode psychosis: influence of DUP and other predictors

Ashok K. Malla*, Ross M.G. Norman, Rahul Manchanda, M. Rashid Ahmed, Derek Scholten, Raj Harricharan, Leonard Cortese, Jatinder Takhar

University of Western Ontario and London Health Sciences Centre, WMCH Building, 375 South Street, London, Ontario, Canada, N6A 4G5

Received 5 January 2001; revised 18 April 2001; accepted 23 April 2001

Abstract

Background: A number of studies have reported evidence of a relationship between longer duration of untreated psychosis (DUP) and poorer outcome at 1 year while others have failed to find such evidence. It is possible that several other predictors may confound this relationship and there may be different predictors for different dimensions of outcome. In the current study

IMPLANTATION A TRAVERS LE MONDE

Jan Olav Johannessen

Ingrid Melle

Tom McGlashan

NORVEGE

Innovations: Psychoeducation

Multifamily Group Treatment in a Program for Patients With First-Episode Psychosis: Experiences From the TIPS Project

Anne Fjell, M.S.W.
Gerd Ragna Bloch Thorsen, M.D.
Svein Friis, M.D.
Jan Olav Johannessen, M.D.
Tor K. Larsen, M.D.
Kari Lie, R.N.
Hanne-Grethe Lyse, R.N.
Ingrid Melle, M.D.
Erik Simonsen, M.D.
Nina Aarhus Smeby, Ph.D.
Anne Lise Øxnevad, R.N.
William R. McFarlane, M.D.
Per Vaglum, M.D.
Thomas McGlashan, M.D.

Psychoeducational multifamily group treatment based on the McFarlane model was implemented for adult patients experi-

tween six and 12 months until a sufficient number was gathered to start a group. Treatment was well received by patients and

(Roskilde) (3–6). Both the Regional Ethical Committee and the Norwegian Data Inspectorate approved the study. All patients who participated

IMPLANTATION A TRAVERS LE MONDE

Merete Nordentoft

DANEMARK

Ann Thorup

Early Intervention in Psychiatry 2008; **2:** 22–26 doi:10.1111/j.1751-7893.2007.00051.x

Original Article

Does a detection team shorten duration of untreated psychosis?

Merete Nordentoft,[1] Anne Thorup,[1] Lone Petersen,[1] Johan Øhlenschlæger,[2] Torben Østergaard Christensen,[3] Gertrud Krarup,[3] Per Jørgensen[3] and Pia Jeppesen[1]

Abstract

Introduction: Duration of untreated psychosis (DUP) is shown to be associated with poor outcome in many domains. It has been shown that it is possible to shorten DUP when combining a detection team and an information campaign. The aim of this study was to evaluate whether DUP was shortened during the first 3 years after establishing detection teams

Results: The median DUP was 52 weeks. DUP was not significantly reduced during the 3-year inclusion period, but a larger proportion of patients with symptoms below the threshold for frank psychosis were included compared with the beginning of the trial. The proportion referred from primary care remained small (8–10%) and unchanged during the inclusion period.

IMPLANTATION A TRAVERS LE MONDE

Peter Jones

Max Birchwood

Angleterre

Douglas Hospital Research Centre Symposium
Symposium du Centre de recherche de l'Hôpital Douglas

The national policy reforms for mental health services and the story of early intervention services in the United Kingdom

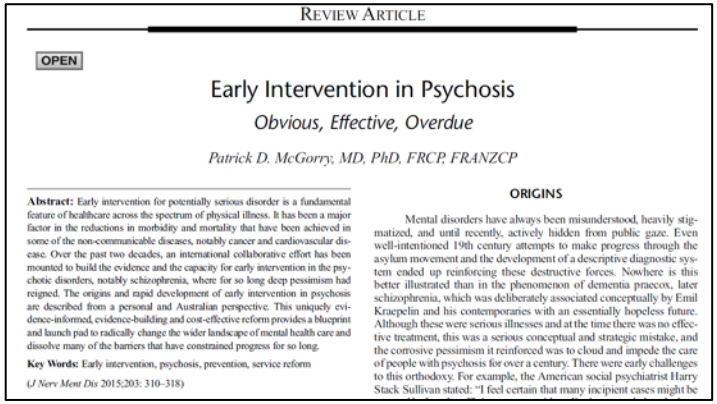
Renju Joseph, MB BS, MRCPsych; Max Birchwood, DSc

Birmingham Early Intervention Service, University of Birmingham, Birmingham, United Kingdom

In this review, we summarize and review reforms to the mental health service in the United Kingdom from 1999 to the present. Our analysis is based on government documents describing the reforms and providing guidelines for their implementation. In addition, we summarize prospective studies of psychosis from the first episode and early treatment studies on the basis of existing systematic reviews. The UK mental health reforms have attracted major government funding and have been used to commission specialized ("functional") community teams for people with severe mental illness. The reforms include changes to services for first-episode psychosis, which have attracted considerable consumer support. The UK service reforms are continuing, with the aim of providing services fit for the 21st century

Intervention précoce dans les troubles psychotiques

Evident, efficace,… tarde à s'implanter



REVIEW ARTICLE

OPEN

Early Intervention in Psychosis

Obvious, Effective, Overdue

Patrick D. McGorry, MD, PhD, FRCP, FRANZCP

Abstract: Early intervention for potentially serious disorder is a fundamental feature of healthcare across the spectrum of physical illness. It has been a major factor in the reductions in morbidity and mortality that have been achieved in some of the non-communicable diseases, notably cancer and cardiovascular disease. Over the past two decades, an international collaborative effort has been mounted to build the evidence and the capacity for early intervention in the psychotic disorders, notably schizophrenia, where for so long deep pessimism had reigned. The origins and rapid development of early intervention in psychosis are described from a personal and Australian perspective. This uniquely evidence-informed, evidence-building and cost-effective reform provides a blueprint and launch pad to radically change the wider landscape of mental health care and dissolve many of the barriers that have constrained progress for so long.

Key Words: Early intervention, psychosis, prevention, service reform

(*J Nerv Ment Dis* 2015;203: 310–318)

ORIGINS

Mental disorders have always been misunderstood, heavily stigmatized, and until recently, actively hidden from public gaze. Even well-intentioned 19th century attempts to make progress through the asylum movement and the development of a descriptive diagnostic system ended up reinforcing these destructive forces. Nowhere is this better illustrated than in the phenomenon of dementia praecox, later schizophrenia, which was deliberately associated conceptually by Emil Kraepelin and his contemporaries with an essentially hopeless future. Although these were serious illnesses and at the time there was no effective treatment, this was a serious conceptual and strategic mistake, and the corrosive pessimism it reinforced was to cloud and impede the care of people with psychosis for over a century. There were early challenges to this orthodoxy. For example, the American social psychiatrist Harry Stack Sullivan stated: "I feel certain that many incipient cases might be

Intervention précoce dans les troubles psychotiques

Evident, efficace,… tarde à s'implanter

En particulier dans les pays francophones!

Intervention précoce dans les troubles psychotiques

Evident, efficace,… tarde à s'implanter

En particulier dans les pays francophones!

OK, mais pas tant qu'ça au Québec… !

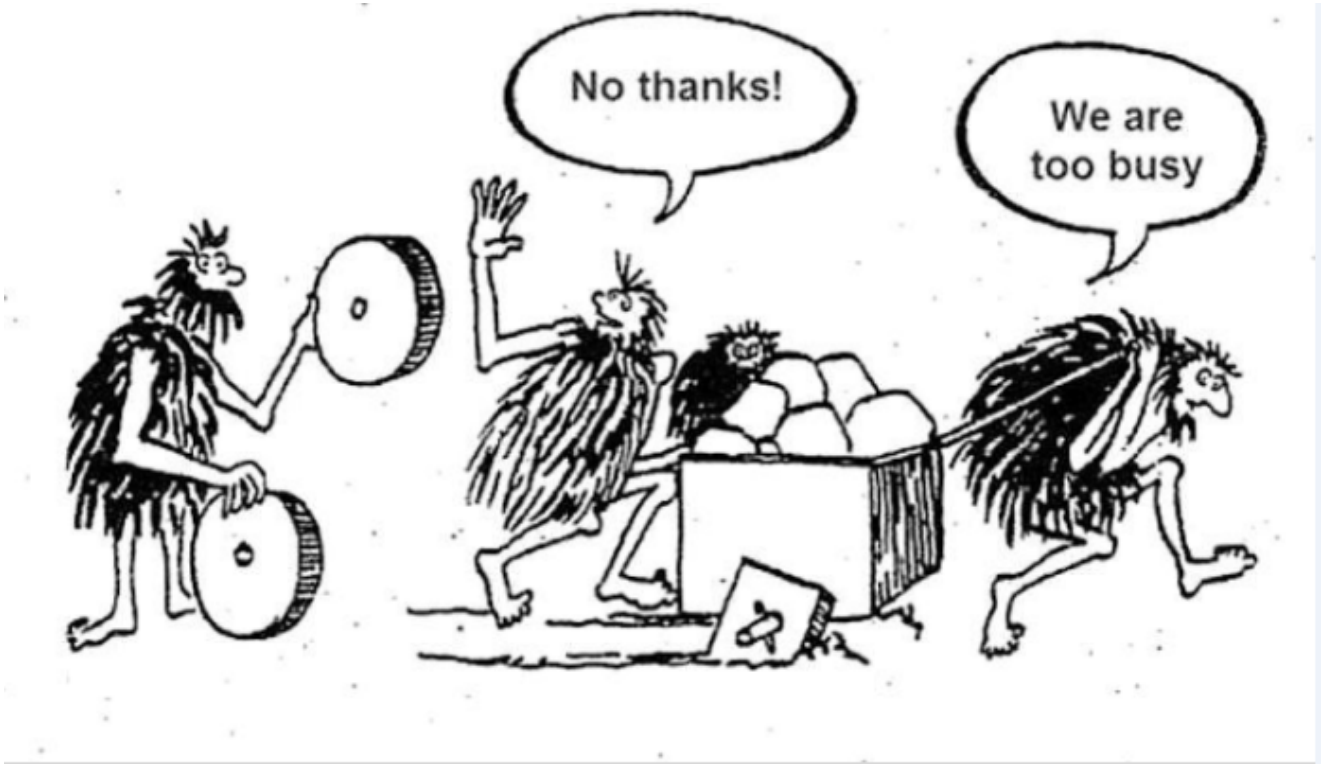
Intervention précoce dans les troubles psychotiques

Evident, efficace,… tarde à s'implanter

OK c'est vrai… mais dans le reste de la francophonie…

OK, mais pas tant qu'ça au Québec… !

POURQUOI ??


No thanks!
We are too busy


Qui veut le changement ?

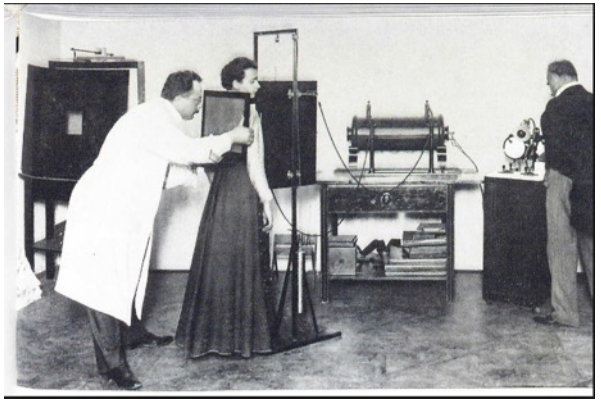

Qui veut le changement ?
Qui est prêt a changer ?

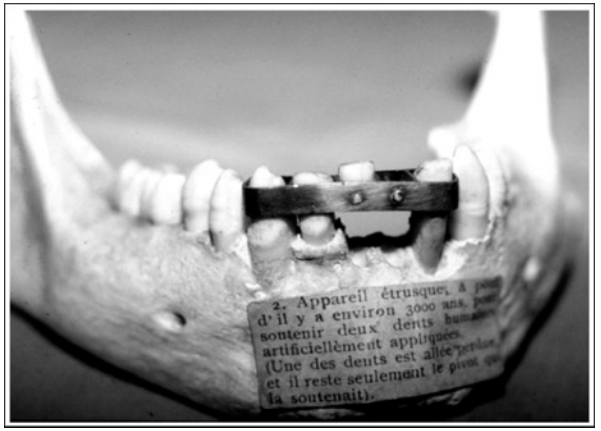
«Je vous nomme responsable de la révolution des idées, de l'action et de la pensée innovante … à une seule condition…
que vous me promettiez de ne rien changer du tout.»

«Et si on ne changeait simplement rien du tout….
et que tout à coup quelque chose de magique se passe?»

Faut-il donc continuer avec la psychiatrie d'antan alors qu'on sait que des méthodes nouvelles sont plus efficaces et mieux acceptées par les patients ?

Qu'en est-il dans les autres branches de la médecine?





- En psychiatrie, on se sent libre de ne pas offrir aux patients des nouvelles approches qui ont pourtant fait leurs preuves…

Nous devons militer pour nos patients dans le but d'améliorer les soins qui leur sont offerts!!


impossible

Difficile de militer tout seul…

Création d'une branche francophone de l'IEPA

CONSTATS

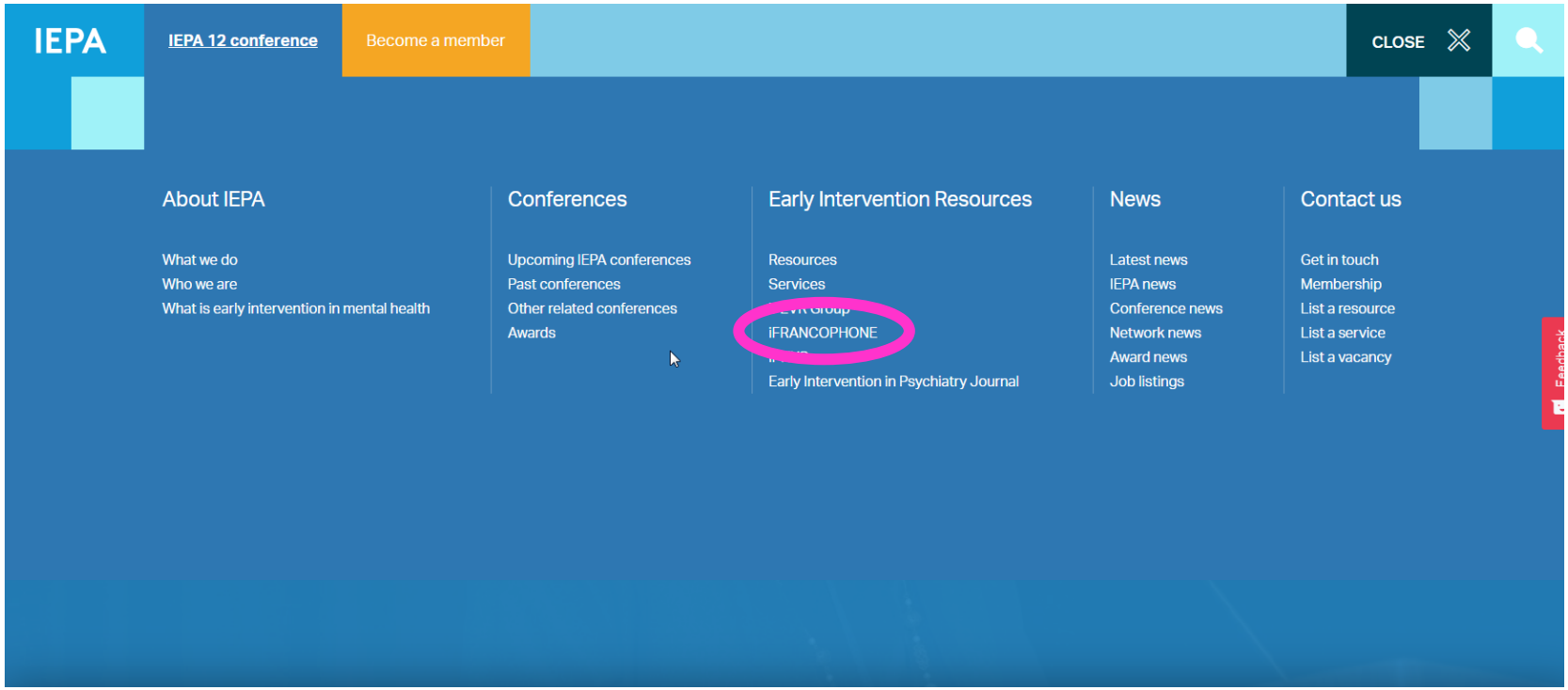
- Meilleure implantation dans les pays anglo-saxons
- Meilleure implantation dans les pays ayant une politique de santé mentale centralisée
- Lors des congrès IEPA
  - (Très) petite communauté francophone
  - Peu ou pas de cliniciens de terrain (infirmiers ou psychologues)
  - Peu d'interactions entre francophones
  - Manque d'outils en français
  - Manque de lieux de formation

Objectifs

- Renforcer l'implantation de l'intervention précoce
- Renforcer la cohésion et les échanges
- Rassembler les énergies pour se donner du poids
- IEPA : une garantie de légitimité

1er meeting à BOSTON en marge de la conférence IEPA


IEPA
IEPA 12 conference
Become a member
MENU
Welcome to
IEPA Early Intervention in Mental Health
Feedback


IEPA
IEPA 12 conference
Become a member
CLOSE
About IEPA
What we do
Who we are
What is early intervention in mental health
Conferences
Upcoming IEPA conferences
Past conferences
Other related conferences
Awards
Early Intervention Resources
Resources
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iFRANCOPHONE
Early Intervention in Psychiatry Journal
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Job listings
Contact us
Get in touch
Membership
List a resource
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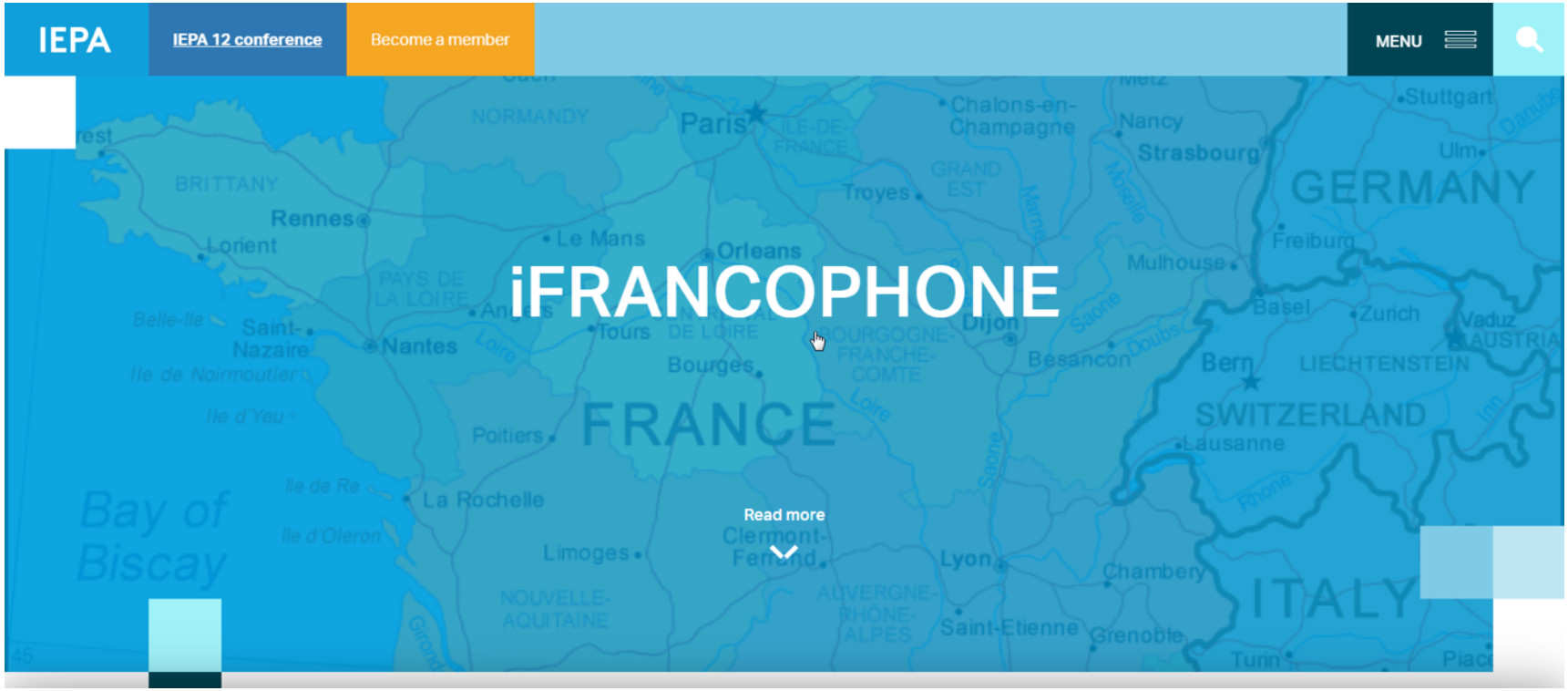
List a vacancy
Feedback


IEPA
IEPA 12 conference
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Read more
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Le Mans
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Freiburg
PAYS DE LA LOIRE
Belle-Ile
Saint-Nazaire
Nantes
Tours
Dijon
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AUSTRIA
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Bourges
Besancon
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Poitiers
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Ile de Re
La Rochelle
Bay of Biscay
Ile d'Oleron
Limoges
Clermont-Ferrand
Lyon
Chambery
NOUVELLE-AQUITAINE
AUVERGNE-RHONE-ALPES
Saint-Etienne
Grenoble
ITALY
Turin

Objectifs concrets

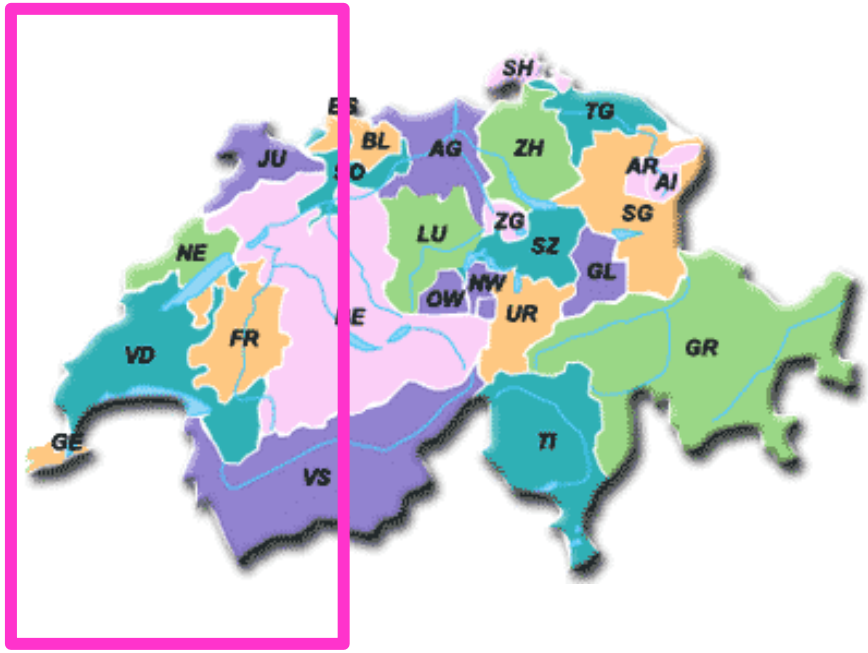
- Journée de congrès annuelle
  - *Chaque année sans IEPA*
  - *Rattachée à un congrès francophone*
  - *Accessible à tous les professionnels (contenus cliniques)*
  - *Echange sur les pratiques (ateliers?)*
  - *Mise en commun d'outils cliniques et de recherche*
  - *Mise en place de recherches communes ?*
  - *Favoriser les échanges et stages: création de liens*
  - *Valoriser une sensibilité francophone ?*
- Proposition de symposiums dans les conférences francophones
- Transmission d'information sur les conférences en français et journées de formation qui sont organisées en francophonie


UN VENT DE CHANGEMENT
1ER COLLOQUE IEPA FRANCOPHONE
Organisé par :
Association internationale d'intervention précoce en santé mentale (IEPA) branche francophone
Association québécoise des programmes de premiers épisodes psychotiques (AQPPEP)
Association des médecins psychiatres du Québec (AMPQ)
LE MERCREDI 29 MAI 2019
FAIRMONT LE MANOIR RICHELIEU
LA MALBAIE, CHARLEVOIX, QUÉBEC

Merci pour votre attention!

Situation en Suisse romande

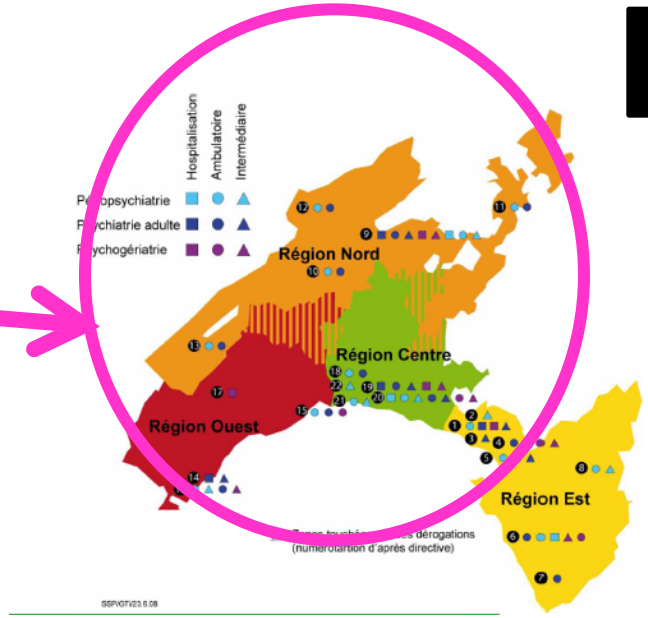
- SUISSE : 26 cantons… 6 cantons romands



Genève: Dès 2003: JADE
Vaud: Dès 2004: TIPP
Fribourg: Dès 2005: Equipe mobile
Valais: Rien…
Neuchâtel: Rien…
Jura: Rien

Implantation dans le canton de Vaud

- *Psychiatrie publique Canton de Vaud :*
  - *Population: 8000'000 habitants*
  - *Division en 4 secteurs psychiatriques:*
    - *Centre (Lausanne) : 360'000*
    - *Nord (Yverdon) : 150'000*
    - *Ouest (Nyon) : 150'000*
    - *Est (Vevey) : 140'000*



1. UNE QUESTION D'ORGANISATION

Population cible

- Critères d'inclusion
  - *18 – 35 ans*
  - *Trouble psychotique*
  - *Moins de 6 mois de traitement pour le trouble psychotique*
  - *Domicile secteur centre (300'000 habitants)*

- 50 nouveaux patients par an