

# Early Psychosis Interventions of North Carolina



**EPI-NC**

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of North Carolina

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# Medical Work-Up: First Episode Psychosis

EPI-NC  
On-Boarding Presentation  
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# Reasons for Medical Evaluation

Assess General  
Health

Assess for  
Secondary  
Causes of  
Psychosis

Obtain Baseline  
Metabolic  
Monitoring  
Parameters

# Assess General Health

- General physical exam including neurological exam
- Basic vital signs including height and weight
- Lab studies:
  - CBC- infection, anemia
  - CMP – kidney and liver function
  - Pregnancy test if applicable
  - Urine Toxicology Screen

# History of Illness

Examples of important information to gather:

- Timeline of onset of symptoms (acute vs insidious)
- Any past mental health or medical history
- Including developmental history, pregnancy info if possible
- Travel history, exposure history
- Substance use history- including use of tobacco
- Family History – neurological disorders, autoimmune disorders
- Trauma history
- Cultural beliefs/background

# Baseline Metabolic Parameters

Labs:

- Fasting lipid panel
- HgbA1c

Height, Weight, BMI

Blood Pressure

Pulse

# Assess for Secondary Causes

- No clear consensus for what should be screened
- Most will be driven by information collected via history and physical exam
- Lab studies that are generally suggested for most patients as initial screen:
  - TSH + Free T<sub>4</sub>
  - HIV, RPR
  - Vit D, Folate, B12
  - ANA

You could also consider:

- CRP/ESR
- Heavy Metal Screen
- Ceruloplasmin

# Head Imaging

- Not recommended as a universal screen, however, many patients and families will request this
- MRI brain with and without contrast should be obtained when focal neurological signs are present, concern for seizure etc.



# When to Consider Additional Work-up

[Article by Skikic et al, 2020](#), developed charts to help guide further work-up based on findings from history and physical exam

Additional work-up should be guided by findings in history, assessment, and physical exam

Some examples:

- Very young (<13): Consider genetic testing- Chromosomal microarray (CNV), Karyotype; Fragile X testing
- Focal neurological deficits: MRI Brain with and without contrast
- Abdominal pain, peripheral neuropathy: urine porphyrins, heavy metal screening
- Starring, loss of consciousness: EEG, MRI Brain
- Acute onset, new neurological findings: consider autoimmune encephalitis

# Recommended Resources and References

- [APA Practice Guideline for the Treatment of Patients with Schizophrenia](#)
- A reference text from Ballon and colleagues titled: Intervening Early in Psychosis: A Team Approach
  - <https://www.appi.org/Products/Schizophrenia/Intervening-Early-in-Psychosis>
- [Article by Skikic and colleagues from 2020, First Episode Psychosis Medical Workup: Evidence-Informed Recommendations and Introduction to a Clinically Guided Approach](#)
- [Article by Freudenreich and colleagues from 2009: Initial medical work-up of first episode psychosis: a conceptual review](#)

# References:

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2. Kalinowski A, Ballon J. “Medical Workup for First-Episode Psychosis” In *Intervening Early in Psychosis: A Team Approach*, edited by Kate Hardy, Jacob Ballon, Douglas Noordsy, Steven Adelsheim, p133–149. Washington, DC: American Psychiatric Association Publishing, 2019
3. Skikic M, Arriola JA. First Episode Psychosis Medical Workup: Evidence-Informed Recommendations and Introduction to a Clinically Guided Approach. *Child Adolesc Psychiatr Clin N Am*. 2020 Jan;29(1):15–28. doi: 10.1016/j.chc.2019.08.010. PMID: 31708044.