

# Early Psychosis Interventions of North Carolina



## **EPI-NC**

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of North Carolina

**EPI-NC Unique Treatment Principles for Recent Onset Psychosis**

**Updated 1/2024**

**Developmental Considerations:**

The early psychosis patient population is primarily adolescents and young adults. There is significant growth and development that occurs during this period that is derailed by the onset of a psychotic illness. It's important to recognize these additional challenges in the context of the patient and family you are working with.

These developmental tasks include creating an identity and sense of self, negotiating peer relationships and developing romantic and sexual relationships, and pursuing more independence and autonomy resulting in a change in the parent-child dynamic. Many young people who develop psychosis will have a disruption in their developmental progress requiring more support from parental figures and a stall in their social and vocational development. The involvement of families in treatment is important to help patients and family members navigate this change.

In addition, adolescence is a time where emotional maturity is still developing and risk-taking behavior is high. Given early psychosis is also a high-risk period, safety evaluation and discussions must be a priority in individual and family treatment.

**Engagement:**

- Shared decision-making approach should be utilized
- Involvement of family is often appropriate and important for recovery
- It is important to shape beliefs and ideas about psychosis, treatment, and recovery early. It is important to provide accurate information about diagnosis and that there is also hope in meaningful recovery.
- The risk of relapse is high. Relapse risk for first episode schizophrenia is about 90-95% over ~ 3 years (compared to multi-episode patients, where relapse risk is virtually certain)
- Discussions around “when can I stop my medication” can be challenging and very important. We recommend reviewing the article written by Robert Zipursky et al from 2020: <https://pubmed.ncbi.nlm.nih.gov/32115315/>

**Goals:**

- Ensure adequate medical work-up is complete.
- Maintain a broad differential diagnosis in the beginning, often the illness has not yet declared itself in the early stages.
- Initial treatment goal should aim for complete remission of positive symptoms and functional improvement.
- Up to 80% of clients will have clinically significant reduction of symptoms.

**Prescribing:**

- Early psychosis patients are more likely to respond to lower doses of medication.
- Younger people are more sensitive to side effects, especially weight gain and metabolic effects.
- Adequate trial length should be around 8 weeks.
- Efficacy is similar among agents (except clozapine). Focus on choosing agents with the most benign side effect profiles, such as Aripiprazole.
- If a medication trial appears to be not effective, evaluate for adherence issues and/or substance use first before considering it a failed trial.
  - Consider therapeutic drug monitoring to assess adherence and/or metabolism differences. Consider the use of LAI formulations to ensure adherence is not playing a role.
- The risk for relapse is high. Monitoring for signs/symptoms and support for adherence should be a whole team effort.
- Consider the use of LAI in all patients.
- Clozapine should be discussed after two failed trials.

**Summary of recommended first line, second line, third line medications for FEP**

	Navigate	OnTrackNY	APA Practice Guideline
First Line	Aripiprazole, Risperidone/Paliperidone, Quetiapine, Ziprasidone	Risperidone, aripiprazole, ziprasidone, loxapine, perphenazine	No specific guidance for FEP
Second Line	Try another first line agent OR chlorpromazine, haloperidol, or olanzapine	Olanzapine	No specific guidance for FEP
Third Line	After two failed adequate trials, Clozapine should be discussed and considered.	Clozapine	Clozapine after 2 trials of at least 6 weeks with 80% estimated adherence to doses.

Sources:

<https://ontrackny.org/portals/1/Files/Resources/Medical%20Manual%20FINAL%202016.pdf>

[https://navigateconsultants.org/2020manuals/prescribers\\_2020.pdf](https://navigateconsultants.org/2020manuals/prescribers_2020.pdf)

<https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841>