

Hot Topics in **SCHIZOPHRENIA**

Expert Panel Discussion

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Predicting the Onset of Psychosis

Elucidating Predictors and Mechanisms of the Onset of Psychosis, Using the Clinical High Risk Strategy

- Increased risk of developing schizophrenia:
 - Accelerated loss of gray matter, especially in prefrontal cortical regions
 - Factors related to stress reactivity, especially elevations in cortisol
 - Factors associated with impaired brain plasticity measured by electrophysiology
 - Peripheral biomarkers of inflammation
 - Clinical criteria related to altered thought process

Anti-inflammatory Treatment in Schizophrenia

Mechanisms of Anti-inflammatory Treatment in Schizophrenia

- Persistent infection and neuroinflammation is potentially etiologic in schizophrenia
- Biomarkers for schizophrenia are emerging, including elevations in pro-inflammatory cytokines.
- Efficacy of anti-inflammatory medications as adjunctive treatment for schizophrenia.
 - Aspirin, other NSAIDs, minocycline, antiviral agents

Genetics and Genomics in Psychiatry

Genetics and Genomics in Psychiatry: Implications for Biology, Diagnosis and Treatment

- Schizophrenia and other psychiatric disorders
 - Multiple genetic vulnerability factors
 - Common polymorphisms – alterations that are widely shared
 - Rare polymorphisms – i.e. that impact schizophrenia risk
 - Few have significant impact on risk
- Genomic landscape has greater impact than previously realized
- Neurobiology of the illness more challenging to understand

Changes to DSM 5: Schizophrenia

- At least one core psychotic symptom required for diagnosis
 - Delusions, hallucinations, disorganized speech
- Differentiation between core features and accompanying features, which will help in differential diagnosis
- Introduction of dimensions of psychotic disorders
- Eliminate current subtypes
- Include diagnosis of “attenuated psychosis syndrome” as condition for further study
- Modify criteria for schizoaffective disorder
- Treat catatonia uniformly across manual

Dimensions of Schizophrenia in DSM 5:

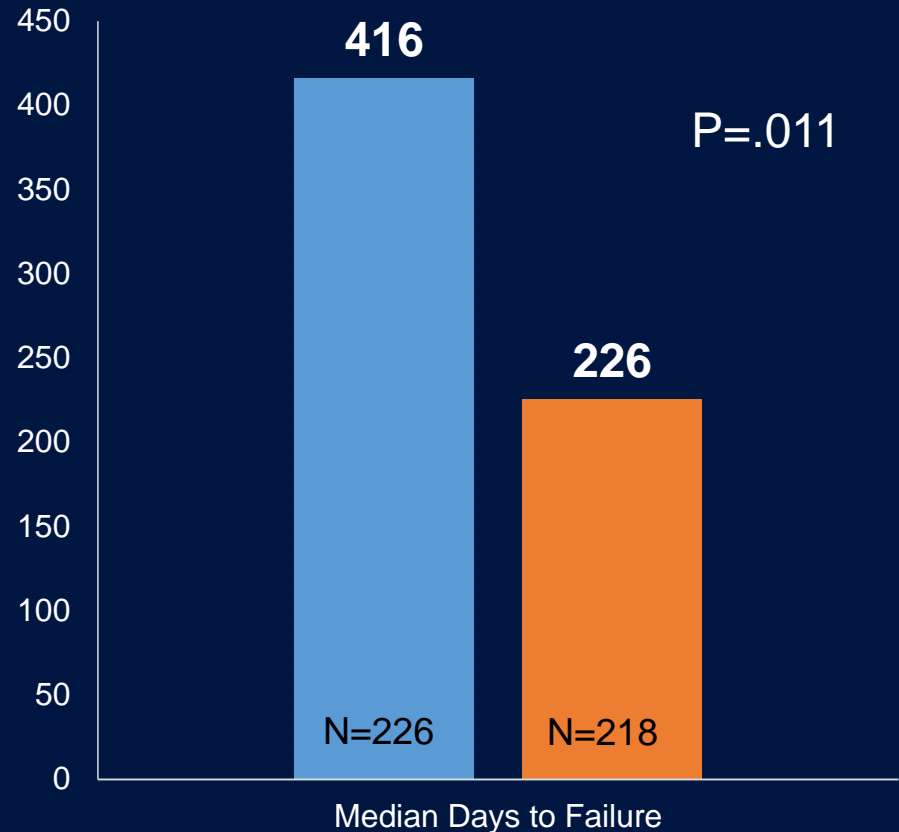
- **(To be rated on 0-4 scale: 0 – not present; 1 – equivocal; 2 – mild; 3 – moderate; 4 – severe)**
 - Reality distortion – Delusions
 - Reality distortion – Hallucinations
 - Depression
 - Mania
 - Negative symptoms
 - Disorganization
 - Psychomotor symptoms, including catatonia
 - Impaired cognition

Summary of Changes from ICD-10 to ICD-11

- Introduction of **symptom** specifiers and new **course specifiers**
- Schizophrenia **subtypes** will be **omitted**
- Schizophrenia **first-rank symptoms** will be **deemphasized**
- **Symptom criteria** of schizophrenia and mood disorder of moderate or severe degree are required for diagnosis of **schizoaffective disorder**
- Major restructuring of **ATPD** and **delusional disorders**
- **Attenuated psychosis syndrome** not a separate mental disorder

Paliperidone Palmitate Research In Demonstrating Effectiveness (PRIDE)

- 444 schizophrenic patients treated over 15 months
 - Selected patients who had been incarcerated
 - Patients given prescription, not drug, to monitor adherence
 - Non-adherent patients continued in study
- Primary Endpoint: treatment failure (arrest/incarceration, psychiatric hospitalization, suicide, treatment stoppage or supplementation due to inadequate safety, efficacy, tolerability, increased psychiatric services)



Responses to Therapy in Schizophrenia

Trajectories of Antipsychotic Response in Drug-naive Schizophrenia Patients: Results from the 6-month ESPASS Follow-up Study

- Retrospective review of pharmacy records in 467 treatment-naïve schizophrenic patients in France
- Subgroup analysis of larger study started in 2005-2006
- Primary outcome: CGI severity
 - Most patients very symptomatic at baseline

Responses to Therapy in Schizophrenia

Subgroups:

- Rapid response, decline from moderately severe to minimal
 - Still moderately ill at 1 month; symptom free to 6 months
 - 10% of patients
- Gradual response
 - Marked to mild-moderate over 6 months
 - 44% of group
- Remained mildly ill
 - Markedly symptomatic at 6 months
 - 28% of group
- Unsustained clinical improvement
 - Started at mild; Stayed at mild
 - 13% of group
- Remained very ill
 - Started at severe; stayed at marked to severe
 - 5% of group

Predictive Response to Lurasidone

Early Improvement Predicts Endpoint Response to Lurasidone in Schizophrenia: Pooled Analysis of Five Double-blind Trials

- 5 similar 6-week trials
- Approximately 1000 patients
- Acute exacerbation of schizophrenia
- Lack of PANSS improvement at week 3 was highly predictive of non-response at week 6

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Hot Topics in Schizophrenia**

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