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Brain-based psychotherapy for psychosis

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Introduction Psychotherapy methods are evolving for patients with psychosis.
Methods We present a psychotherapy of psychosis that is brain-based, along with results of working with patients using these methods. Patients with psychosis are known to have decreased connectivity of the elements of the default mode network, also known as the story-making brain. These patients are known to tell narratives that lack coherence, of both excessive elements and inadequate elements. These stories are rigid and either cacophonous or rigidly monologic. The key brain area of the precuneus shows diminished connectivity to other brain areas. We present a narrative approach in which patients are assisted through rehearsal and modeling to tell more coherent stories about their life experiences. We work toward achieving a future orientation in which a sequence of actions leads toward an achievement of a future goal. The protagonist encounters obstacles and learns how to overcome them. Through iterative rehearsals, the story achieves more vivid mental imagery and emotional connectivity. Delusions and voices are accepted and incorporated into those stories in ways that provide the patient with improved capacity to cope with their delusions and voices.
Results We present the results of 59 patients who worked with these techniques and compare them to a matched cohort of patients treated conventionally. The treated patients show statistically significant improvement in positive and negative symptoms and in quality of life.
Discussion Brain-based narrative psychotherapy approaches can improve the quality of life and reduce symptoms.
Conclusion These techniques are worthy of further exploration.
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First-episode psychosis intervention – description of our early intervention model

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Introduction The research about the benefits of early diagnosis and treatment of first-episode psychosis had significantly increased in last decades. There have been several early intervention programs in psychotic disease, implemented worldwide, in order to improve the prognosis of these psychotic patients.
Objectives To present a brief description of the first-episode psychosis intervention team of Tondela-Viseu Hospital Centre–Portugal and its model. We aim to further characterize our population and describe its evolution since 2008.
Aims We aim to clarify the benefits of an early intervention in psychosis.
Methods We conducted a retrospective cohort study of patients being followed by our team from November 2008 to September 2016. Demographic and medical data were collected (such as diagnosis, duration of untreated psychosis, treatments and its clinical effectiveness, relapse rate and hospital admissions) in patient's clinical records. The intervention model protocol of this team was also described and analyzed.
Results This multidisciplinary team consists of three psychiatrists, one child Psychiatrist, one psychologist and five reference therapists (areas of nursing, social service and occupational therapy). It includes patients diagnosed with first-episode psychosis, aged 16 to 42 years old, followed for five years. The team followed, since its foundation, 123 patients, mostly male. The most prevalent diagnosis are schizophrenia and schizophreniform psychosis. The team is currently following 51 patients.
Conclusions This team's intervention have progressively assumed a more relevant importance in the prognosis of patients with first-episode psychosis, by reducing the duration of untreated psychosis, the relapse rate and by promoting social reintegration.
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Rechallenge of clozapine in a low secure setting following pericardial effusion

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Introduction Clozapine is licensed for treatment-resistant schizophrenia and when clozapine is not able to be used, less evidence based practices may be required. Full remission may require combinations or high doses of psychotropic medications having greater potential for interactions and side effects. If this is not successful, symptoms may persist and long-term disability may occur.
Aims To explore safety and efficacy of a rechallenge of clozapine in a patient with treatment resistant schizoaffective disorder, who previously developed pericardial effusion. Collateral history reported best improvement with clozapine compared to other medications.
Objectives To improve level of functioning and reduce need for less evidence based choices of medication.
Methods Initial consultation with clozapine monitoring service over prospects of rechallenge. Full medication history and review. Consultation with a cardiologist regarding validity of local monitoring strategy. Obtain consent from the patient and his family. Titrate clozapine slowly. Once clozapine initiated, measure temperature, blood pressure, pulse rate and monitoring of symptoms of pericarditis including chest pain, cough and dyspnoea daily. ECG and echocardiography at baseline and 2 and 4 weeks after initiation of the rechallenge. ECGs monthly thereafter, with a further echocardiogram at 3 months. Weekly troponin and CRP for three months to monitor developing myocarditis and pericarditis.
Results Successful rechallenge of clozapine with significant reduction in psychopathology, improvement in functioning and no adverse events reported. Reduction of risk enabled transfer to open ward conditions.
Conclusions There is increasing evidence of successful rechallenges of clozapine however, further research is necessary to aid such clinical decisions.
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