

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/frontlines-schizophrenia/spotting-the-signs-early-identification-and-management-of-schizophrenia/30031/>

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Spotting the Signs: Early Identification and Management of Schizophrenia

Announcer:

Welcome to *On the Frontlines of Schizophrenia* on ReachMD. On this episode, we'll hear from Ms. Desiree Matthews, who's a board-certified psychiatric nurse practitioner and the Clinical Director of Different MHP in Charlotte, North Carolina. She'll be discussing early identification and diagnosis of schizophrenia. Let's hear from Ms. Matthews now.

Ms. Matthews:

Schizophrenia is often diagnosed after that first initial psychotic episode or first break of psychosis. However, prior to first-episode psychosis, we do see early signs that can emerge that may clue us in that there is potential for schizophrenia. We know that schizophrenia is commonly diagnosed in individuals ranging from late teens to early 20s for males; for females, the diagnosis tends to come a little bit later, so late 20s to early 30s.

What I think is difficult about the early symptoms of schizophrenia, such as the prodromal stage of Schizophrenia, is that these symptoms can actually be easy to miss. They can be a little bit hard to recognize because in some cases, it may be attributed to another mental health condition, like depression or anxiety, or it can be potentially complicated by active substance use, such as cannabis. And when we are seeing these symptoms early on, oftentimes these individuals have already gone off to college; maybe they're living by themselves or with roommates, so they're away from the family and the people that really understand their usual day-to-day behavior. So when an individual's at college, they're living in the dorm away from friends or family, and they start to get early signs like mood changes, restlessness, and thinking or concentration difficulties; maybe their grades are dropping or their job performance is suffering. People who really know their usual baseline are not around to actually see that. We often also see social isolation in these early phases. Individuals may say that they feel uneasy. Maybe they're not taking care of themselves. After these subtle signs, we generally then progress into things like having false beliefs, odd or magical thinking, and paranoid thoughts, but without meeting that full criteria for schizophrenia. These symptoms can last for around six months. Sometimes you can see this very gradual prodrome, or sometimes it can be very sudden onset; the trajectory definitely looks different from person to person.

So when we think about diagnosing schizophrenia, it would be wonderful if we could predict who would actually progress to developing Schizophrenia? Because we know that early identification and management and prompt intervention with both psychopharmacological interventions—so medications—and psychosocial interventions, like cognitive and behavioral therapy, school and job support, family education, and social skills training can help improve the trajectory of how the individual lives with schizophrenia.

Once an individual is diagnosed with schizophrenia, consistent treatment is paramount because those repeated episodes or relapses of psychosis can, unfortunately, lead to permanent decline in a patient's functioning. We see changes and loss of white and gray brain matter during these episodes, so this is not good for the brain. So one of the things that many of us are hopeful for in the field of psychiatry is being able to predict who may develop schizophrenia and potentially a way to identify this earlier and also have an effective treatment for schizophrenia, potentially even in the prodromal phase.

Moving forward towards the future, there's been a lot of investigations looking at precision medicine or precision psychiatry. This is really looking into any potential biomarkers that we could identify of individuals that may be at high risk for schizophrenia, so looking at biomarkers that may be diagnostic, but also therapeutic interventions based on those biomarkers. I think precision psychiatry is the future, and we are all very much looking forward to a day where we can actually intervene early on before first break episode of psychosis in these individuals.

Announcer:

That was Ms. Desiree Matthews discussing strategies for early diagnosis of schizophrenia. To access this and other episodes in our series, visit *On the Frontlines of Schizophrenia* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!