The Basic Modern Principles and Approaches to Therapy of The Endogenous Psychoses with The First Attack at Youthful Age

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ABSTRACT

It was carried out detailed clinical and follow-up examination of 347 patients of youthful age (16–25 years), with the episodic type of schizophrenia (F20 in ICD-10), hospitalized with manifest psychotic attacks in clinic of MHRC of the RAMS during the period from 2000 to 2013.A number of the key provisions, allowing to structure approaches to the organization and carrying out therapeutic actions at patients with first attacks of the youthful schizophrenia was formulated. The main tactics of purpose of antipsychotic therapy at various stages of a course of schizophrenia was described, besides, need of use of methods of mental correction and social rehabilitation as a part of complex treatment of patients of youthful age was proved.

Keywords: Schizophrenia, Youthful Age, Psychosis, Therapy

Introduction:

Schizophrenia is a severe, chronic mental illness, the prevalence of which is similar in different populations, and on average reaches about 1% of the adult population. Currently, according to official statistics, these patients occupy 50-60% of the bed capacity of psychiatric hospitals in the Russian Federation.

The heavy economic burden of this disease is associated with the high frequency of exacerbations of the condition - almost half of these patients are forced to undergo a course of treatment annually in a psychiatric hospital. Moreover, in the absence of treatment, 40-60% of patients experience a repeated exacerbation of the condition within 6 months. A number of studies have found that when using placebo, the risk of developing exacerbations reaches 10% per month, and when using antipsychotics, it decreases to 1% per month.

According to epidemiological data, the greatest frequency of manifestation of the schizophrenic process occurs in the age period of 16–25 years, that is, in adolescence, which is associated with the pathogenetic role of the pubertal crisis.

At the same time, there is an increasingly widespread notion that only the timeliness and adequacy of early diagnosis and therapy in these cases can ensure the earliest possible relief of productive symptoms, the most qualitative way out of psychosis and prevention of relapses, help minimize the alternating effect of the disease on the personality of patients, and achieve their optimal level. resocialization and readaptation.

Analyzing the data of modern literature, we can say that in the works of various authors there is a certain unification of therapeutic techniques, generalizing the features of treatment tactics in patients of different age

periods, including adolescence. This does not take into account the impact of existing in the period adolescence, special neuro-, immuno-,morphological and psychological characteristics on the safety and effectiveness of the therapeutic measures.

Materials and research methods:

The principles and approaches to therapeutic measures were developed by us on the basis of clinical-psychopathological and clinical-follow-up observation of a cohort consisting of 347 patients of adolescence (16-25 years old) suffering from paroxysmal schizophrenia who were hospitalized with the first attacks of affective-delusional, hallucinatory-delusional and catatonic-delusional structures in the clinic of the NCPH RAMS in the period from 2000 to 2013.In addition to clinical methods, a number of formalized rating scales were also used to objectively assess the severity of psychopathological symptoms of different registers in dynamics and the structure of the studied states.

The main results of the clinical-psychopathological, clinical-follow-up and clinical-biological study of these patients were previously described in publications of various years, created, including in co-authorship with colleagues from the NCPZ RAMS.

Research results and their discussion:

In general, we can say that the main goal of drug treatment of patients with paroxysmal schizophrenia of adolescence is the earliest possible achievement and maintenance of a stable remission of the highest possible quality close to the level of recovery. Based on various studies and data clinical practice, it can be concluded that with an adequately selected treatment, productive psychopathological symptoms in most patients with the first attack of psychosis almost completely disappears. Therefore, the ultimate goal of therapy should be the most complete reduction of psychopathological symptoms, and not adaptation to it.

However, since relief of painful symptoms may not always fully guarantee a good social outcome, patients in addition to medication it is also necessary to create the most favorable opportunities for the restoration and further development of life skills, increasing the level of social adaptation and integration into the surrounding society.

These provisions are especially relevant in adolescence, the manifestations of which are due to the violent neurobiological changes and morphofunctional rearrangements occurring in the body, the general incompleteness of ontogenetic development and, as a consequence, insufficient personality formation in the emotional and intellectual spheres.

We have formulated the basic principles concerning the approaches to the organization and conduct of therapeutic measures in patients with the first attacks of juvenile schizophrenia:

Achieving a therapeutic alliance;
Timely appointment of neuroleptic therapy;
Personalized approach to therapy each patient;
Orientation towards long-term supportive therapy and relapse management;
Combination of psychopharmacotherapy with rehabilitation measures.

As it was found in the conducted studies, adherence to these principles of therapy ensures the achievement of high-quality remissions, and also significantly improves the social adaptation of patients.

It is extremely important to achieve a therapeutic alliance with patients as soon as possible, and to involve them in the therapeutic process. Depending on the characteristics of the condition of a particular patient, the attending physician should choose the appropriate therapeutic tactics. In accordance with modern trends, the priority is to form the patient's own responsibility for the treatment process and his behavior in society.

Strict adherence to the regimen and dosage regimen is crucial for establishing full compliance. At the same time, it is in adolescence that the therapeutic alliance is especially difficult to achieve, since patients doubt the need for drug treatment or, with the negativism characteristic of this age period, treat it negatively.Thus, to involve adolescent patients in the therapeutic process an individual

approach to each of them is necessary, a careful search by the attending physician of points of contact with each patient and members his family.

The next most important principle is the timely appointment of antipsychotic therapy. It is now generally accepted that the early stage of development of the psychotic state is the period of the most rapid course of the disease. There are opinions that the initial stages of psychosis is a predictor that predicts the features of its development in a more distant period. Practice shows that therapeutic intervention is often preceded by a long course of the disease without treatment.

Lack of criticism is the main reason for late seeking help patients, as well as their relatives of a developing condition, fear of the consequences of identifying a mental disorder, insufficient awareness of general practitioners in psychiatry, misdiagnosis when seeking psychiatric help.

Often, doctors, choosing the tactics of the "wait and see", take a wait and see attitude towards the treatment of the disease before the development of the expressed productive psychopathological symptoms or socially dangerous behavior or, conversely, the detection manifestly the first manifestations of the disease are used excessively antipsychotic drugs with powerful incisive and sedative effect, not taking into account the psychological and biological characteristics of youthful age, and behavioral toxicity data of medicines, radically interferes with their social functioning of patients and a wide range of extrapyramidal, neuroendocrine and metabolic side the effects is greatest when the haphazard application of massive antipsychotic therapy.

A personalized approach to the therapy of each patient is the third principle of the therapy of patients with juvenile paroxysmal schizophrenia. Clinical practice shows that, despite the results of numerous psychopharmacological studies, individual selection of the treatment regimen is carried out. In any case, when choosing a neuroleptic, one should be guided by the setting "treat not the disease, but the patient", which means the greatest effect of treatment in a particular patient with the least risk of side effects of treatment.

In the process of therapy of patients, the leading role is assigned to the psychopharmacological effect on the neurobiological causes of the development of a psychotic state. At the same time, to date there is no "ideal neuroleptic" that would guarantee a complete reduction of symptoms, a good tolerance spectrum and the absence of relapses in the future.

At the stage of cupping therapy, the choice of drugs is determined by the degree of severity of certain productive psychopathological disorders – the degree of systematization and completeness of delusional constructions, the intensity of hallucinatory symptoms, as well as the role and representation of symptoms of affective and catatonic registers in the picture of psychosis. As a result, at the stage of arresting an attack, preference is given to drugs with a powerful incisive effect from the group of both atypical and conventional neuroleptics, including in parenteral form. Currently, the priority appointment of modern atypical antipsychotics as first-line drugs of choice in the treatment of manifest psychotic states is considered optimal.

The main indication for the appointment of classical neuroleptics remains acute psychotic states with pronounced psychomotor agitation, refusal of patients from treatment due to their wide representation in injectable forms. When the severity of the condition is relieved at the stage of its transition to stabilization, a gradual reduction in the dosages of antipsychotics with a powerful incisive and sedative effect is performed and their gradual replacement with drugs that, along with a broad antipsychotic effect, have greater disinhibiting activity and cognitive effect.

Spectrum of action of atypical antipsychotics

Side effects	Asenapine	Amisulpride	Aripiprazole	Ziprasidone	Quetiapine	Clozapine	Olanzapine	Paliperidone	Risperidone	Sertindole
Incisive	++	++	++	++	++	++++	+++	++	+++	++
Sedative	+	-/+	-/+	-/+	+	++++	+++	+	++	++
Antimanic	++	-/+	-/+	+	++	++	++	++	++	+
Anti-delusional	++	+	+	++	++	++++	++++	+++	++++	+++
Antihallucinatory	++	+	+	++	++	-/+	++	+++	++++	+++
Anti Catatonic	+	-/+	-/+	+	+	+++	++++	++	+++	++
Disinhibiting	++	+	+++	+	++	+	++	++	+	+
Cognitotropic	+	+	+++	+	++	+	++	++	++	-/+

Note: ++++ - very strong; +++ - strong; ++ - moderate; + - weak;

- / + - minimum.

No less important is the selective antipsychotic effect on various target symptoms in the structure of psychosis, which differs significantly in neuroleptics. The choice of a specific drug is carried out depending on the psychopathological structure of the attack (exacerbation). In addition, it is necessary to take into account the inhibitory, cognitive and sedative effects of drugs.

The severity of the general incisive antipsychotic effect, manifested in the ability to undifferentiate the manifestations of psychosis, is most pronounced in clozapine, somewhat lower in risperidone, olanzapine and sertindole. Quetiapine, paliperidone, azenapine and ziprasidone have a moderate overall antipsychotic effect. It is least present in aripiprazole and amisulpride.

Among the powerful typical neuroleptics, haloperidol and zuclopentixol have the greatest antipsychotic and cupping activity, however, the use of these drugs, especially in adolescence, entails a much higher risk of developing extrapyramidal symptoms than when using atypical neuroleptics.

If the psychosis picture is dominated by psychomotor agitation, aggressiveness, hostility, neuroleptics with a predominance of sedative action are used, including parenterally - tizercin, chlorpromazine, olanzapine, haloperidol. In risperidone, the severity of the sedative effect depends on the method of administration of the drug: in tablet forms it is

less pronounced than in instant tablets (rispolept quicklet) and liquid form.

Clozapine has a significant effect on the reduction of impulsive aggression, propensity to violence. Quetiapine, aripiprazole and ziprasidone have minimal sedative effect.

There is evidence regarding the pronounced antimaniacal effect of azenapine. The antimaniacal effect of risperidone, paliperidone, olanzapine, ziprasidone and clozapine has a moderate degree of severity, it is possible to prescribe olanzapine in injectable form for the treatment of mania with agitation.

Quetiapine is also moderately effective in manic states. The use of aripiprazole for the relief of mania, despite a number of positive reviews and test results, in our opinion, is undesirable, since this drug, especially in small doses, can have a stimulating effect and potentiate deterioration. If hallucinatory-paranoid symptoms prevail, preference is given to atypical antipsychotics with selective anti-delusional and anti-hallucinatory effects - risperidone, paliperidone, clozapine, olanzapine, sertindole or "strong" typical neuroleptics with pronounced anti-delusional and anti-hallucinatory effects: haloperidol, zuclopentixol, trifluoperazine. The anti-delusional and anti-hallucinatory effects of quetiapine, ziprasidone and azenapine are moderately pronounced, amisulpride and aripiprazole are the least effective here.

In addition, in the process of analyzing the effectiveness of the effects of various drugs on the hallucinatory-delusional symptom complex, it was found that risperidone has the best effect on hallucinatory symptoms, while the use of olanzapine and clozapine contributes more to the reduction of delusional syndrome, which is confirmed by a number of authors in various studies.

Polymorphism of psychotic disorders, characteristic of attacks of adolescence, with the presence of catatonic and hebephrenic symptoms requires the use of atypical neuroleptics, primarily olanzapine, clozapine or risperidone in combination with high dosages of chlorpromazine and the possibility of joining electroconvulsive therapy. Typical neuroleptics are ineffective for the treatment of catatonia.

A number of studies have proven that atypical antipsychotics (as opposed to traditional neuroleptics) reduce the severity of neurocognitive deficiency in patients with schizophrenia. Olanzapine, aripiprazole, quetiapine and paliperidone improve cognitive functions to the greatest extent, clozapine, risperidone and amisulpride to a somewhat lesser extent.

As a result of numerous studies, it has been proved that atypical antipsychotics significantly exceed conventional neuroleptics in terms of the degree of impact on negative symptoms. The most effective of atypical neuroleptics in this regard are aripiprazole, olanzapine, azenapine and paliperidone, to a somewhat lesser extent - clozapine, sertindole, risperidone, amisulpride, quetiapine and ziprasidone.

In part, the better neurocognitive functioning and the lower degree of representation of negative disorders are explained by the fact that against the background of therapy with atypical neuroleptics, there is no such pronounced development of secondary negative symptoms as against the background of therapy with conventional antipsychotics.

It should be remembered that the therapeutic effect of the use of most antipsychotics develops on a delayed basis, as a result of which doctors often tend to unnecessarily increase dosages at the initial stages of therapy, which leads to a sharp increase in the severity of side effects. According to the results of our observations, supported by the data of various studies, we can say that the expanded clinical effect with the correct titration of doses and an adequate choice of antipsychotic occurs on average 1–6 weeks after the start of therapy.

In all cases, the strategy of therapy from the first steps in the relief of psychotic symptoms should be built taking into account the subsequent long stage of supportive preventive therapy.

The fourth principle is orientation towards long-term supportive therapy and overcoming relapses. Currently, there are no unambiguous recommendations regarding the

duration of antipsychotic therapy after the relief of the first psychotic episode. According to available data, repeated relapses of the psychotic structure after the first 5 years are observed in 81.9% of patients. Due to the peculiarities of the adolescent age period, it is recommended to take maintenance therapy for 5 years after the first psychotic episode and for life after a second attack. Nevertheless, due to the specifics of the youth contingent of patients (a high percentage of non-compliance or partial compliance), patients often interrupt maintenance therapy on their own. In this regard, the role of psychoeducational work with patients is increasing.

The drugs of first choice for long-term maintenance therapy are also atypical antipsychotics remain. Necessary select drugs and doses so as to gradually reduce sedation and increase the anti-negative effect of treatment.

With the continuing lability of the quality of remission, a tendency to frequent exacerbations, as well as the presence of a negative attitude towards long-term treatment in patients, it is advisable are the appointment of injectable prolonged forms of antipsychotic drugs and the addition of active psychocorrectional and rehabilitation work aimed at forming a positive attitude towards treatment in the patient.

The fifth principle of therapy for adolescent patients is the combination of psychopharmacotherapy with rehabilitation measures. It is about the system of coordinated medical, psychotherapeutic and social influences, which are designed to ensure the adaptation of patients and the possibility of their social reintegration. As a complex psychotherapeutic The following methods are used in the studied patients: psychocorrectional (group and individual); family psychotherapy, art therapy.

The task of such a complex therapy is both to improve compliance and to develop in patients an adequate attitude to their disease, the patient gaining a sense of "dominance over the disease." It is about the ability to live with residual productive mental disorders and to consult a doctor in time if the mental state deteriorates.

As observations show, in connection with the psychological characteristics of adolescence, it is group work, which aims to restore and develop life skills in a supportive environment, that is a priority type of psychotherapy for this age contingent of persons.

Thus, we can talk about the use of an integrated approach in the supervision of patients, which, in our opinion, significantly increases the effectiveness of therapeutic care for patients, not only leading to the relief of symptoms in the acute period, but also ensuring the prevention of relapses, as well as social, educational and labor adaptation. patients. Social and labor recommendations, closely related to the issues of prognosis, should also be given in a differentiated manner, taking into account the characteristics of the postponed attack and determining the vector of possibilities for the further functioning of each particular patient.

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