FOCUSBING ON PATIENTS IMPROVES THEIR FUNCTIONING

To the Editor:

I agree with the article, “Clinical Outcomes of Case Management in a Tertiary Psychiatric Hospital,” by Vamadevan Thambyrajah, Margaret Hendriks, and Rathe Mahendran (January 2007, Vol. 45, No. 1, pp. 33-37). Simply put: More time and focus spent on a patient equals a more rehabilitated, higher functioning patient and, ultimately, less of a burden on the health care system. If only we could get this implemented in all acute psychiatric hospitals! If it’s anything like trying to implement best practices guidelines, we’ll be waiting 10 years before it’s fully rolled out!

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MEDICATION FOR YOUNG CHILDREN WITH MENTAL ILLNESSES

To the Editor:

One of my nursing colleagues shared the article “How Young is Too Young for Psychotropic Medication?” by Teena M. McGuinness (June 2007, Vol. 45, No. 6, pp. 20-23) with us here at a mental health clinic in Nova Scotia. A very good article on a very important debate! I was surprised, however, that there was no mention of the potential dangers of not treating some psychiatric illnesses early (e.g., progressive brain damage, treatment resistance, the need for more aggressive treatment in the future, disability, risk of suicide). This is why this debate—the pros and cons of early intervention—has been such a strong one of late. For young children with certain psychiatric disorders, the lack of early intervention with medication can be very significant. I’m quite sure many psychiatrists wrestle with these decisions on a regular basis. That’s one issue that I’m glad I, as a psychologist, don’t have to deal with!

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Response:

Preventing mental disorders is a worthy goal, and the research in this area holds a great deal of promise. The current research about the use of psychotropic medication in the prevention of schizophrenia is particularly intense, and there is no doubt that early treatment is justified because it reduces suffering (Singh, 2007).

The meaning of “early intervention” in the treatment of psychosis implies two approaches: first, intervention when psychotic symptoms are initially apparent and second, intervention before the clinical expression of psychosis (Warner, 2005). Early intervention (i.e., as soon as possible after onset of psychosis) is clearly good practice: Longer periods of untreated psychosis are associated with poorer outcomes (Lappin et al., 2007).

The balance of many risk-benefit issues regarding early intervention in schizophrenia is in doubt. For example, McGorry (2005) asked: What risk is associated with using potent psychotropic medications in false-positive cases? Is the exposure to
harmful side effects of medications justified? Does the simple act of receiving a prescription for a psychotropic medication carry a stigma? These concerns notwithstanding, consensus exists that the identification of the illness at an early stage is a high priority (Bertolote & McGorry, 2005).

The application of early intervention to clinical practice will be a challenge; much groundwork must be laid. The infrastructures to stage the disease must be defined, as must the concept of elevated risk. Much work remains to be done in the identification of genetic profiles. Despite these difficulties, early intervention is an appealing concept and deserves consideration and clinical trials.

References

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