



# OUT OF THE FOG

The monthly newsletter of NAMI San Francisco  
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## January Meeting Notes

Ask the Doctor Night with Damien Rose, M.D.

By Roberta Kaye

Dr. Damien Rose is a psychiatrist at UCSF-Langley Porter Clinic where he completed his residency in 2006. He was attracted to UCSF's strong clinical training program, which provided varied experiences in the field. In particular he became very interested in the syndrome that we call schizophrenia, thinking about it from the perspective of cognitive neuroscience, that is, thinking about the brain as it develops through adolescence into adulthood. What are the processes that occur during that time and why would these things we call psychotic symptoms tend to develop around that time? Further, how should they be described and treated?

Dr. Rose feels that the concept of a categorical distinction between psychotics and non-psychotics breaks down the more one observes them from the neuroscience perspective. Older notions, expressed earlier in the 20th century, made the assumption that there is a fundamentally different problem when dealing with those described as psychotic. This view has not held up to scrutiny and has resulted in an inadvertent stigma. Psychosis does not have an all or nothing irrevocable nature. We don't work on this assumption with other mental health conditions such as depression, anxiety and mania, which exist along a continuum of mild to severe. Psychosis, on the other hand, has been viewed as "off the chart." In fact there are things that can be done therapeutically for psychosis and sometimes sustained remission of symptoms can be found making a long term difference. Given this understanding the PREP (Prevention and Recovery in Early Psychosis) was established. Its stated goal is to provide comprehensive, evidence-based services to people suffering from signs and symptoms of serious mental illness. It has been about two years in the making and information is available on its website: ([prepwellness.org](http://prepwellness.org))

The PREP program started at UCSF with the recognition that research programs, which had been up and running for awhile, must find a new way of thinking about psychosis. The population for which they were providing cognitive therapy really did not have community services; there wasn't much of a system that was going to use UCSF's language, share the PREP program's vision or have its realistic optimism. These were real obstacles until the Family Services Agency ([www.fsasf.org](http://www.fsasf.org)) was found which provides a system of care that has a large mental health component, a local investment in the community, a variety of programs and the vision to sustain their services. PREP had been interested in collaborating with community organizations for a while but needed an organization that understood how aid is provided and was willing to embark collaboratively on a two year program, while finding grant money to make it possible. Funding mechanisms presented a big challenge, which was solved when services could be structured using the early intervention grant in the Mental Health Services Act (MHSA). It defines a group of therapists, medical providers, case managers and program directors, who can provide a full multi-disciplinary system designed to bring evidence-based practice to, eventually, anybody in

the county with persistent psychotic symptoms lasting three to five years. There are several pieces to it: providing medication, medical management and clinic expansion under the direction of a nurse practitioner.

Dr. Rose pointed out that if you look at the provision of services in a community system, unlike the approach taken at UCSF, there will be a surprisingly small number of psychiatrists with an evidence-based practice. This doesn't suggest that these are people who don't care, but rather indicates a lack of fidelity to 40 to 50 years of literature on how to provide anti-psychotic medication and treatment.

An evidence-based practice requires repeated checking and rechecking to establish that there is justification for every treatment decision. There are individual weekly meetings with consumers for four months targeting broad psycho-therapeutic goals. There is the recognition that during the stage in life when schizophrenia's onset typically occurs (between the ages of 16 and 25) a lot of development is occurring and schizophrenia's symptoms tend to disrupt function. Often it is found that the patient has three medications, the wrong medication or too much medication. In addition, recommended treatments such as Cognitive Behavioral Therapy is not part of the treatment s/he is receiving. The PREP team recognizes that particular needs must be targeted. Independence, for example, is a big issue in this stage of life and family must be brought into the process. More staffing to expand CBT is needed as well as more substance abuse treatment and more formal connections with Medi-Cal and Medi-Care established.

A question period followed this background presentation

- In response to a question as to why the treated PREP population could not be expanded to include a wider age range, Dr. Rose said that the treatment was limited to a younger transitional age group because it has a lot of available evidence and the approach can be multidisciplinary with a family that is still involved with the consumer. With that evidence one can be on much firmer ground. Also this age group allowed UCSF to get funding which requires that specific goals be established.
- He was asked about extending the PREP program to those with bipolar disorder? He answered that the research program has been defined specifically for schizophrenia or schizoaffective disorder as required by the grant terms.
- Dr. Rose was asked whether mental illness diagnoses are possibly just the choice of one particular interviewer or another and he said that, if the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) is used correctly, it is relatively consistent and one can be pretty sure that definitions are understood. However, the problem from a scientific perspective is that one is clinically bound by DSM IV criteria noting that there is a lot of overlap in mental illness conditions and treatment issues tend to be similar.
- With regard to the health hazards of medications Dr. Rose said one needs a risk/benefit analysis. Clearly, for the whole population of those with a mental illness, medications help but when used exclusively become problematical. Medications must be implemented with all the other evidence-based treatments available. Most schizophrenics without treatment do not become symptom free. We are now beginning to ask prospective questions about risk and look to intervention prevention strategies in a help-seeking population. Those with an ultra high risk, roughly one third, will get schizophrenia or schizoaffective disorder within a year of being seen. The clinical question requires a determination of whether the risk is great enough to

start an intervention program. Dr. Rose stated emphatically that psychosis is not inherently pathological. There is nothing that says having an hallucination means that there is something wrong unless hallucinations are chronic.

- On the issue of older versus newer anti-psychotic drugs, the latest data suggests that neither is significantly better or worse. The major differences among the medications are their side effects and efficacy rather than whether they are older or newer. One of the worst offenders causes tardive dyskinesia, which is very difficult to reverse. Identifying it early is more effective than trying to get treatment later. Many side effects are reversible, so those taking the anti-psychotics should be monitored watching for weight gain, cholesterol levels and blood sugar results.
- A question was asked about using Abilify in treating schizophrenia. It is one of the first choices because risks are quite low in both weight gain and tardive dyskinesia. Also in theory you cannot overdose with Abilify. On average it is probably slightly less effective than some of the comparable medications

Those interested in seeking help can call 415-476-7278. The PREP program is an academic-community partnership established between the University of California, Family Service Agency (FSASF) of San Francisco and The Mental Health Association of San Francisco (MHASF).