

# The outlook for schizophrenia is better than we think – but is being sabotaged by Assembly-line Psychiatry

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# Disclosures

Honoraria received from Janssen, Lilly, Bristol Myers Squibb, AstraZeneca, Otsuka, Lundbeck

The opinions expressed within this presentation are those of the speaker and do not necessarily reflect the views of Janssen

# Schizophrenia Commission

The most frequent complaint about psychiatrists was that they were too pessimistic about the likely outcome



## **The long-term course of the schizophrenic psychoses**

Manfred Bleuler – The Third Aubrey Lewis Lecture – 14 November 1973

‘Results of studies of a large number of long-standing schizophrenic illnesses are discussed. On an average, schizophrenia showed no further change for the worse after a duration of five years, but rather a tendency to improve....’

Bleuler M. *Psychological Medicine* 1974;4:244–254



What is the evidence concerning brain structure and cognition?

# Long-term Antipsychotic Treatment and Brain Volumes

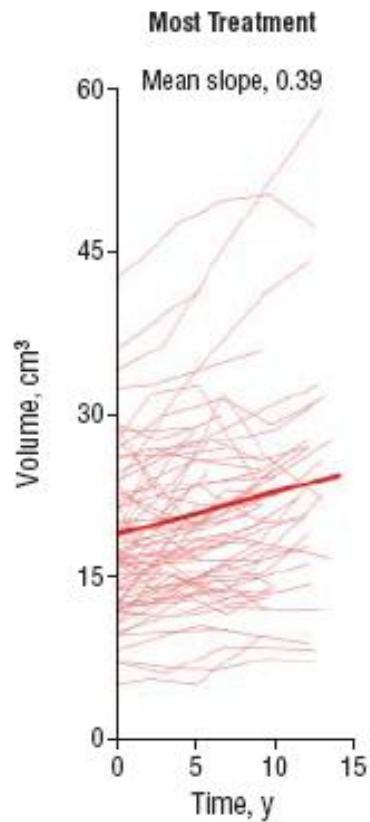
## *A Longitudinal Study of First-Episode Schizophrenia*

*Beng-Choon Ho, MRCPsych; Nancy C. Andreasen, MD, PhD; Steven Ziebell, BS;  
Ronald Pierson, MS; Vincent Magnotta, PhD*

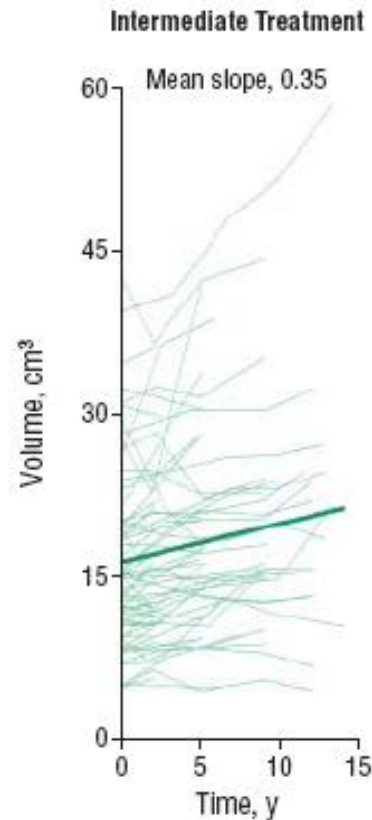


211 patients had an  
average of three MRI  
scans each over an  
average of 7 years

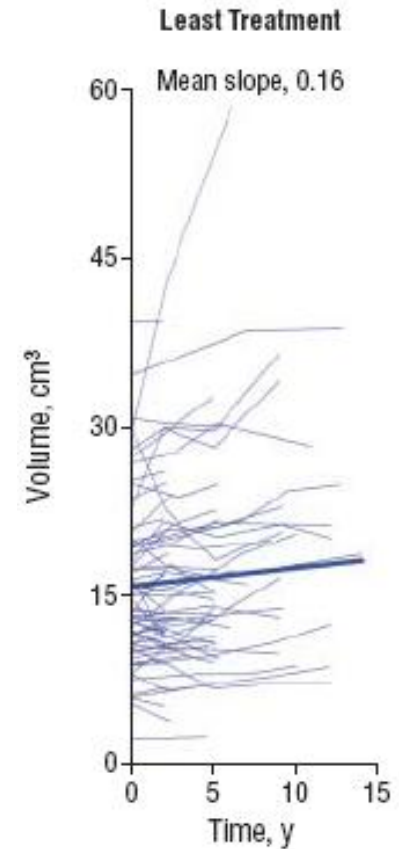
# Change in lateral ventricular volume by mean daily dose of antipsychotic



**929 CPZ**



**392 CPZ**



**115 CPZ**

CPZ, chlorpromazine

Ho et al. Arch Gen Psychiatry 2011;68:128–137

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**The 'progressive brain changes' are not "progressive" and are not due to intrinsic degeneration but related to medication, illicit drugs, stress, lifestyle, obesity and hypertension**



What about Cognition?

Does it deteriorate?

## **Meta-analysis of Cognitive Deficits in Ultra-high Risk to Psychosis and First-Episode Psychosis: Do the Cognitive Deficits Progress Over, or After, the Onset of Psychosis?**

Emre Bora<sup>\*,1</sup> and Robin M. Murray<sup>2</sup>

Following first episode psychosis there were significant improvements in verbal memory, visual memory, executive function, processing speed, attention and fluency.

Findings for ultra- high risk (prodromal) subject were similar but based on smaller numbers of studies.

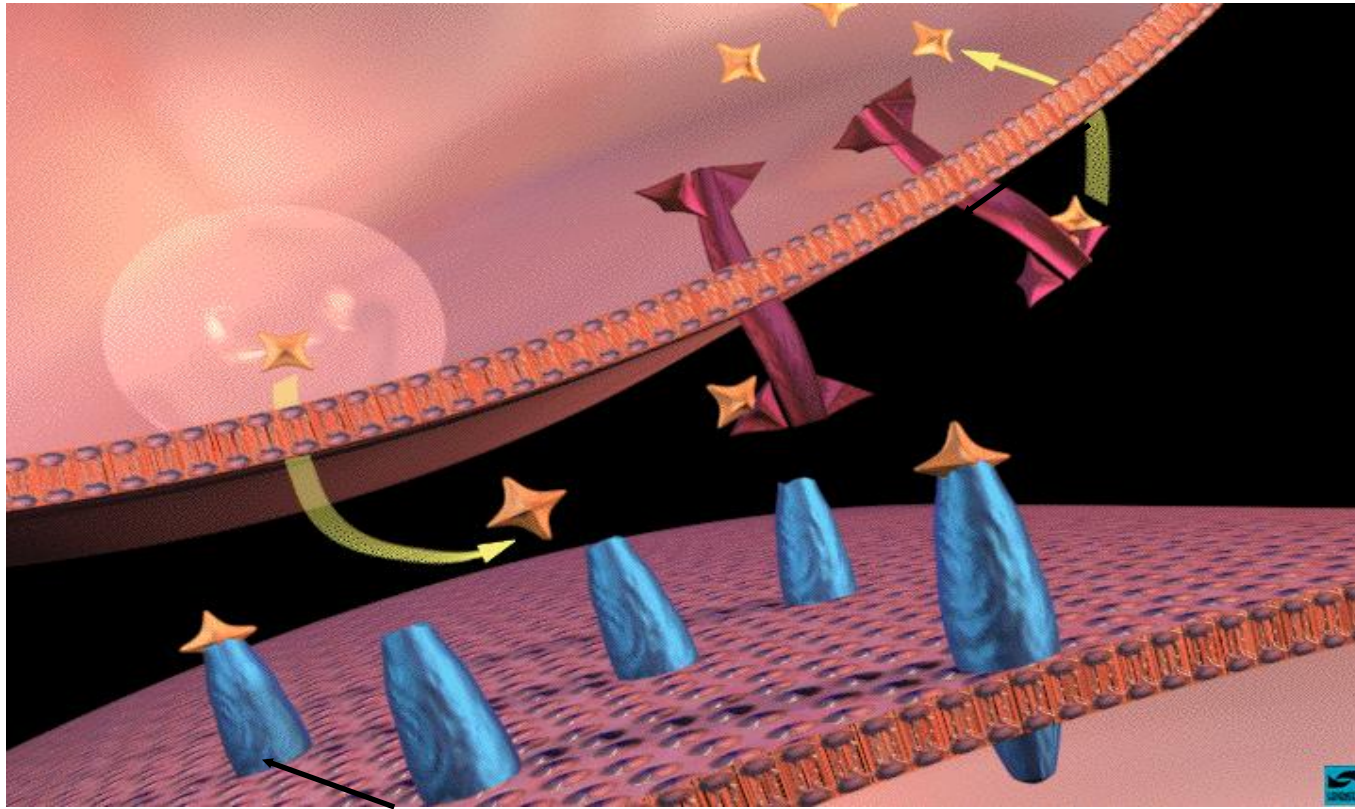
# The Clinicians' Illusion

Clinicians are too pessimistic because we spend most of our time caring for those patients who have severe and recurrent illnesses. We do not see those who have recovered

Similarly, researchers study the patients who are easiest to find; i.e. those who are admitted or regular out-patient attenders

# Many of the risk factors for psychosis impact on striatal dopamine release

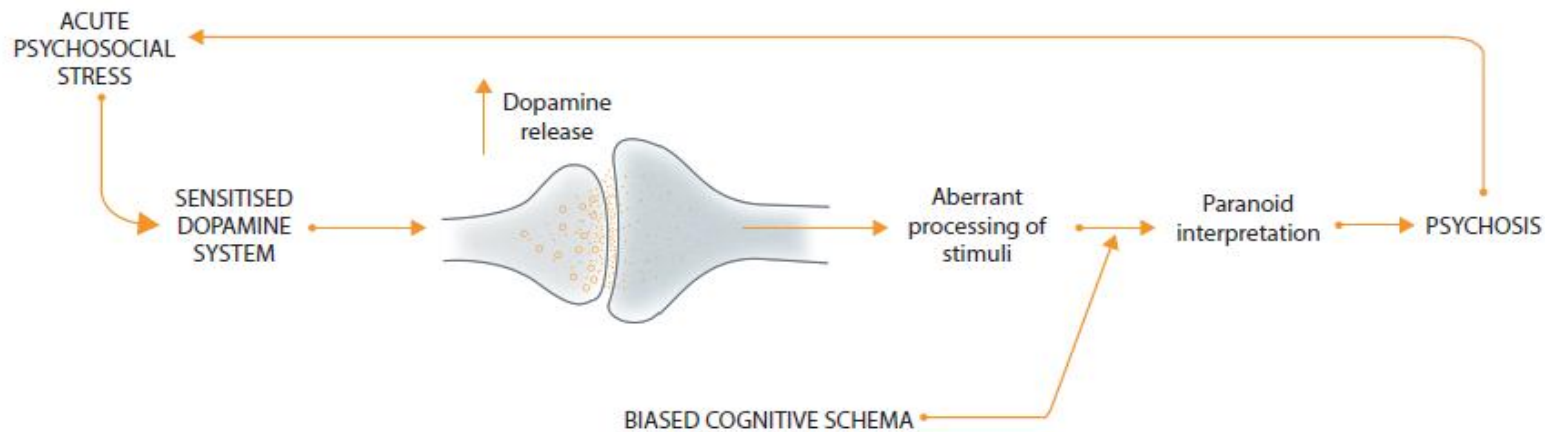
Striatal dopamine neuron



Post-synaptic receptor

Di Forti et al. Risk factors for schizophrenia - all roads lead to dopamine.  
European Neuropsychopharmacology 2007;17:S101–S107.

# Stress (eg child abuse, migration, life events) progressively sensitises the dopamine system and causes excessive salience



Adversity causes biased cognitive schema which result in a paranoid interpretation of stimuli.

The experience of psychosis itself causes more stress.

**But if the cycle can be broken there should be recovery.**

Howes & Murray. Lancet Dec 2013; [Epub ahead of print]

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# AESOP, Aetiology and Ethnicity in Schizophrenia and Other Psychoses



ORIGINAL ARTICLE

*Psychological Medicine*, Page 1 of 14. © Cambridge University Press 2014  
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## Reappraising the long-term course and outcome of psychotic disorders: the AESOP-10 study

C. Morgan<sup>1,2\*</sup>, J. Lappin<sup>2,3</sup>, M. Heslin<sup>4</sup>, K. Donoghue<sup>5</sup>, B. Lomas<sup>6</sup>, U. Reininghaus<sup>1</sup>, A. Onyejiaka<sup>1</sup>, T. Croudace<sup>7</sup>, P. B. Jones<sup>8</sup>, R. M. Murray<sup>2,3</sup>, P. Fearon<sup>9</sup>, G. A. Doody<sup>6</sup> and P. Dazzan<sup>2,3</sup>

37 had died (7%) – drug abuse at baseline increased risk

15 - Natural Causes

21 - Unnatural causes (13 suicide)

3 - Unknown causes

# Outlook of 544 FEP patients in London and Nottingham at ten years

37 died

29 emigrated

412 traced

387 good information



# Outlook of 387 FEP patients in London and Nottingham at ten years

13% had remained well

another 17% had no further admissions

another 20% were never ill for > 6 months

# How were patients functioning at ten years?

65% had no psychotic symptoms at 10 years

46% had had none for >2 years (40% of those with Sz)

Of these who had no symptoms 56% had received meds in past two years

Of those who had not recovered, 86% had received meds in past two years



## **The Myth of Schizophrenia as a Progressive Brain Disease**

**Robert B. Zipursky<sup>\*,1</sup>, Thomas J. Reilly<sup>2</sup>, Robin M. Murray<sup>2</sup>**

<sup>1</sup>Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Ontario, Canada; <sup>2</sup>Department of Psychosis Studies, Institute of Psychiatry, Kings College, De Crespigny Park, London, UK

1. Clinical outcome is better than we think
2. There is no evidence of intrinsic progressive brain changes
3. There is no evidence of progressive cognitive changes

10% either were non-compliant with treatment  
or continued to abuse drugs

13% were treatment resistant

# So outlook is better but progress is being sabotaged by:-

- Cuts to mental health budget over each of last three years (disproportionate)
- Re-disorganisations – 13 major national in 25 years, and innumerable local
- Assembly-line psychiatry

# Assembly-line Psychiatry

1. Split between in-patient and out-patient teams – no evidence of benefit (Tom Burns) and patients dislike it (Begum et al 2013)
2. Fragmentation of services – multiple transient teams.
3. Triage Units – do not reduce length of stay (Tom Craig); staff dislike them

# Assembly-line Psychiatry

“The splitting into inpatient and outpatient care is simply bonkers..... it makes management of risk more clumsy and increases bed pressure rather than reduce it...”

The most complaints I hear from patients are about the home treatment/crisis management teams where they find themselves visited daily by different, often poorly trained, staff who ask them the same risk oriented questions every time. ...

# Recovery in Psychosis: A Delphi Study With Experts by Experience

Heather Law<sup>\*,1,2</sup> and Anthony P. Morrison<sup>1,2</sup>

## HELPFUL

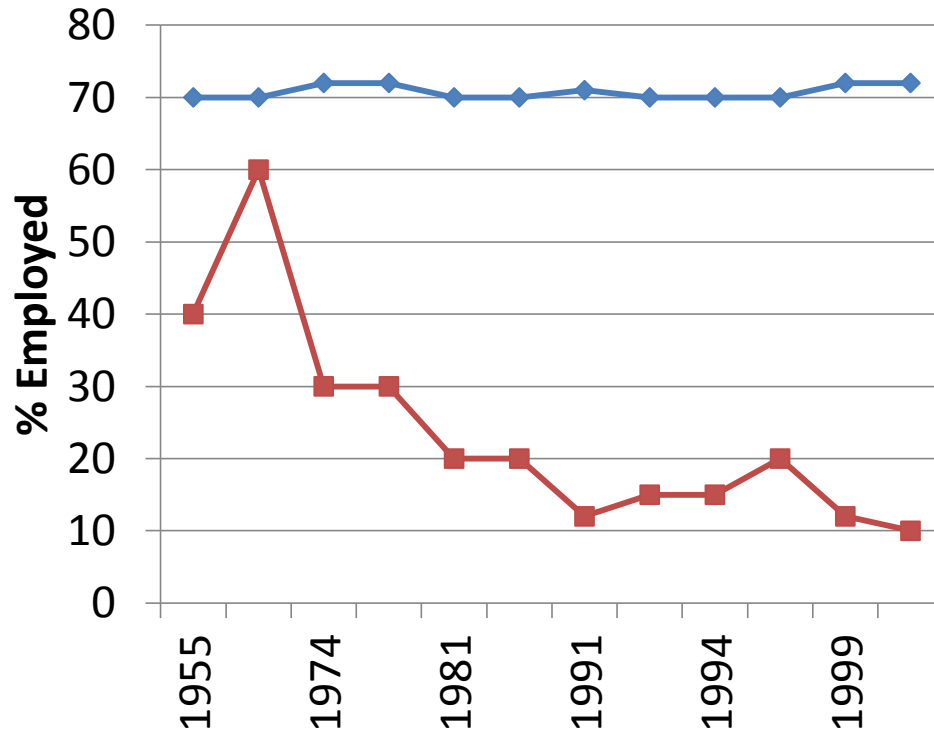
- Having a good safe place to live
- Having the support of others
- Understanding your mental health problems
- Knowing what helps to get you better

## UNHELPFUL

- When health services do not provide help or accept that there are other ways of doing things
- When a ;person feels hopeless, isolated, or discriminated against
- Side effects of medication
- Stopping medication against advice



# Decline in employment among people with schizophrenia in UK



Most patients with their first episode of psychosis have the potential to improve or even recover totally. However, their outlook is impaired by the pessimism associated with a diagnosis of schizophrenia, and by the unintended effects of our current treatment systems