Schizophrenia in adults 1: NICE guidance on detection, assessment and initial management

New and updated aspects in NICE guidance on managing schizophrenia in adults include early intervention, medication and cultural sensitivity

The National Collaborating Centre for Mental Health recently developed a national guideline on managing schizophrenia in adults in primary and acute care (NICE, 2009). The guideline is an update of the very first guideline produced by NICE in 2002. The key areas that have been updated or are new are outlined in Box 1.

The guidance identifies interventions for people with schizophrenia and emphasises early detection and intervention. There is also a focus on long-term recovery and promoting clients' choices about managing their condition.

Nurses play a key role in the detection and the different phases of treating schizophrenia. Those in primary care and mental health nurses specialising in various areas of acute care – for example acute inpatient, community mental health services and early intervention services for psychosis – often work with clients, their families and carers, and other agencies involved in caring for them.

Learning Objectives
1. Understand the implications of the updated NICE guideline on promoting access for and engagement of people from black and minority ethnic groups.
2. Be familiar with the main principles of promoting early detection, comprehensive assessment and starting drug treatment in schizophrenia.

Nurses are involved in all aspects of care, including assessment, care coordination and promoting engagement. They also work with the wider multidisciplinary team and other health and social care professionals, helping to develop a care plan using the care programme approach (Department of Health, 2008).

The guideline is organised according to four major areas: care across all phases; starting treatment for the first episode; treating the acute episode; and promoting recovery.

Features of Schizophrenia
Schizophrenia is a major psychiatric disorder (or cluster of disorders), and the most common form of psychotic disorder, which alters a person’s perception, thoughts and behaviour. Over a lifetime, about 1% of the population will develop schizophrenia. The UK National Survey of Psychiatric Morbidity found a population prevalence of five per 1,000 of psychotic disorder in people aged 16–74 years (Singleton et al, 2000). Average rates for men and women are similar, although there is a lower female rate in late adolescence and early adulthood (because the mean age of onset is about five years later in women).

People who develop schizophrenia will have their own unique combination of symptoms and experiences.

Common initial or so-called ‘prodromal’ symptoms and difficulties include: social withdrawal; unusual and uncharacteristic behaviour; disturbed communication and affect; bizarre ideas and perceptual experiences; and reduced interest in and motivation for doing day-to-day activities (these symptoms are sometimes called ‘negative’ symptoms).

Such symptoms are usually exacerbated in an acute phase, which is marked by characteristic 'positive' symptoms of hallucinations, delusions and behavioural disturbances. The acute phase is usually resolved with some treatment, and most people will gradually recover, although some will continue to experience residual symptoms and relapses.

Assessment
People presenting with psychotic symptoms (hallucinations and/or delusions) in primary care should be referred to a local community-based acute mental health service such as an early intervention service, crisis resolution and home treatment team or a community mental health team, depending on the stage and severity of the illness and local resources.

Mental health nurses are the core members of multidisciplinary community mental health services for psychosis – often work with clients, their families and carers, and other agencies involved in caring for them.

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Box 1. Updated or New Areas
- Access for and engagement of minority ethnic groups.
- Evidence for early intervention services.
- Evidence about the use of some psychological and psychosocial interventions (there is more detail about the purpose, principles and delivery of psychological interventions and a new review of arts therapies).
- Evidence about antipsychotic drugs and advice on information-giving, benefits and side-effect profiles, and collaborative decision-making.
- Reviews of primary care and treatment for physical health problems (there is more explicit detail on how to carry out physical health checks).

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This first in a two-part unit on updated NICE guidance on schizophrenia looks at early detection, assessment and initial treatment of the condition. It also looks at issues around working with people from diverse ethnic and cultural groups.

services. They play a key liaison and advisory role with their primary care colleagues and other community agencies.

Where concerns for people presenting with suspected symptoms of psychosis are raised, mental health nurses provide specialist advice for further assessment in primary care and/or initiate referral to acute care specialist mental health services.

Mental health nurses often conduct the initial assessment in the community. Family members and/or carers will also be involved if the person with psychotic symptoms agrees.

The NICE guideline emphasises early access to assessment and treatment. People with schizophrenia should receive a comprehensive multidisciplinary assessment in acute care, including a psychiatric, psychological and physical health assessment.

Other factors to address include: accommodation; culture and ethnicity; economic status; occupation and education; history of prescribed and non-prescribed drugs; quality of life; risk of harm to self and others; sexual health; and social networks.

Clients commonly have other mental health problems, especially depression and anxiety, so it is important to monitor for these.

Following assessment, a care plan should be developed with clients and a copy should be sent to the professional who made the referral, other agencies or services that provide care and families or carers, if appropriate.

The care plan should include a plan of what should happen in a crisis and the roles of both primary and acute care should be defined.

**PARTNERSHIP WORKING**

Before each decision about an intervention is made, it is vital that clients are provided with detailed information so they can give consent.

Healthcare professionals should understand the Mental Capacity Act 2005 and be able to apply its principles. It is important also to be aware that mental capacity is specific to each decision; therefore, capacity needs to be assessed when each decision is taken.

These principles are applicable whether or not the person is being treated under the Mental Health Act 2007 and are particularly important for people from black and minority ethnic groups.

Nurses need to understand the cultural and ethnic differences in belief about biological, social and family influences on the causes of abnormal mental states. They should also address their differences in treatment expectations and adherence.

**STARTING TREATMENT**

Early intervention services are vital for people presenting with first-episode or early psychosis. This should be irrespective of age or for how long they have had symptoms.

Early intervention services should provide the full range of interventions recommended in this guideline and nurses should be involved in providing some of these interventions.

**Pharmacological interventions**

Drug treatment is usually started in acute care where psychiatrists and independent nurse prescribers are well placed to oversee its initiation and ongoing management.

If it is necessary for a GP to start medication, they should be experienced in treating people with schizophrenia. Nurse prescribers should maintain their advisory role for GPs who provide treatment for this group.

In addition to providing supplementary or independent prescribing, nurses are vital in giving information on medication, discussing the risk-benefit profile, and monitoring tolerance and side-effects collaboratively with clients. Such medication management strategies are crucial in optimising the benefits of the medication regimen and adherence.

Decisions about which antipsychotic to use should be made in partnership with clients, and their carer if the client agrees, taking into account the potential of individual drugs to cause extrapyramidal side-effects (such as akathisia), metabolic side-effects (such as weight gain) and other ones (including unpleasant subjective experiences).

Combinations of antipsychotics should not usually be started except for short periods, for example when changing medication.

If the client has specific cardiovascular risk (such as high blood pressure), a history of cardiovascular disease or is being admitted as an inpatient, then an ECG should be carried out before starting an antipsychotic. The summary of product characteristics for the drug may also state the need to have an ECG.

**Part 2, to be published next week, discusses interventions for acute episodes and promoting recovery**

**REFERENCES**


