Cognitive behaviour therapy: a rational choice in psychosis

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The use of antipsychotic medication has been the front-line treatment for psychosis for many years. However, recent evidence suggests that the efficacy of these medications may be not as strong as previously thought, with treatment benefits compared to placebo being only small to moderate.

Moreover, recent research suggests that the adverse effects of such medications may have been underestimated; common side-effects include rapid and substantial weight gain, sexual problems and metabolic disturbances including increased risk of developing diabetes.

Less common, but more severe, adverse effects can include agranulocytosis and an increased risk of sudden cardiac death.

Given such a risk/benefit profile, for some people with psychosis the choice to decline to take antipsychotics may represent a very rationale decision[1] and it is therefore important to explore alternative, evidence-based options for such individuals.

One obvious alternative to consider is cognitive behaviour therapy (CBT).

Cognitive behaviour therapy

CBT has been extensively evaluated as an adjunct to antipsychotic medication for people with a diagnosis of schizophrenia, and this has led to recommendations from NICE that everyone with a diagnosis of schizophrenia be offered CBT.

A recent randomised controlled trial published in the *Lancet* showed moderate benefits for the use of CBT in people choosing not to take antipsychotics.[2] Over the study period of 18 months, CBT appeared safe and acceptable to such patients, and achieved a significant reduction in psychotic symptoms and improvement in social functioning; however, a larger definitive trial is now required.

A recent update to the NICE guidelines[3] has recommended that people with a first presentation of psychosis should be offered antipsychotics, CBT and family intervention (the latter involves relatives as partners in a collaborative package of care and has a strong evidence base in reducing relapse and hospitalisation).

However, these guidelines also highlight the importance of patient choice, suggesting that people should be able to choose the psychosocial treatments without medication if they wish. Less reliance on antipsychotic medication, in conjunction with the provision of evidence-based alternatives, may reduce cardiometabolic risk.

Recovery from psychosis

Providing such treatment choices also aligns with recovery-orientated practice, which is increasingly advocated by NHS policy. Rather than eliminating symptoms, the patient perspective on recovery from psychosis typically emphasises the importance of feeling better about themselves, improved social relationships, having a sense of meaning and purpose to life and feeling optimistic about the future.[4]

Providing a more comprehensive range of pharmacological and psychosocial treatment options in a way that promotes patient choice and participation in treatment decisions is more likely to result in such recovery.

Early intervention services

The evidence that this approach is best achieved as early as possible has led to the establishment of early intervention services for young people with psychosis, reflected in the NICE guideline update.

However, delays in recognition or initiation of treatment, associated with poorer outcomes, may be contributed to by knowledge of adverse effects associated with antipsychotics and a corresponding reluctance on the part of professionals and patients to commence such treatment regimens.

Again, the choice of alternative evidence-based treatments could improve the ability of services to engage young people earlier in the course of psychosis.

Of note, the majority of participants in the recent CBT trial for people who had chosen not to take antipsychotics were young people recruited from early intervention services, all of whom had refused antipsychotics; of 143 referrals to the trial, only three people refused to be randomised following being assessed as eligible.

This study suggests that engagement with services is dependent on what choices are offered. Indeed the study revealed that some specialist services responded to this decision not to take antipsychotics by discharging these young people back to primary care.

This is unlikely to find favour with GPs and underlines the importance of specialist services offering the possibility of alternative evidence-based treatments to accompany a lesser reliance on medication-dominated approaches.

NICE guidance

The place of antipsychotic medication is also challenged in the recent NICE guideline update, which suggests that young people considered to be at high risk of developing psychosis

(such as those experiencing transient or attenuated psychotic symptoms) should be offered CBT and should *not* be offered antipsychotics.

Furthermore, the NICE guideline recommends that GPs should not start antipsychotic medication for a first presentation of sustained psychotic symptoms in primary care unless it is done in consultation with a consultant psychiatrist.

Thus a greater awareness of the adverse effects and limited efficacy of antipsychotics by GPs on the basis of national guidance consistent with best practice may increase the pressure on specialist services to provide adequate choice of evidence-based treatments to people with psychosis.

Another important issue for GPs is that less reliance on antipsychotics may also help reduce the health inequalities associated with psychosis. For example, people with schizophrenia are likely to have a lifespan shortened by about 15–20 years, mainly reflecting higher rates of physical co-morbidity such as having two to three times the likelihood of developing cardiovascular disease and type 2 diabetes.[5]

Conclusion

The new NICE guideline signals a new era of treatment for people with psychosis, with a greater recognition of the importance of psychosocial approaches and a lesser emphasis on antipsychotic medication.

GPs are well placed, through the continuity of relationship and trust their patients and families hold with them, to take time to discuss the needs of the young person and their family and to facilitate provision of optimistic evidence-based information about psychosis, treatment options and recovery that can both engage the person and combat stigma about psychosis.

References

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Declaration of interests

Professor Morrison and Dr Shiers participated in the development of two recent NICE guidelines on the care and treatment of people experiencing psychosis and schizophrenia (CG178 and CG155). Both have received royalties for contributions to several books on psychosis and Professor Morrison has received fees for training workshops in CBT for psychosis.

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