Assessment of the At-Risk Mental States

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Symptom levels over time.

- Prodrome
- Psychosis
- DUP
- Treatment
The mental health intervention spectrum for mental disorders

Indicated prevention

‘...targeted to high-risk individuals with minimal but detectable signs or symptoms foreshadowing mental disorder ... but who do not meet diagnostic levels at the current time’

– Mrazek and Haggerty, 1994
Prodromal symptoms

- Non-specific symptoms (e.g. depressed mood, anxiety, sleep disturbance)
- Subthreshold or attenuated psychotic symptoms
- Behavioural changes (e.g. social withdrawal, deterioration in role functioning)
Threshold for diagnosis of psychosis

Symptom levels

?
True Positive

Threshold for diagnosis of psychosis

Symptom levels

Time

Prodrome

Psychosis
False positive

Threshold for diagnosis of psychosis

Symptom levels

time

resolving symptoms
 Threshold for diagnosis of psychosis

Symptom levels

Symptoms resolved with intervention

time

False false positive
Psychosis threshold – arbitrary line
Psychosis threshold

- Arbitrary line
- Full threshold positive psychotic symptoms
- For at least one week
- Several times per day
- Empirically defined
Symptom levels

At Risk Mental State

time
At Risk Mental State (ARMS)

- A cluster of symptoms and signs that is associated with a high risk of onset of psychotic disorder in the near future

- Ultra High Risk (UHR) criteria are the operationalised criteria used to detect ARMS
The ARMS inclusion criteria

- Age = greatest risk factor – late teens/early adulthood

- Attenuated psychotic symptoms

- BLIPS

- Trait vulnerability

+ deterioration in functioning or chronic low functioning
1. **Vulnerability**: Family history of psychotic disorder in a first degree relative OR diagnosed Schizotypal PD

2. **Attenuated Psychosis**:
   - **Group 2a**: Attenuated psychotic features at sub-threshold INTENSITY.
   - **Group 2b**: Attenuated psychotic features at sub-threshold FREQUENCY.

3. **BLIPS**: ‘Brief Limited Intermittent Psychotic Symptoms’
   Frank psychotic features that resolve spontaneously within 7 days without antipsychotics.

   ALL MUST BE ACCOMPANIED BY a significant decline in functioning or chronic low functioning
Can we predict outcome?
Kaplan-Meier estimated transition rates at various time points

<table>
<thead>
<tr>
<th>Time from entry</th>
<th>Estimated Transition rate (%)</th>
<th>95% confidence interval</th>
<th>Cumulative number of transitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td>16.6</td>
<td>12.8 – 20.2</td>
<td>65</td>
</tr>
<tr>
<td>2 years</td>
<td>20.6</td>
<td>16.4 – 24.5</td>
<td>79</td>
</tr>
<tr>
<td>3 years</td>
<td>24.7</td>
<td>20.2 – 29.0</td>
<td>94</td>
</tr>
<tr>
<td>4 years</td>
<td>27.5</td>
<td>22.7 – 31.9</td>
<td>102</td>
</tr>
<tr>
<td>5 years</td>
<td>30.0</td>
<td>24.9 – 34.7</td>
<td>108</td>
</tr>
<tr>
<td>10 years</td>
<td>34.8</td>
<td>28.6 – 40.5</td>
<td>114</td>
</tr>
<tr>
<td>&gt; 10 years</td>
<td>34.8</td>
<td>28.6 – 40.5</td>
<td>114</td>
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</table>
Transition rate – Survival curve
- Highest risk is within the first 1-2 years of help-seeking
- About 73% of those developing a psychotic disorder fulfill criteria for schizophrenia.
THE CAARMS

Comprehensive Assessment of the At-risk Mental State (CAARMS) was developed as a tool to:

- Identify people who meet the UHR criteria
- Track the trajectory of their psychotic symptoms
- Detect the transition to psychosis
The CAARMS

- Was designed for regular administration in a help-seeking sample
- It measures what it is meant to measure (good validity)
- It measures it consistently across rater (inter–rater reliability) and time periods (test–retest reliability)
### CAARMS subscales

- The Full CAARMS has seven scales, each with additional subscales. These include:

<table>
<thead>
<tr>
<th>Positive Symptoms</th>
<th>Unusual Thought Content, Non-Bizarre Ideas, Perceptual Abnormalities &amp; Disorganised Speech</th>
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</thead>
<tbody>
<tr>
<td>Cognitive change attention/concentration</td>
<td>Subjective Experience &amp; Observed Cognitive Change</td>
</tr>
<tr>
<td>Emotional disturbance</td>
<td>Subjective Emotional Disturbance, Observed Blunted affect &amp; Observed Inappropriate affect</td>
</tr>
<tr>
<td>Negative Symptoms</td>
<td>Alogia, Avolition/Apathy &amp; Anhedonia</td>
</tr>
<tr>
<td>Behavioural Change</td>
<td>Social isolation, Impaired role function disorganised/odd/stigmatising behaviour &amp; Aggressive/Dangerous behaviour.</td>
</tr>
<tr>
<td>Motor/Physical changes</td>
<td>Subjective complaints of impaired motor functioning, Informant reported or observed changes in motor functioning, Subjective complaints of impaired bodily sensation &amp; Subjective complaints of impaired autonomic functioning.</td>
</tr>
<tr>
<td>General Psychopathology</td>
<td>Mania, Depression, Suicidality &amp; self-harm, Mood swings/liability, Anxiety, OCD symptoms, Dissociative symptoms &amp; Impaired Tolerance to normal stress.</td>
</tr>
</tbody>
</table>
Positive subscales of the CAARMS

Four subscales make up the positive section. These subscales are needed to detect UHR status.

- Unusual Thought Content (UTC)
- Non-Bizarre Ideas (NBI)
- Perceptual Abnormalities (PA)
- Disorganised Speech (DS)
Comprehensive Assessment of At Risk Mental State (‘ARMS’) – TRAIN THE TRAINER COURSE

9th, 10th & 11th March 2016
Venue – TBC, North Region

Training Overview

This 3 day residential course will provide participants with an introduction to ARMS and through multiple role play scenarios and the use of video material, exposure to various technical skills and knowledge required to rate patients reliably using the Comprehensive Assessment of At Risk Mental State (‘CAARMS’) Tool.

Participants will learn strategies for training others on return to their organisation.

3 further training and networking days over the next 12 months for participants to regroup and discuss issues / challenges they face on returning to practice and implementing use of the tool / training.

Additional phone call support outside of these training sessions.

It will be a requirement of the course that participants pass the course and this will be assessed by participants rating a session on the CAARMS with a requirement that they:
1. Demonstrate an ability to carry out an assessment in a therapeutic manner.
2. Score clinical information accordingly on the CAARMS psychosis subscales.

Appropriate skills / attributes required

Participants signing up to attend this training would require the following skills:
- Good understanding of reliability and validity when assessing patients
- Confidence and capacity to train others
- Permanent member of staff

Requirements after the training:
- Participants would need skills and time to deliver training locally and be prepared to deliver an agreed number of sessions / train an agreed number of participants in the use of the CAARMS tool. The appropriate professions are likely to include senior nurses and psychological therapists.

Outcomes

The course will provide delegates with the skills to:
- Rate ARMS cases using the CAARMS tool which is vital to achieving clock stop against the new Early Intervention in Psychosis Standard implemented on 1st April 2016
- Deliver training locally across the North region in the use of the CAARMS tool to enhance the skills of the wider mental health workforce.

How many places are available and how do I book?

Places are available for 30 delegates in total and will be proportioned out to ensure adequate coverage across the North.

Contact details for queries: info@psychosisresearch.com