

To: Members, Sen. Health & Welfare  
From: Laura Ziegler  
Re: S.287

From a decision filed in Rutland Superior Court on May 28, 2013:

"The longer his psychosis remains, the greater the potential for permanent damage to his brain, and the greater the possibility that any future episodes of psychosis will be of greater duration and intensity."

--p. 69, The Implementation of Act 114 in Vermont in Calendar Year 2013

Established fact? Scientific consensus?

posted at <http://psychrights.org/>

### **Failure to Medicate Does Not Harm Patients**

- [Is active psychosis neurotoxic?](#) by T. H. McGlashan, *Schizophrenia Bulletin*, vol. 32 no. 4 pp. 609–613, 2006
- [Untreated Initial Psychosis: Relation to Cognitive Deficits and Brain Morphology in First-Episode Schizophrenia](#), by Ho, Alicata, Ward, Moser, O'Leary, Arndt, and Andreasen, *American Journal of Psychiatry* 2003; 160:142-148. This studies' "results suggest that large-scale initiatives designed to prevent neural injury through early intervention in the prepsychotic or early psychosis phase may be based on incorrect assumptions that neurotoxicity or cognitive deterioration may be avoided.
- [Is There an Association Between Duration of Untreated Psychosis and 24-Month Clinical Outcome in a First-Admission Series?](#) by Thomas J. Craig, M.D., Evelyn J. Bromet, Ph.D., Shmuel Fennig, M.D., Marsha Tanenberg-Karant, M.D., Janet Lavelle, M.S., and Nora Galambos, Ph.D., *American Journal of Psychiatry* 157:1, January 2000, 157:60–66.
- [Lack of Association Between Duration of Untreated Illness and Severity of Cognitive and Structural Brain Deficits at the First Episode of Schizophrenia](#), by Anne L. Hoff, Ph.D. Michael Sakuma, Ph.D. Kamran Razi, M.D. Gitry Heydebrand, Ph.D. John G. Csernansky, M.D. Lynn E. DeLisi, M.D., *American Journal of Psychiatry*, 2000; 157:1824–1828).
- [Duration of untreated psychosis and the long-term course of schizophrenia](#), by L. de Haan, and M. van der Gaag, J. Wolthaus, in *Eur Psychiatry* 2000 ; 19 : 264-7. Conclusion: "The results of this study do not support antipsychotic intervention at the earliest sign of psychosis in order to 'protect the brain'."
- [Medication-Free Research in Early Episode Schizophrenia: Evidence of Long-Term Harm?](#), by John R. Bola, *Schizophrenia Bulletin* vol. 32 no. 2 pp. 288–296, 2006 doi: 10.1093/schbul/sbj019, concludes in this meta- study that good-quality evidence is inadequate to support a conclusion of long-term harm resulting from short-term postponement of medication in early episode schizophrenia research.

<http://summaries.cochrane.org/CD006374/antipsychotic-medication-for-early-episode-schizophrenia>

### **Antipsychotic medication for early episode schizophrenia**

*Bola J, Kao D, Soydan H, Adams CE*

Published Online:

November 9, 2011

There are only a few good quality studies comparing the acute treatment of early episode schizophrenia with an antipsychotic medication compared to placebo or psychosocial treatment. It appears that initial medication treatment reduces the study attrition rates while also increasing the risk for medication-induced side effects. Data are too limited to assess the effects of initial antipsychotic medication treatment on outcomes for individuals with an early episode of schizophrenia.

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Meanwhile:

[http://www.nytimes.com/2008/09/16/health/research/16conv.html?\\_r=0](http://www.nytimes.com/2008/09/16/health/research/16conv.html?_r=0)

A CONVERSATION WITH NANCY C. ANDREASEN  
Using Imaging to Look at Changes in the Brain

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**Q. AND WHAT HAVE YOU FOUND?**

**A.** I haven't published this yet. But I have spoken about it in public lectures. The big finding is that people with schizophrenia are losing brain tissue at a more rapid rate than healthy people of comparable age. Some are losing as much as 1 percent per year. That's an awful lot over an 18-year period. And then we're trying to figure out why. Another thing we've discovered is that the more drugs you've been given, the more brain tissue you lose.

**Q. WHY DO YOU THINK THIS IS HAPPENING?**

**A.** Well, what exactly do these drugs do? They block basal ganglia activity. The prefrontal cortex doesn't get the input it needs and is being shut down by drugs. That reduces the psychotic symptoms. It also causes the prefrontal cortex to slowly atrophy.

If I were developing new drugs, I'd switch targets. Till now it's been chemically formulated targets. I believe we should be thinking more anatomically and asking, "With schizophrenics, which brain regions are functioning abnormally?"

**Q. ARE YOU WORRIED YOUR FINDINGS MIGHT BE MISUSED?**

**A.** The reason I sat on these findings for a couple of years was that I just wanted to be absolutely sure it was true. My biggest fear is that people who need the drugs will stop taking them.

**Q. WHAT ARE THE POLICY IMPLICATIONS OF THIS FINDING?**

**A.** Implication 1: that these drugs have to be used at the lowest possible dose, which often doesn't happen now. There's huge economic pressure to medicate patients very rapidly and to get them out of the hospital right away.