ETHICS OF TREATMENT IN EARLY PSYCHOSIS

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Abstract
One of the major problems in ethics of schizophrenia includes treatment in prodromal phase of the disease because of the potential devastating impact on human life and critical impact on their families. Ethnic groups, social and economic status, high levels of negative symptoms, personality disorders may be factors affecting prognosis and disease progression. Accurate and comprehensive assessment of onset of symptoms made by an experienced psychiatrist and early initiation of treatment, constitute decisive factors in the evolution and prognosis of patients with schizophrenia. The biggest challenge is such as early recognition of symptoms of disease while minimizing the risk of false diagnosis. The average duration of prodromal symptoms before the onset of psychotic symptoms may be 2 years (women have a shorter prodromal period). Time to initiation of antipsychotic treatment is about three years, depending on the tolerance level of the community to substantial levels of psychopathology. The stigma attributed to this disorder, which are present worldwide, can also be so powerful for family and for individuals and may determined delay of treatment. Ethical guidelines for the research and implementation of treatment are necessary and should be followed by psychiatrists, general practitioners and families in order to ensure the right and optimal access in early stages of schizophrenia.

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Introduction

Clinicians who treat patients with schizophrenia often encountered ethical issues related to psychiatric treatment. Schizophrenia is a severe mental disorder frequently accompanied by cognitive impairment. These impairments with psychotic symptoms and lack of insight, can affect the abilities of the patients to make fully informed decisions about their own mental care. In these cases, ensuring that consent for treatment is informed, voluntary and competent can become a difficult achievement. Informed consent, as a core of these ethical principles, represents the expression of individual rights in both clinical and research contexts.

Ethics is a discipline that evaluates in order to understand the moral aspects of human nature and action [1]. One of the major issues in the ethics of schizophrenia includes a relatively low prevalence of disorder but with a potentially devastating effect on the person life and with a critical effect on their families. After onset, untreated schizophrenia may be followed by loss of productivity and high costs for the community, often may be present through lifetime.

There is undeniable evidence that demonstrates that many patients have difficulty receiving psychiatric treatment after the onset of symptoms of schizophrenia. Delay of treatment can profoundly affect the future development of the patient, representing a major burden and family.

Regarding the size of the disease therapeutic research was mainly as expected, the neurobiological aspects as fundamental basis in the establishment of various types of therapeutic intervention. As known, changes characteristic schizophrenic process starts with probability in the womb, the result of the interaction of multiple factors, such as genetic defects, trauma factors, infectious, immune and stress.

The way to achieve mental health is often long and sinuous, in particular for psychotic disorders. Recent studies on patients in first episode of schizophrenia have shown that the average duration between the onset of symptoms and initiation of treatment is over two years and where this term was three years are not exceptional [4]. Moreover, early but nonspecific signs such as mood disorders, suicidal ideation and impaired concentration may occur even ten years before the onset of psychotic symptoms [10]. Neurodegenerative theory involves behavioural and cognitive deterioration of the disease. Cognitive deficits have a highly significant psychopathology when they are used and included in long-term prognosis of the disease. Therefore, these deficits are also a target of the current pharmacological therapies, accepting the idea that they can have a major impact on compliance therapy. Likewise all benchmarking showed a strong correlation with negative symptoms of cognitive impairment in schizophrenia, and the poor results of neuropsychological tests were obtained from patients with focal brain lesions.

Ethnic groups, social and economic status, high levels of negative symptoms, personality disorders may be factors affecting prognosis and disease progression.
Diagnostic

Accurate and comprehensive assessment of onset of symptoms made by an experienced psychiatrist and early initiation of treatment, constitute decisive factors in the evolution and prognosis of patients with schizophrenia. Pharmacological intervention in schizophrenia is to cure specific symptoms of the illness and prevent psychotic relapses. These two objectives are plausible if they are made early at the onset of the disease. Moreover, it is known that schizophrenia is an enduring psychopathological process within which the early stages are the most active, aggressive and significance for the further development of the patient. Another dimension of pharmacological treatment is conservation cognitive and affective fund.

The biggest challenge is such as early recognition of symptoms of disease while minimizing the risk of false diagnosis.

It is possible to consider that treatment in early stages of schizophrenia may be intrusive and sometimes invasive due to patient’s lack of insight. Even test for differential diagnostics are difficult to be accomplished.

The average duration of prodromal symptoms before the onset of psychotic symptoms may be 2 years (women have a shorter prodromal period). Time to initiation of antipsychotic treatment is about three years, depending on the tolerance level of the community to substantial levels of psychopathology [7]. During the prodromal phase, 80% of patients have depression and social decline and stagnation in personality development begins even before the first hospitalization [11].

The onset of schizophrenia frequently occurs at teenagers. This is a critical period with an increased risk of developing psychotic disorders, especially in vulnerable people. Neuroimaging techniques have made it possible to reveal the changes in brain structure puberty.

Unfortunately for long-term prognosis of the disease, many of the symptoms of the prodromal phase of schizophrenia with onset in adolescence are misinterpreted by parents, teachers, and relatives as "a passing phase of adolescence". However, the approach of identifying schizophrenia is not easy given the non-specificity of symptoms in the prodromal phase. This is why the assessment of potential indicators for schizophrenia is taken into accounts both the objective neuropsychological deficits and the subjective self-perception.

Abnormalities in information processing could play an important role in identifying prodromal states of psychosis and predict the probability of transition to, thus forming the neuropsychological markers. Disruption of attention has been described as one of the strongest markers of susceptibility for schizophrenia in research on high-risk individuals for schizophrenia [5], with verbal fluency tests that have proven to be the neuropsychological indicator for deficit with more sensitive performance [3].

Informed consent

In the clinical setting it is a legal and ethical obligation for clinicians to inform patients about the patient’s illness and alternatives for care and
assist them in making decisions about treatment. In the research setting the investigators must inform participants about the research protocol and help them understand the purposes, risks and benefits.

In schizophrenia, disability justifies involuntary internment and involuntary treatment as a significant reduction in ethical freedom. The absence of the conscience of the disease is a cognitive disability justifying the intervention in those circumstances in which it interferes with making informed decisions.

Respect for the autonomy of individuals, in the process of obtaining informed consent, means recognition and appreciation of their specific capacities and Informed Consent for Schizophrenic Patients perspectives. This means that individuals should not be interfered with when making medical decisions, thus enabling them to act as they choose. Respect for autonomy involves the acknowledgement of another’s right to their own decisions, whereas disrespect for autonomy “involves attitudes and actions that ignore, insult, or demean others”.

This implies, from an ethical point of view, that we should respect not only actions we consider to be correct, but also actions with which we may not agree.

On the basis of this argument, it cannot be claimed that all individual’s suffering schizophrenia are incapable of giving informed consent. This capability varies with individuals and over time. Some patients will still retain the capacity to make decisions while others will not. It is vital in schizophrenia treatment to recognise that patients are heterogeneous and vary so greatly in personality, values and ideals. Mental illness carries a very important stigma and there is often “a presumption of an association between mental illness and impairment of autonomy” and in many ways these two reasons are related.

### Expectations

The average time to remission under treatment is about 3 months. When time required to obtain remission is greater than the degree of remission is lower. Cognitive performance is considered to be the most important factor contributing to the recovery in functional [6]. Examination of longitudinal short-term patients in first episode of schizophrenia, demonstrates a pattern of neuropsychological deficits remarkably constant over time [9]. Recent studies highlight the correlation between the duration of untreated psychosis and cognitive deficits in patients with a first episode of schizophrenia. The duration of untreated psychosis is greater, the greater the extent of cognitive deficits. It thus appears that the function of the prefrontal cortex begins to deteriorate from the beginning of psychosis and it is obvious for those with a longer duration of untreated psychosis [8]. Moreover, some studies have found an association between the tracking duration of untreated psychosis and poor prognosis as evidenced by the rate of relapse and the remission achieved [2].

### Stigma

The stigma attributed to this disorder, which are present worldwide, can also be so powerful for family and
for individuals and may determined delay of treatment.

Despite recently programs for public education campaigns, there is a view that schizophrenia has poor prognoses and this may induced a negative or denial view. This could result in demoralisation or even depression in patient’s family.

Some authors have also suggested that the stigma that lies on mental illness in many societies may cause denial of their symptoms in order to keep the social status and social relationships. Such an individual may reject a medical explanation, not because of a lack of conscience, but because he gives priority to maintaining relations and social position which otherwise he would be loosed.

The length of time between the onset of psychotic symptoms and initiation of therapy (also known as the duration of untreated psychosis) is found to be variable depending on: ethnic and cultural heritage, the degree of community tolerance, the level of stigma, and the levels of psychopathology.

The length of psychosis before treatment was found to be particularly traumatic for patients and their families with high rates of self-harm, suicide or suicidal intentions, family distress, interference of the police, forensic acts, drug use, and threatening behaviour perturbing [12].

Confidentiality

Confidentiality is an important tool for protecting the population from discrimination and other forms of stigma. The challenge of obtaining consent is closely related to problems of patient privacy and confidentiality. Some ethicists explain that our notions of confidentiality have traditionally been built on the ‘personal account’ model, in which health information belongs to that patient alone.

The setting for treatment determines confidentiality. If it is attempted through general hospitals, it is difficult to be kept confidential because the patient may be evaluated by many physicians in order to eliminate other possible diagnostics. Full confidentiality is more easily preserved if treatment process is performed in specialized clinics or through other medical services (private practice).

The concept of confidentiality therefore may extend beyond secure medical records. It may include not only what is told and to whom, but in the same time what type of language is used and what kind of messages are implied.

Conclusions

The decision "to treat" must have an ethical significance to justify the intervention. The current laws, justifies involuntary internment and treatment through the Law on Mental Health and Protection of Persons with psychiatric disorders. Involuntary treatment is justified on the basis of lack of insight and must be judged very carefully. The risk of disability justifies involuntary treatment even if it is a significant reduction of freedom as it is written in ethical concepts. The absence of the conscience of the disease is a cognitive disability justifying the intervention in those circumstances in which it interferes with making best and appropriate decisions for mental health. All this leads to the conclusion
that delaying treatment causes a further development conditions. Possible minimizing the time elapsed from the onset of symptoms and initiation of therapy remains a major goal in schizophrenia.

Ethical guidelines for the research and implementation of treatment are necessary and should be followed by psychiatrists, general practitioners and families in order to ensure the right and optimal access in early stages of schizophrenia.

References