DISTURBI SCHIZOFRENICI E ADDICTION. QUANDO E COME TRATTARE

SERGIO DE FILIPPIS

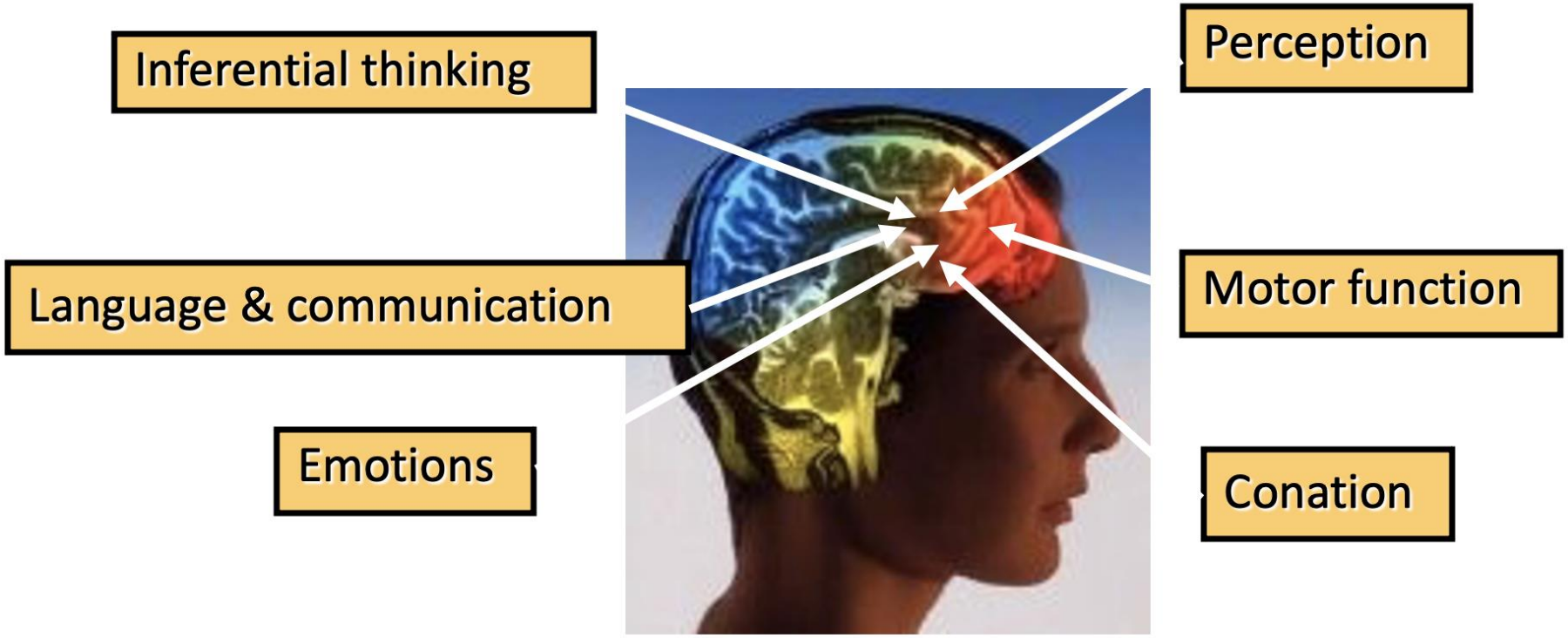
Examples of risks and protective factors that determine mental health

- Genetic factors
- Low education
- Alcohol and drug use
- Unhealthy diet
- Obesity and other metabolic risks
- Chronic disease
- Vitamin D deficiency
- Body dissatisfaction
- Sleep disturbances
- Obstetric complications at birth

- Sexual abuse and violence
- Emotional and physical abuse and neglect
- Substance use by mother during pregnancy
- Bullying
- Intimate partner violence
- Being a war veteran
- Sudden loss of a loved one
- Job strain
- Job loss and unemployment
- Urban living
- Being from an ethnic minority

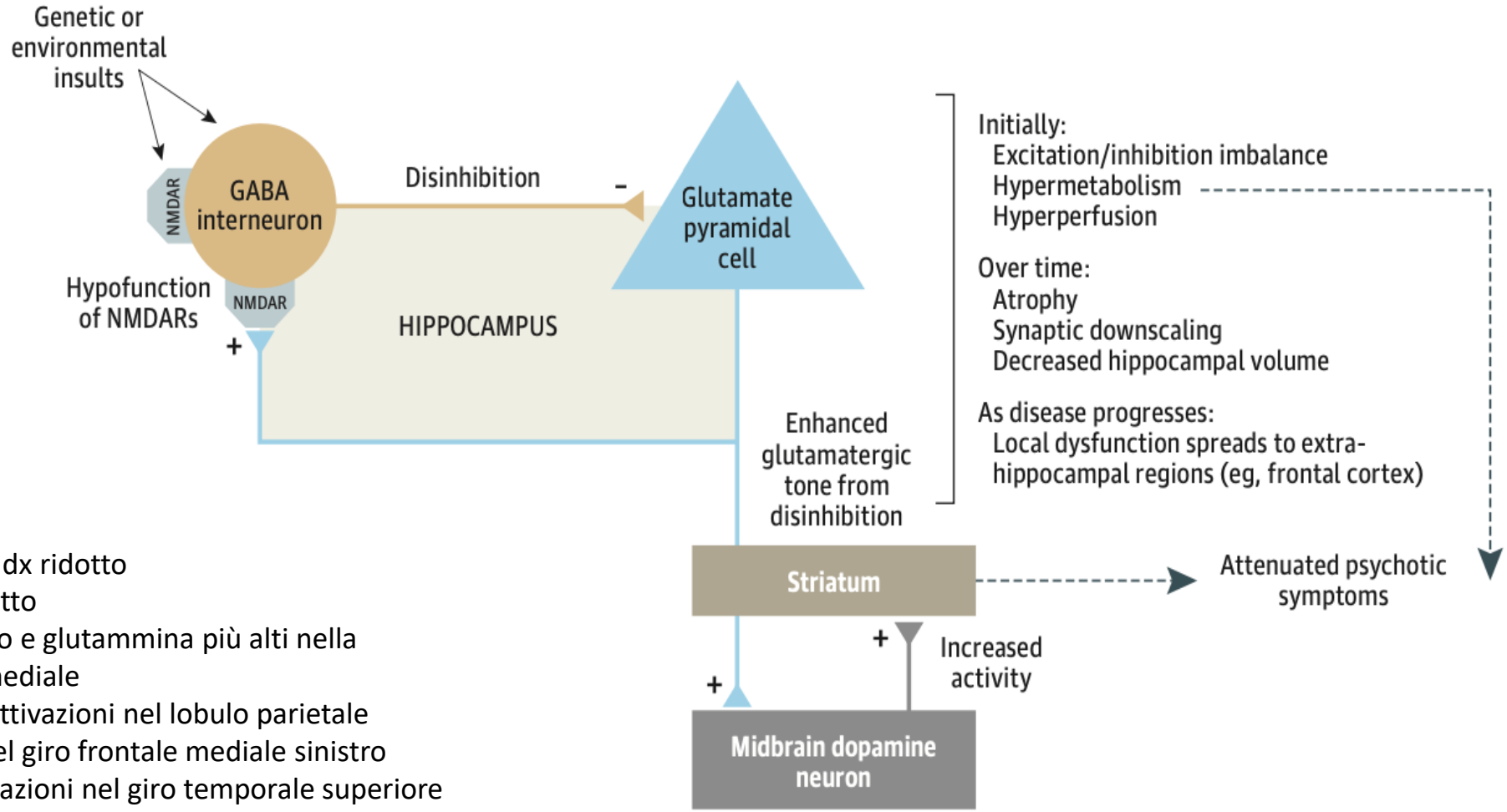
- Climate crisis, pollution or environmental degradation
- Poor quality infrastructure
- Poor access to services
- Injustice, discrimination and social exclusion
- Social, economic and gender inequalities
- Conflict and forced displacement
- Health emergencies

Schizofrenia: una malattia cerebrale invalidante



Una delle principali sfide rimanenti
di fronte alla moderna scienza medica

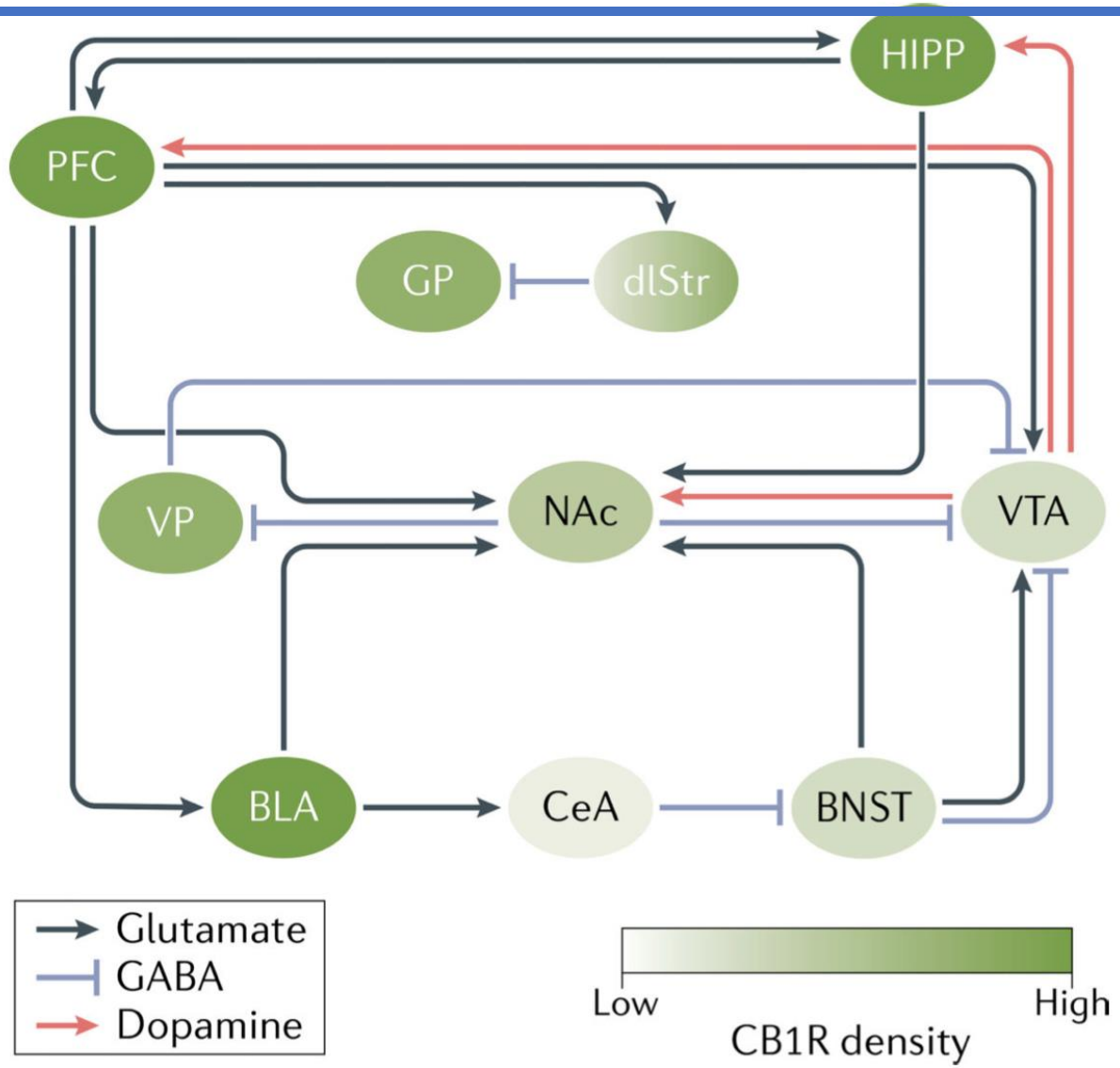
Figure adapted from Emsley R



CHR-P *vs* HC

Volume ippocampo dx ridotto
Volume talamo ridotto
Livelli di glutammato e glutammina più alti nella corteccia frontale mediale
Diminuzione delle attivazioni nel lobulo parietale inferiore destro e nel giro frontale mediale sinistro
Aumento delle attivazioni nel giro temporale superiore sinistro e nel giro frontale superiore destro

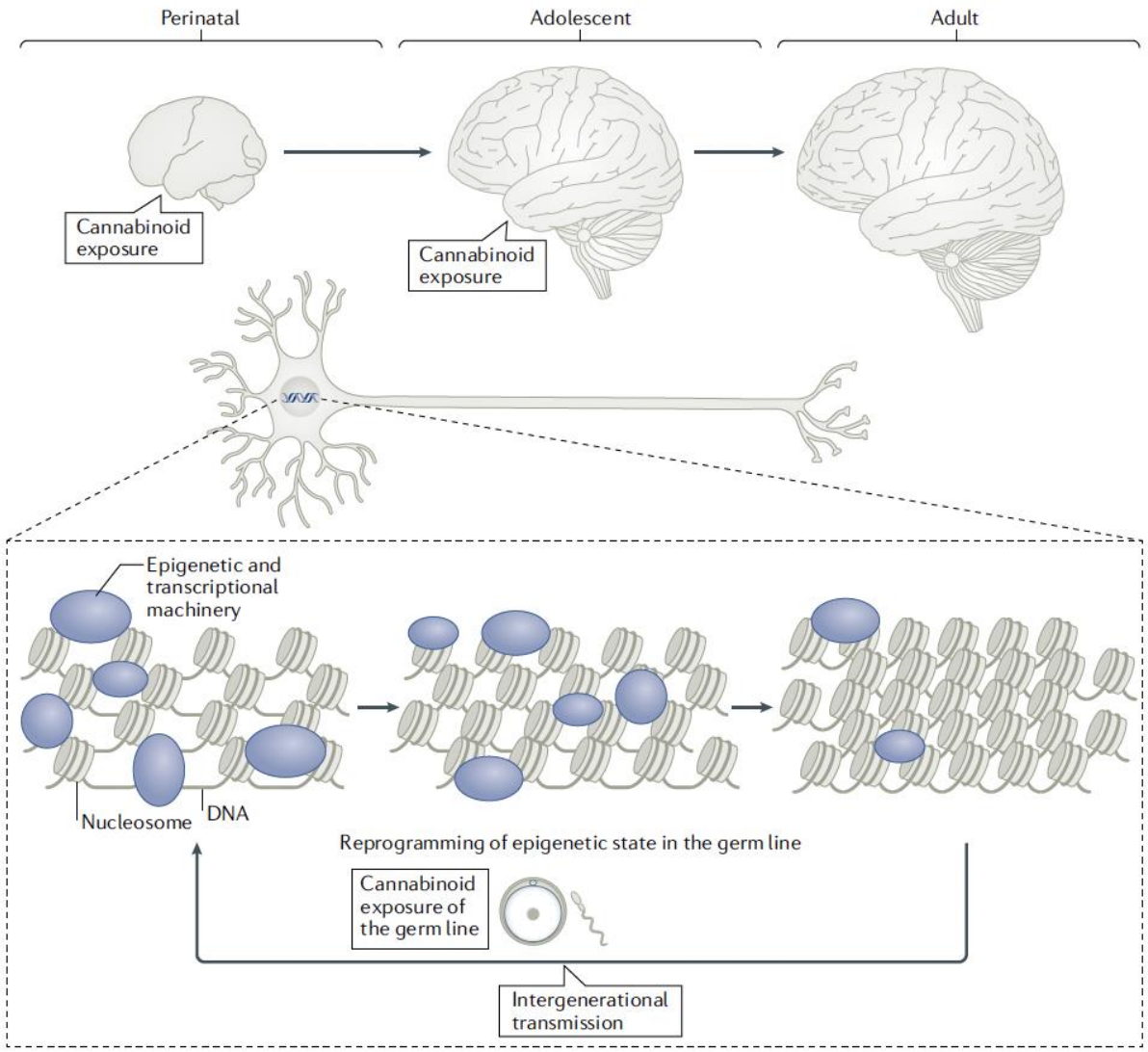
Cannabis use and cannabis use disorder



Acute THC- Induced Deficits In Mesocorticolimbic Circuit And Salience Network Function

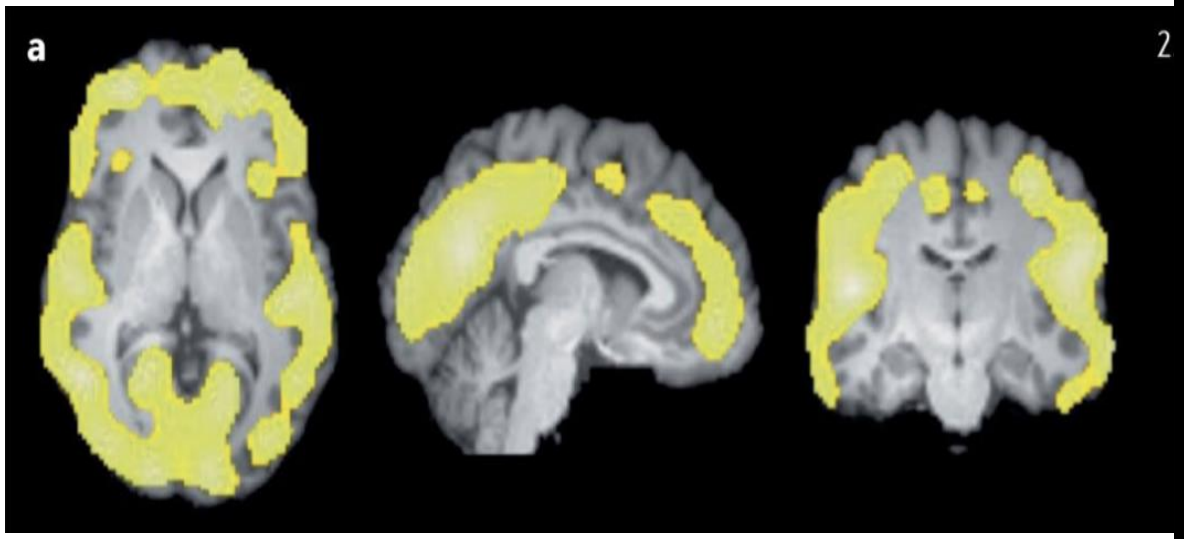
Neurocognitive domain	Effect of THC on mesocorticolimbic neurotransmission	Effect of THC on brain activity and functional connectivity	THC-induced functional deficits
Attention and psychomotor function	Increased striatal dopamine and glutamate release[76,77]	Attenuation of striatal activation[93–95], decreased functional connectivity within the mesocorticolimbic system and the salience network[32,76,77,96,97], increased metabolism in the anterior cingulate[98], decreased activation of the salience network (paralleled by decreased silencing of the default mode network) and decreased recruitment of the executive network[97]	Distorted salience processing[32,93–96], reduced sustained attention and reduced visuomotor task performance[76,77,97,98]
Impulse control	Increased striatal dopamine release[75]	Reduced functional connectivity within the mesocorticolimbic system[75] and attenuation of activation in the anterior cingulate, hippocampus, striatum, insula and inferior frontal cortex[33,101,102]	Increased cognitive impulsivity and reduced motor response inhibition[33,75,101,102]
Memory and learning	Reduced (hippocampal) acetylcholine release[103]	Reduced striatal and insular activation, increments in hippocampal and prefrontal cortex activity[107–110] and reduced load-dependent prefrontal cortex activation[108,110]	Working memory impairment[103,108,110]
Consciousness	Increased striatal glutamate release[79] and GABAergic inhibition[112]	Attenuation of striatal activation[32], increased hippocampal activity[109], attenuation of inferior frontal cortex[33] and decreased functional connectivity within the salience network[67]	Psychotomimetic effects[32,33,67,79,109,112]

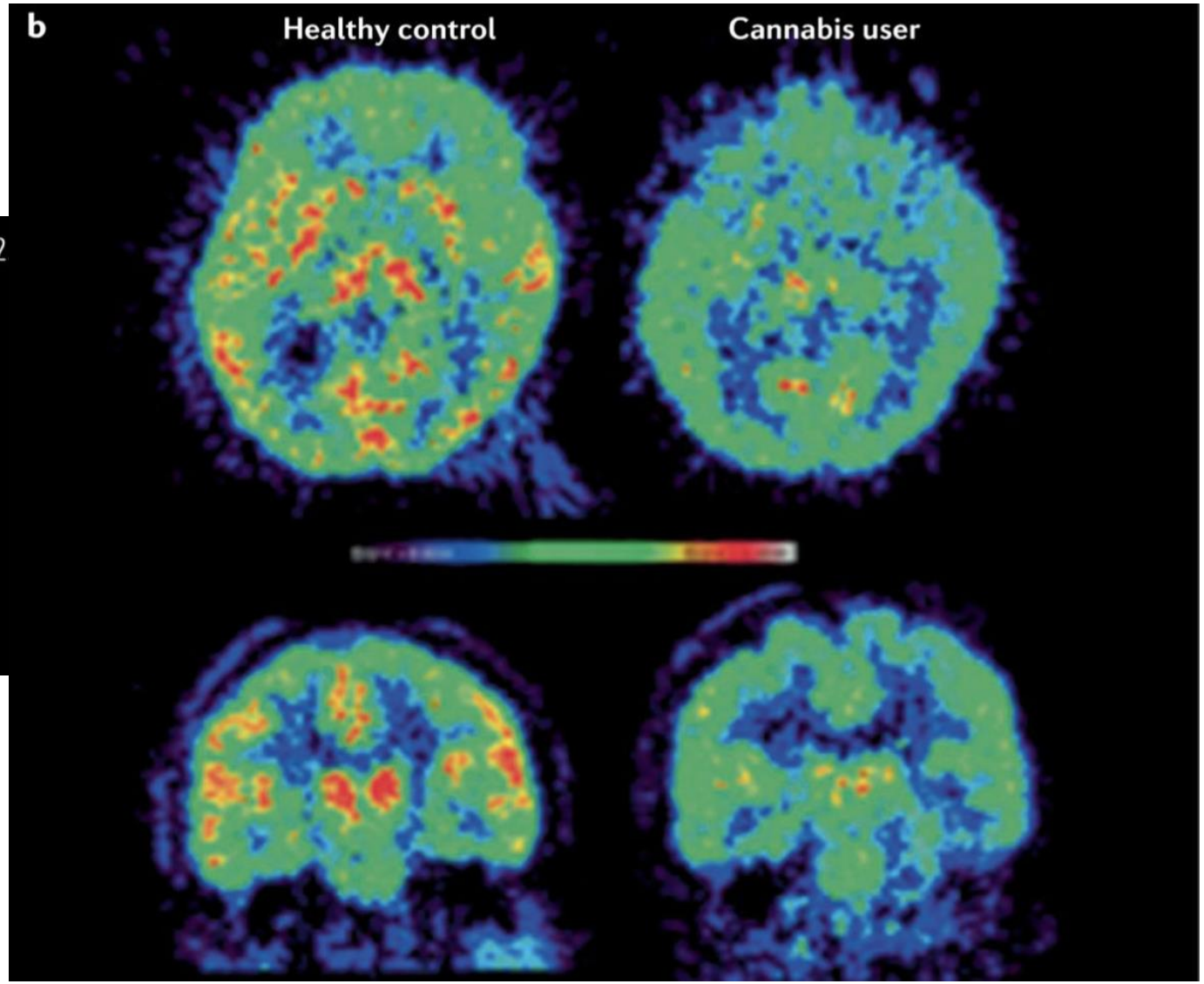
Cannabis And Synaptic Reprogramming Of The Developing Brain



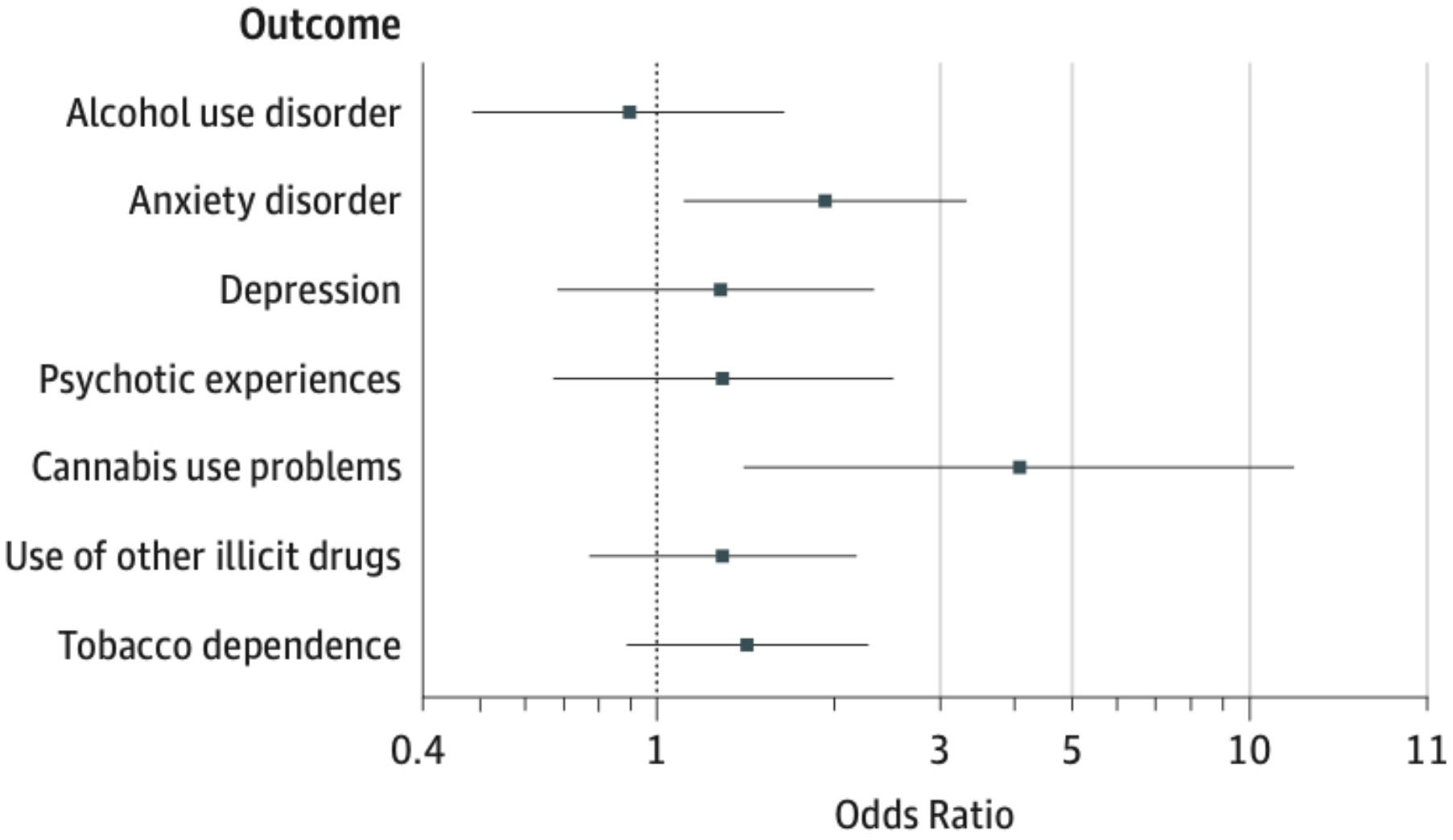
A Bara, J-M N. Ferland, G Rompala, H Szutorisz and Y L. Hurd; Nature Reviews 2021

Cannabis use and cannabis use disorder





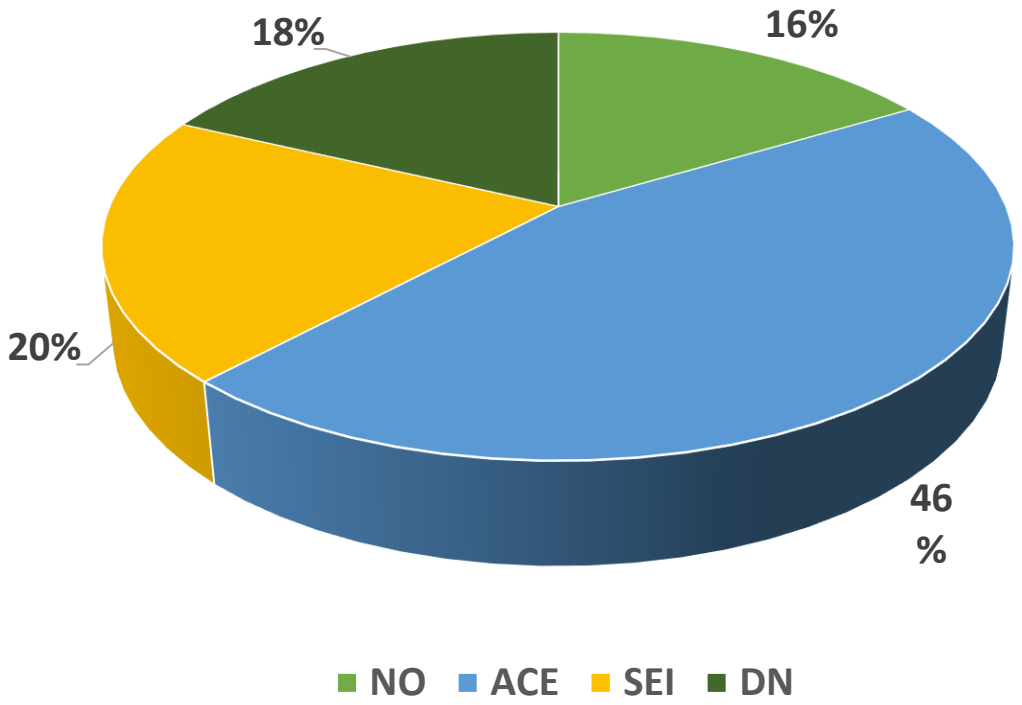
Association Of High-potency Cannabis Use With Mental Health And Substance Use In Adolescence



J Lindsey A. Hines et al, JAMA Psychiatry 2020

A Comprehensive Evaluation of Adverse Childhood Experiences, Social-Emotional Impairments, and Neurodevelopmental Disorders in Cannabis Use Disorder: Implications for Clinical Practice

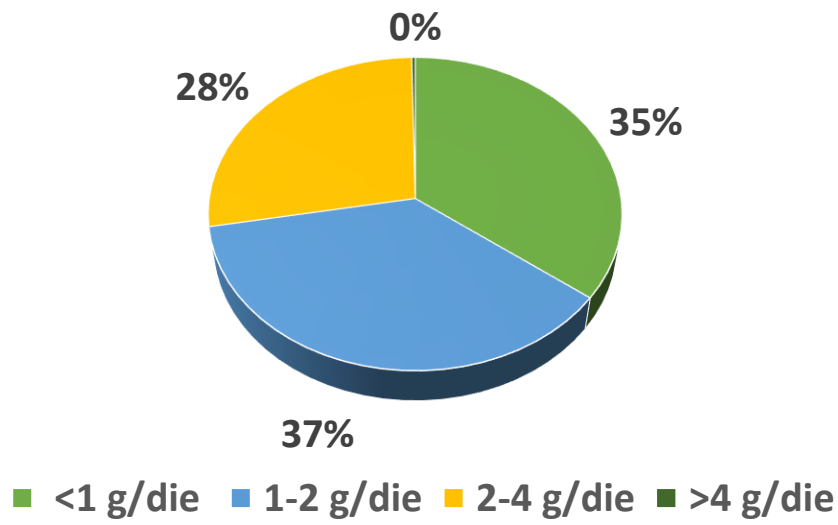
- Adverse childhood experiences (ACE)
  - Abuse of child
  - Trauma in child's household environment
  - Neglect of child
- Disturbi del Neurosviluppo (DN)
  - Disabilità intellettiva lieve
  - Disturbi della comunicazione
  - Disturbi dello Spettro dell'Autismo
  - ADHD
  - Disturbi Specifici dell'Apprendimento
  - Disturbi del movimento
  - Disturbi da TIC
- Social and Emotional Impairment (SEI)
  - compromissione nel funzionamento sociale
  - compromissione nella sfera emotiva



A Comprehensive Evaluation of Adverse Childhood Experiences, Social-Emotional Impairments, and Neurodevelopmental Disorders in Cannabis Use Disorder: Implications for Clinical Practice

Variabili	M (ds)
Età	22.94 (4.69)
Età inizio cannabis	14.39 (2.20)
Età di esordio	16.32 (3.04)
ΔTcannabis-esordio	1.98 (2.03)
Età primo ricovero	17.59 (3.57)
Variabili	**N (%)**
Sesso	
M	209 (64.7)
F	114 (35.5)
Pazienti < 18 anni	35 (10.8)
Dosaggio Cannabis	
<1 g/die	114 (35.3)
1-2 g/die	119 (36.8)
2-4 g/die	89 (27.6)
>4 g/die	1 (.03)

Variabili	N (%)
Poliuso	205 (63.5)
Cocaina	134 (41.5)
Oppioidi	24 (7.4)
Amfetamine	49 (15.2)
Allucinogeni	32 (9.9)
Alcol	117 (36.2)
BDZ	24 (7.4)



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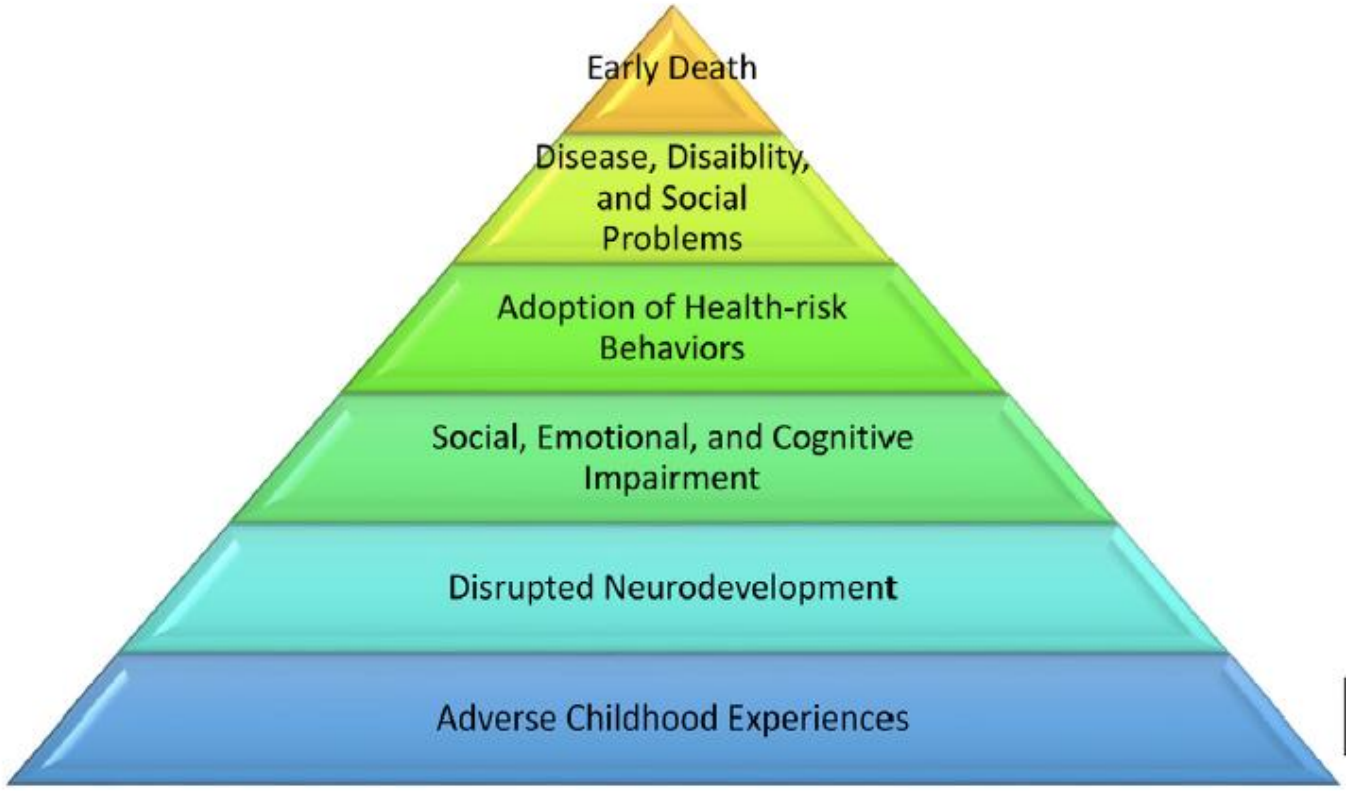
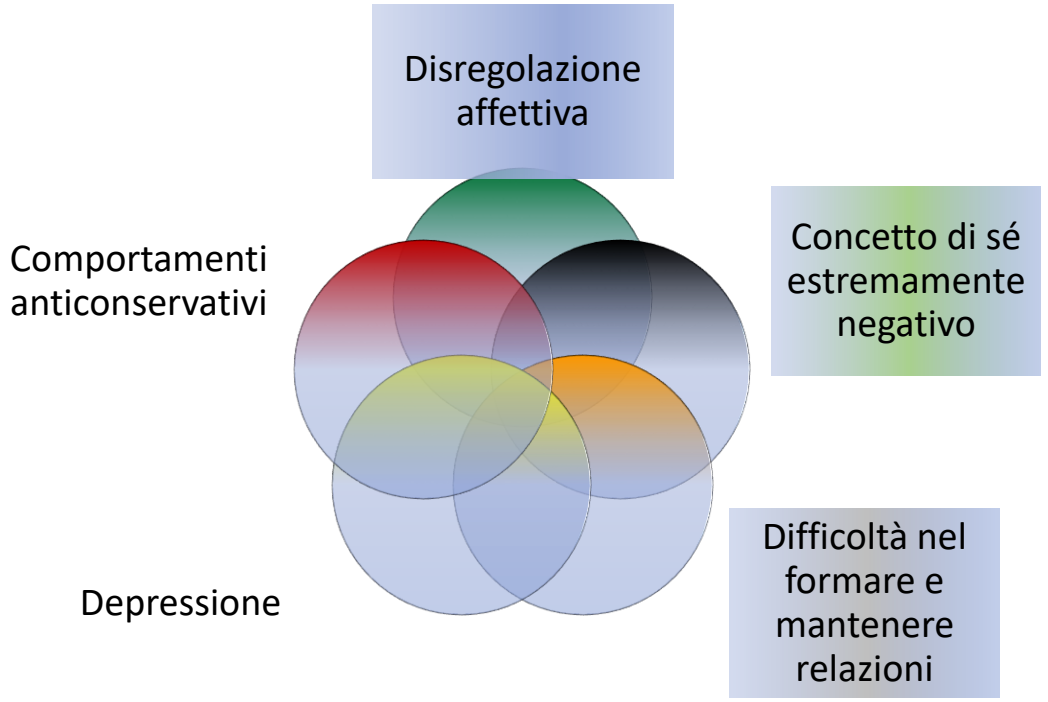
Variabili, N (%)	Gruppo con premorboso	Gruppo senza premorboso	χ^2	p
Sintomi				
Agitazione	119 (91.5)	11 (8.5)	9.39	**.001**
Discontrollo	65 (89.0)	8 (11.0)	1.84	NS
Ritiro	64 (84.2)	12 (15.8)	.007	NS
Flessione umore	64 (78.0)	18 (22.0)	2.78	NS
Deliri	84 (79.2)	22 (20.8)	2.53	NS
Dispercezioni	54 (74.0)	19 (26.0)	6.88	**.009**
Panico	47 (82.5)	10 (17.5)	.10	NS
Autolesionismo	84 (92.3)	7 (7.7)	6.62	**.006**
DCA	16 (100)	0 (0.0)	3.23	**.056**

TAVOLE DI CONTIGENZA

Responding To Trauma

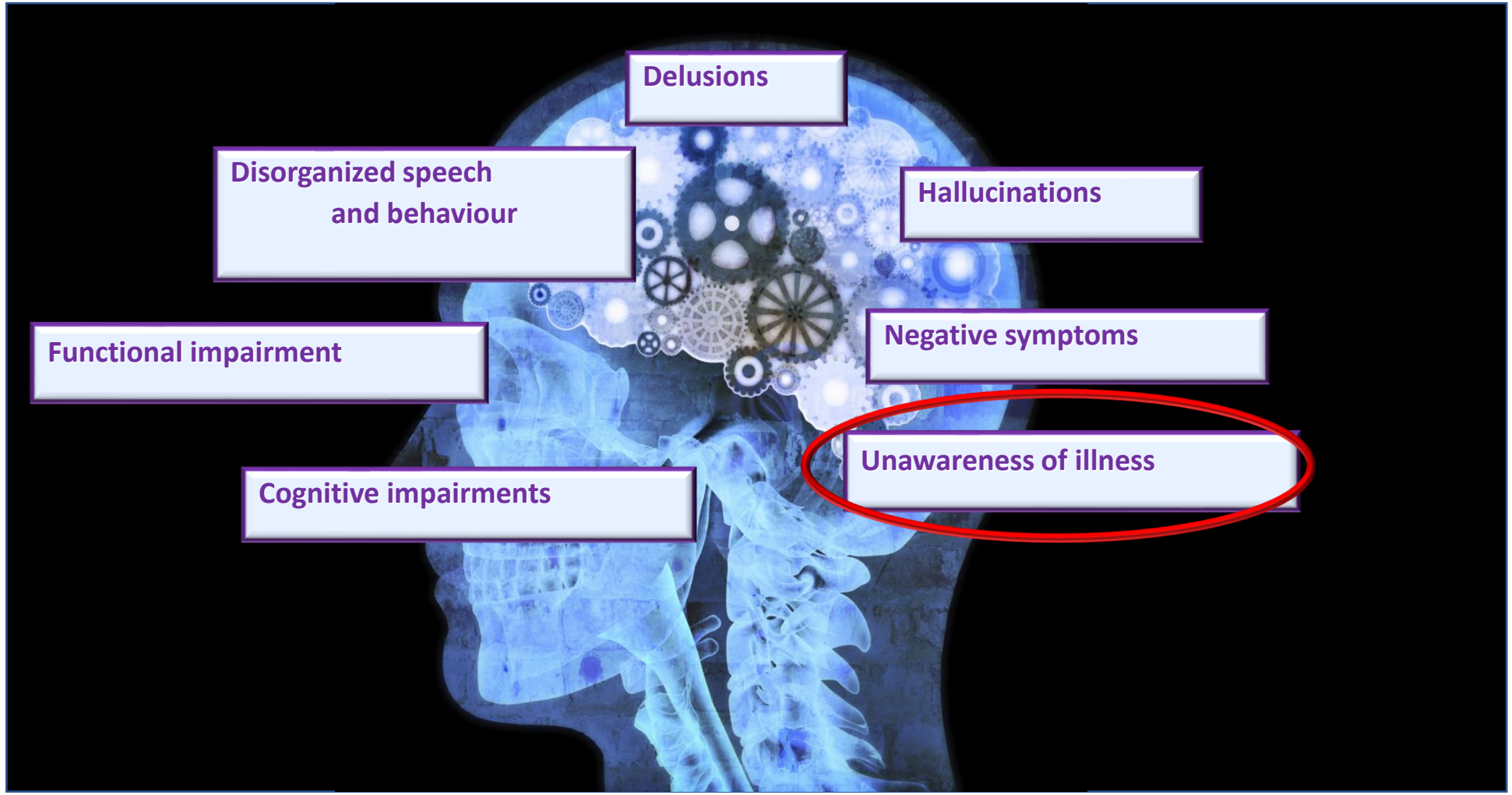




Quali condizioni premorbose?? 🤔

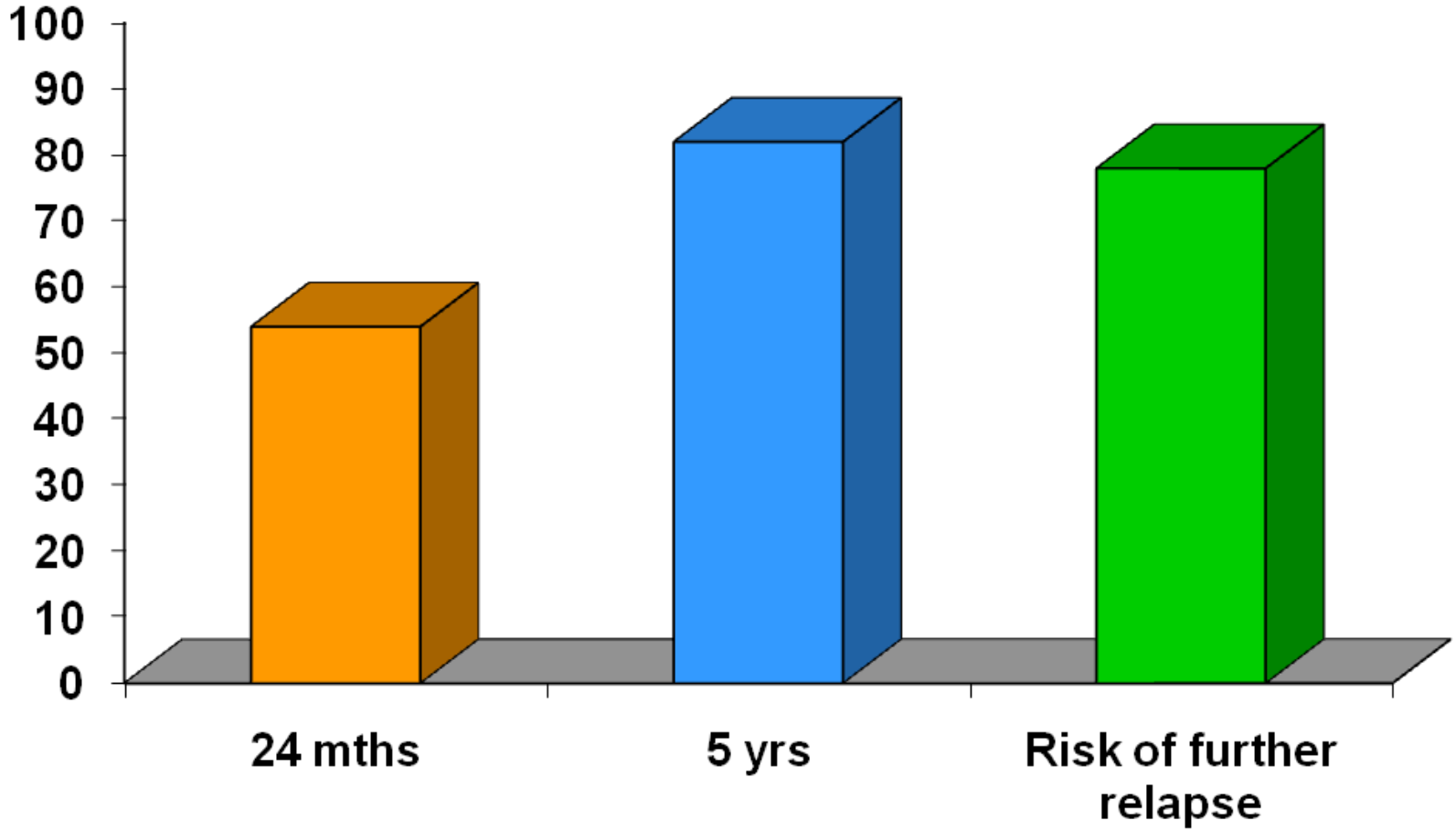
Trattamento

L'inconsapevolezza della malattia come caratteristica fondamentale della schizofrenia



…. and the risk of relapse is high

Relapse rates after a first episode of schizophrenia

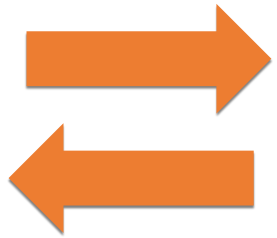


Robinson et al. Arch Gen Psychiatry 1999;56:241–247

Fase di malattia/setting di trattamento & obiettivi terapeutici

Setting acuto

- **Rapido controllo dei sintomi** (>>>*positivi*)
- **Efficace gestione** di *aggressività* e/o *agitazione*
- **Prevenzione atti *auto-*** e/o ***etero-lesivi***
- Rendere il paz. **più collaborativo**
- Ottimizzazione dei **tempi di degenza**
- Ottimizzazione di **dimissione** e presa in carico dei **servizi territoriali**



Setting mantenimento

- **Prevenzione delle riacutizzazioni e ospedalizzazioni**
- Controllo dei **sintomi residui**
- Garantire la ***continuità di trattamento***
- Migliorare **funzionamento sociale/QoL**
- Migliorare la ***funzione cognitiva***
- **Favorire un reinserimento sociale e lavorativo/scolastico (*recovery*)**
- Limitare comparsa/severità di **AEs**

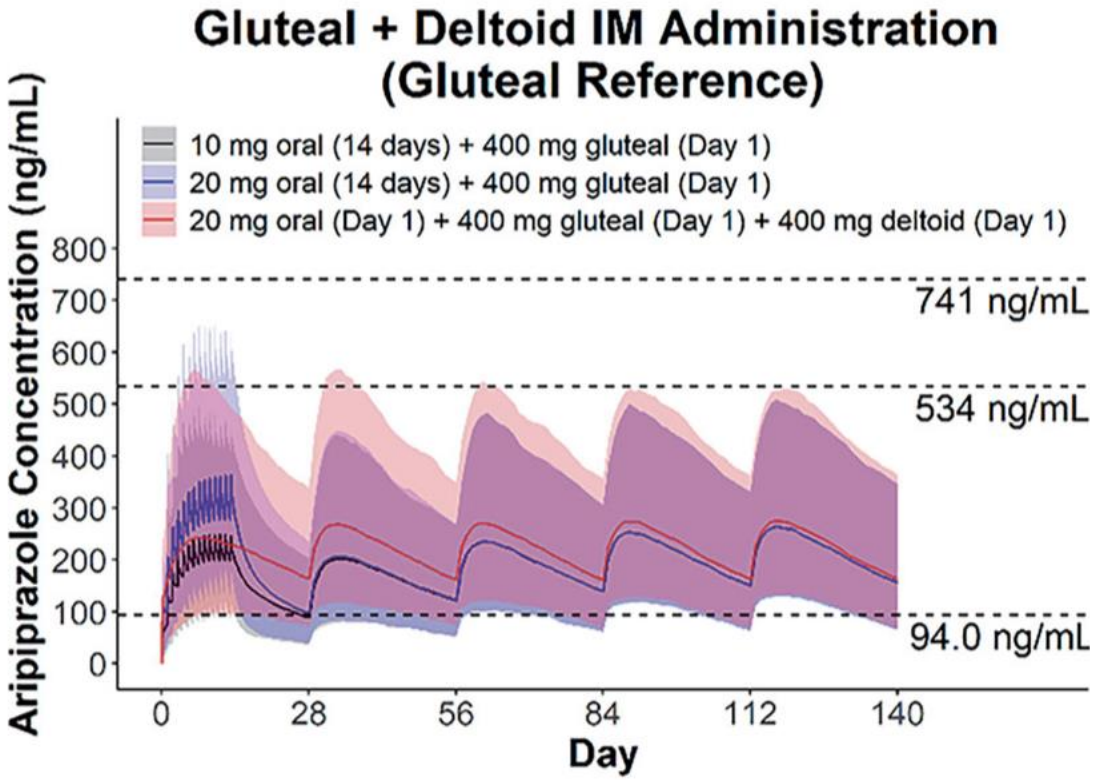
Aripiprazole I.M. And Brexpiprazole. In Acute Patients With Agitation

Day	Aripiprazole vial 9.75 mg (=1.3 mL) i.m.	Brexpiprazole tablet 2 mg p.o.	Brexpiprazole tablet 4 mg p.o.	Morning	Afternoon	Evening
1-6	×			×	×	×
7-10	×	●		×	●	×
11-13	×		●	●		×
14			●			●

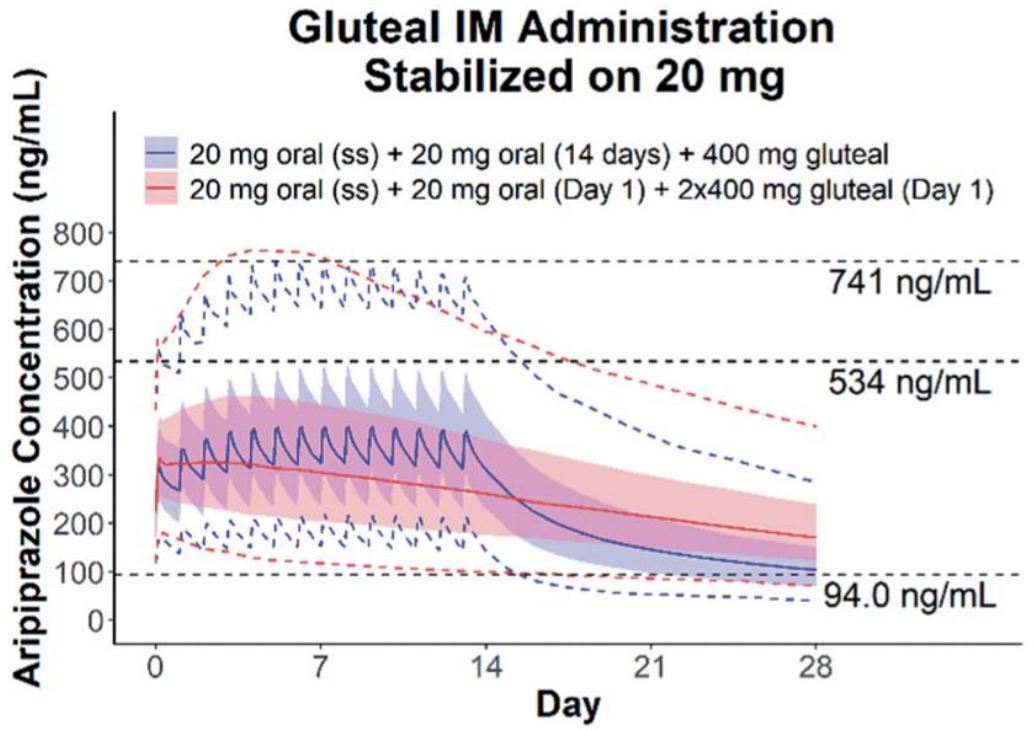
Aripiprazole I.M. And P.O. In Acute Patients With Agitation And Nonadherence

Day	Aripiprazole vial 9.75 mg (=1.3 mL) i.m.	Aripiprazole tablet 10 mg p.o.	Aripiprazole monohydrate 400 mg i.m. (LAI)	Morning	Afternoon	Evening
1-6	×			×	×	×
7		●●	▾▾			
11-13						
14						
15-28						
29						
35			▾			

An Alternative Start Regimen With Aripiprazole Once-monthly In Patients With Schizophrenia: Population Pharmacokinetic Analysis Of A Single-day, Two-injection Start With Gluteal And/Or Deltoid Intramuscular Injection

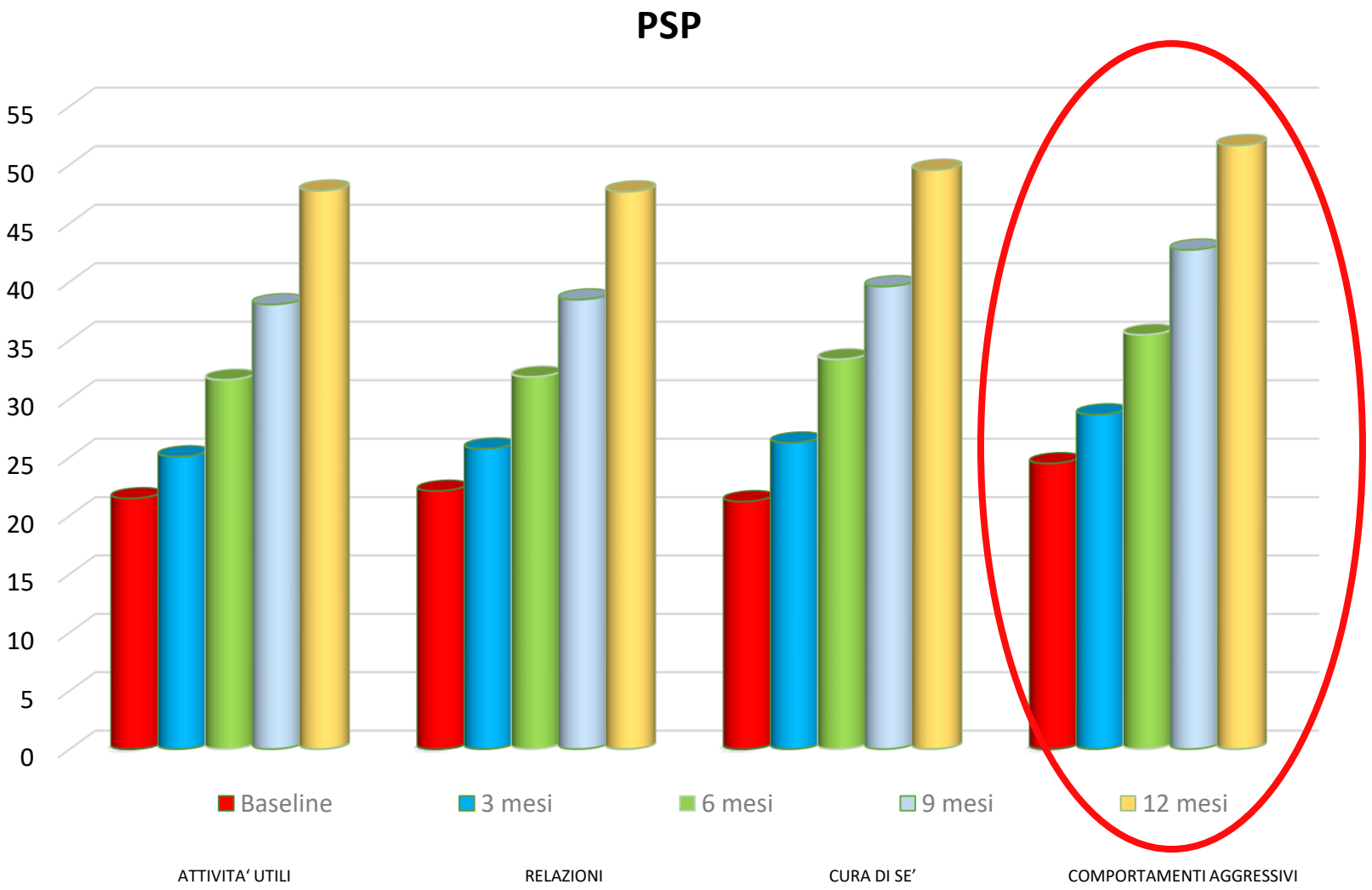


Profilo farmacocinetico comparabile al regime iniziale a singola iniezione con 14 giorni di somministrazione orale



Vantaggi: riduzione giorni di degenza ospedaliera, non necessaria supplementazione orale, ridotto rischio di ricadute

Efficacia Di Aripiprazolo Lai Sul Funzionamento Sociale E Personale Nei Pazienti Con Esordio Psicotico



Il funzionamento sociale e personale migliora progressivamente a 3, 6, 9 e 12 mesi dall'inizio della terapia con Aripiprazolo nei pazienti con esordio psicotico

G Giordano, L Tomassini, I Cuomo, E Amici, F Perrini, G Callovini, A Carannante, G D. Kotzalidis, S De Filippis; Frontiers in Psychiatry 2020

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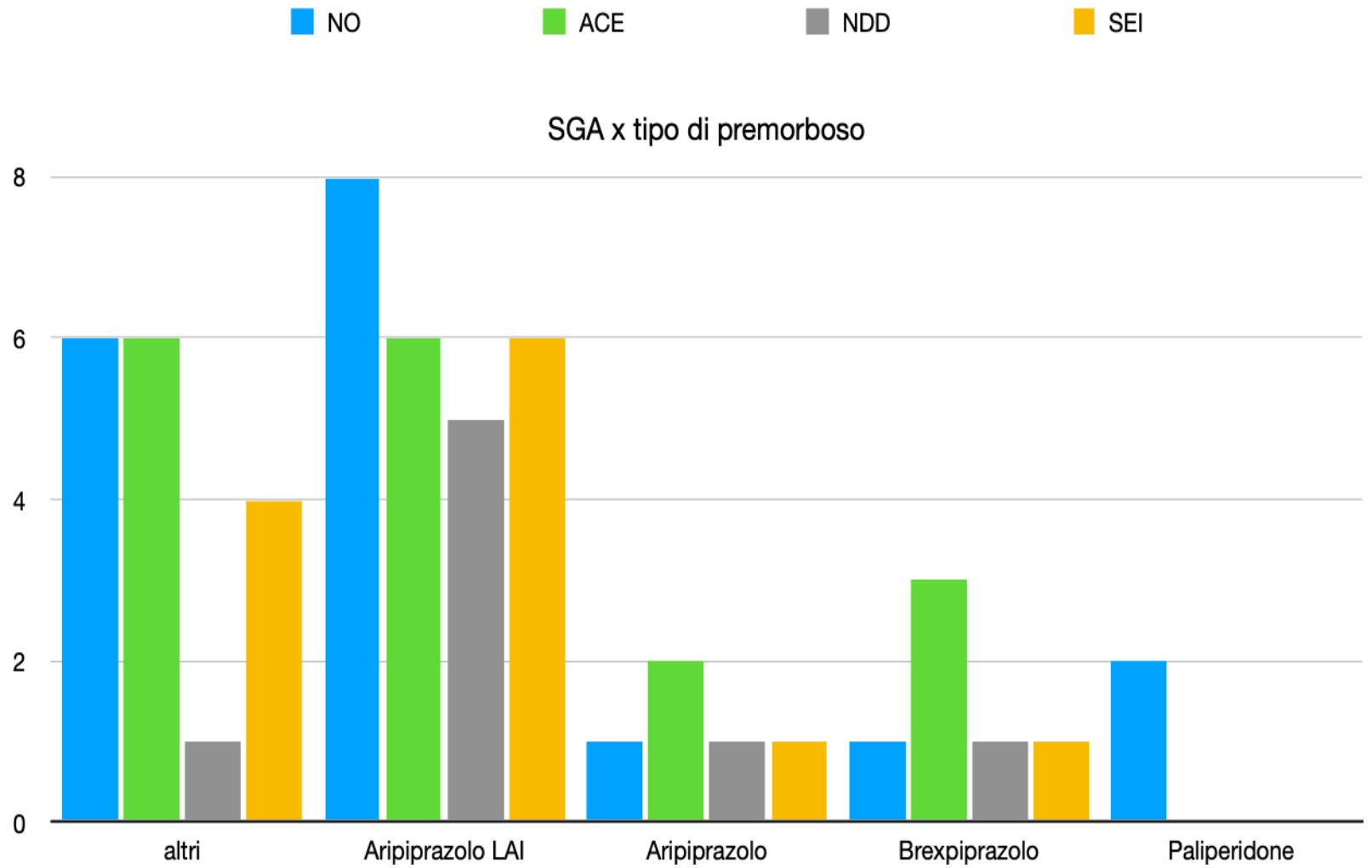

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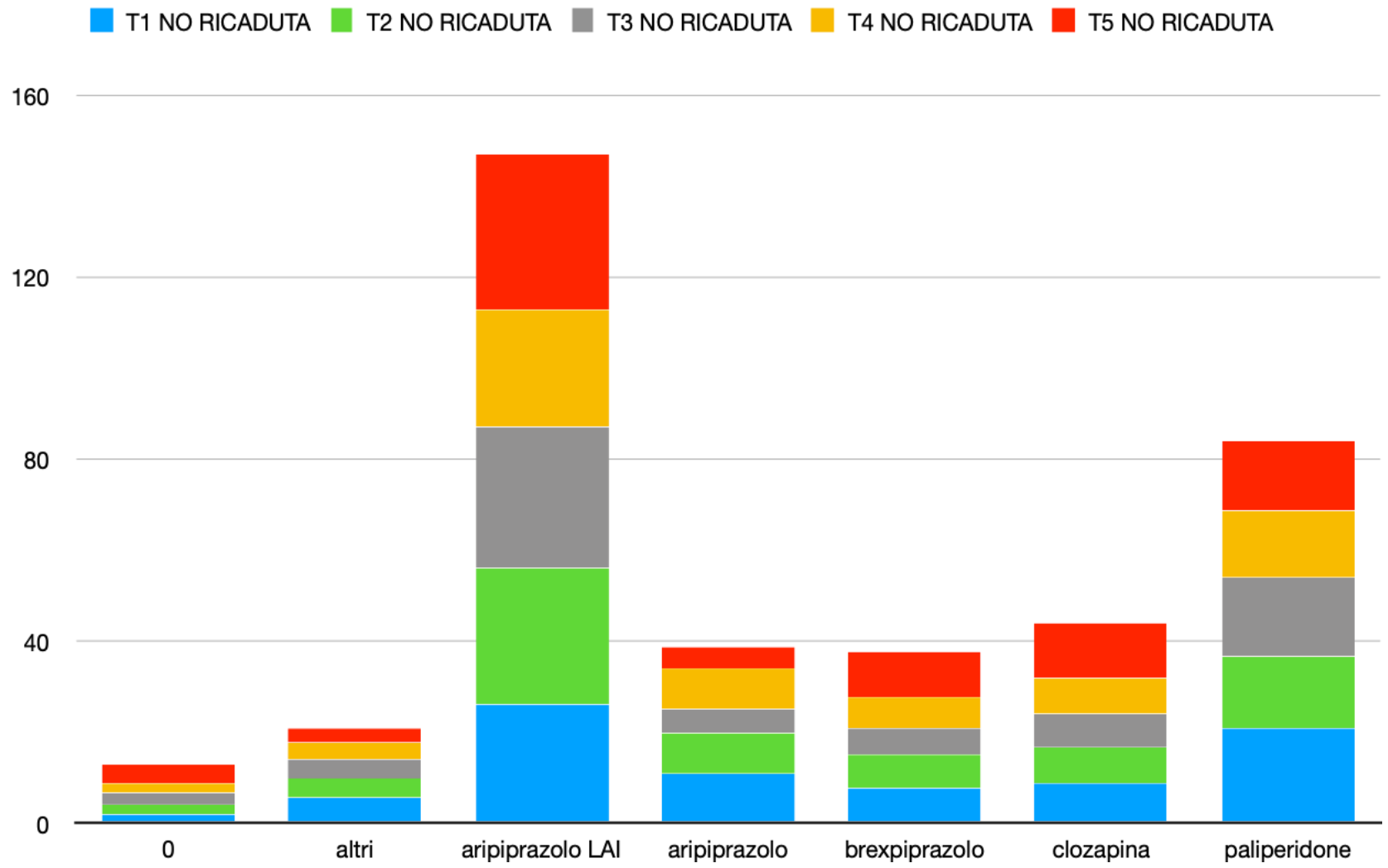

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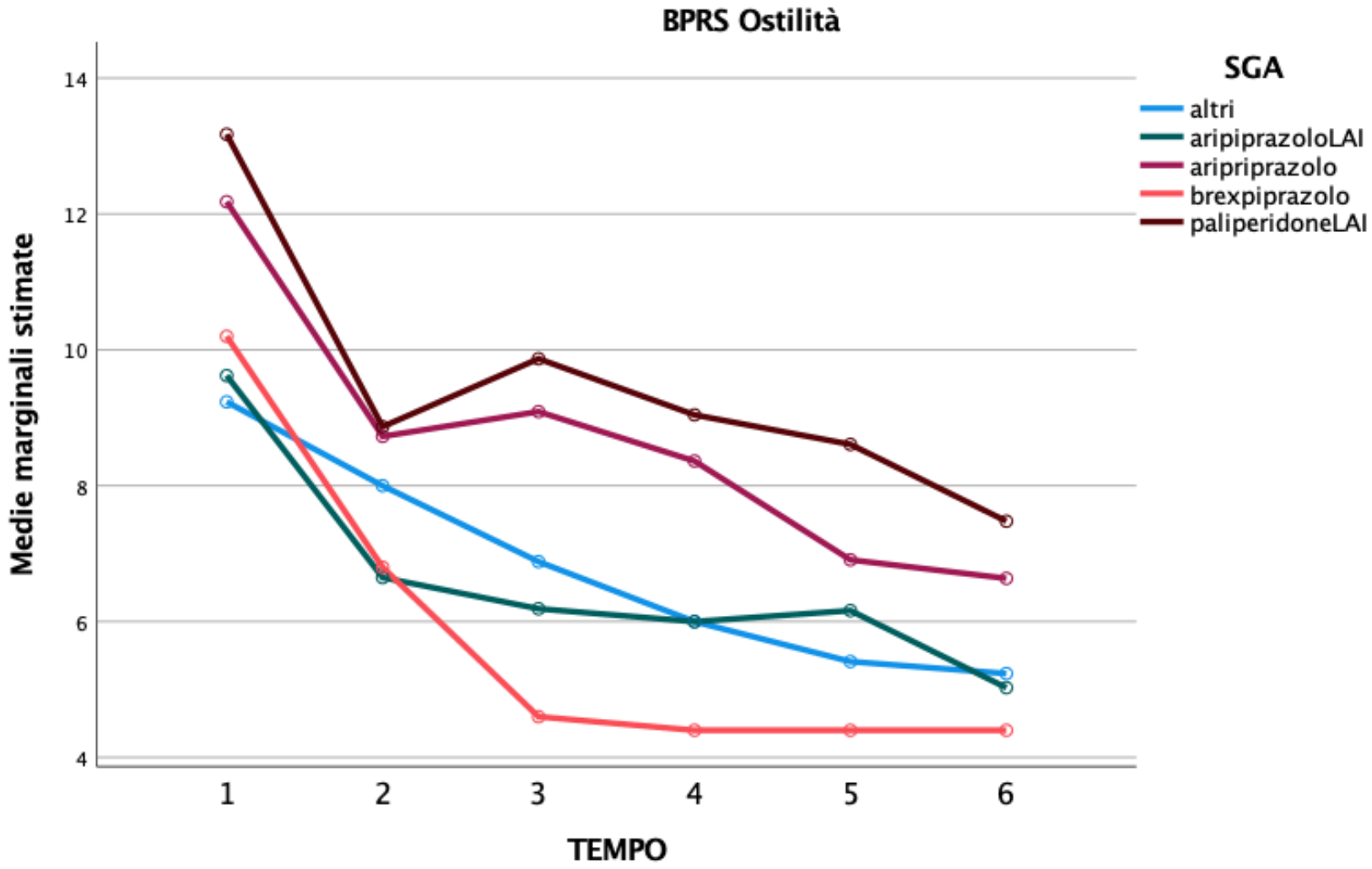

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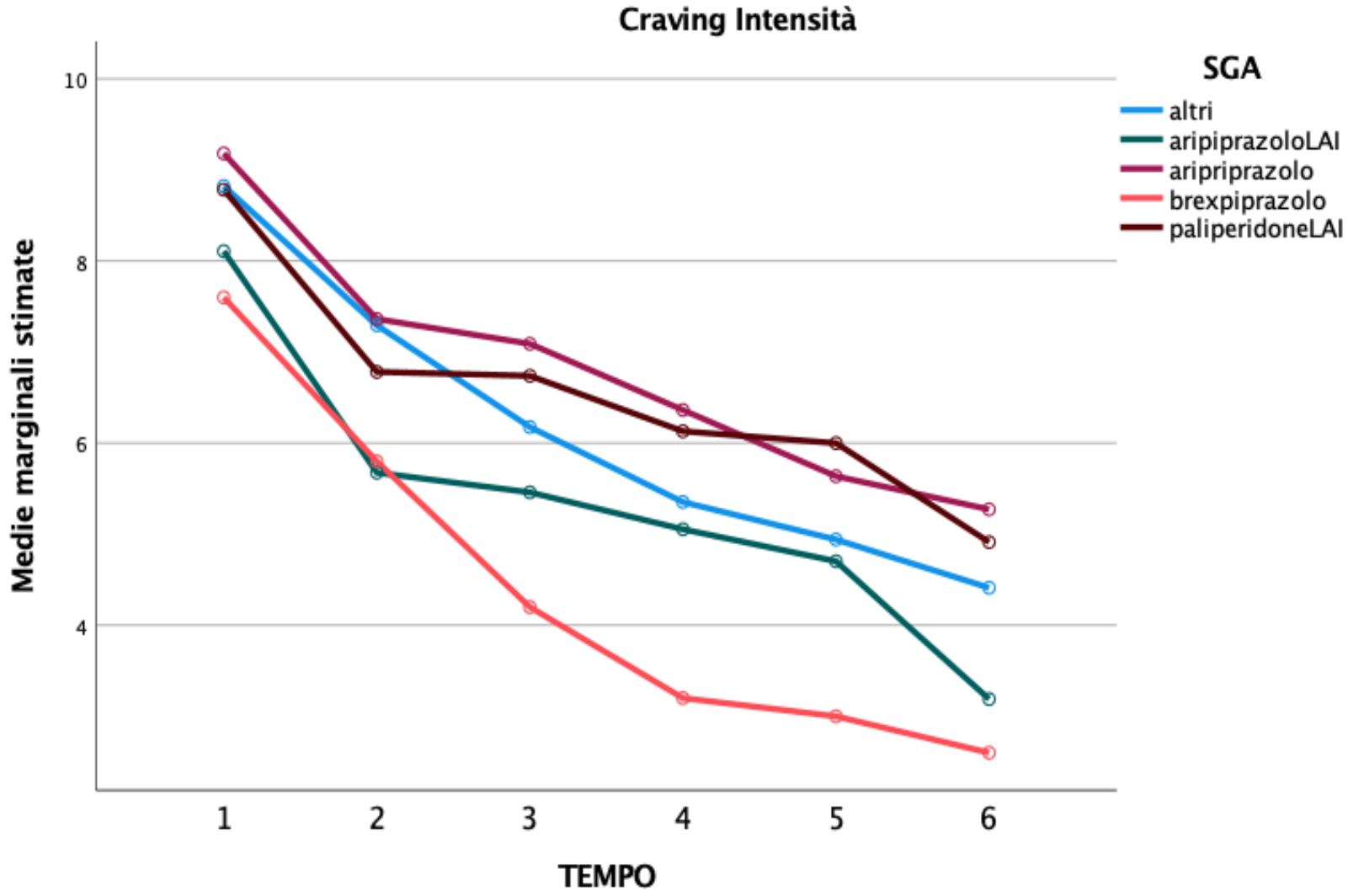
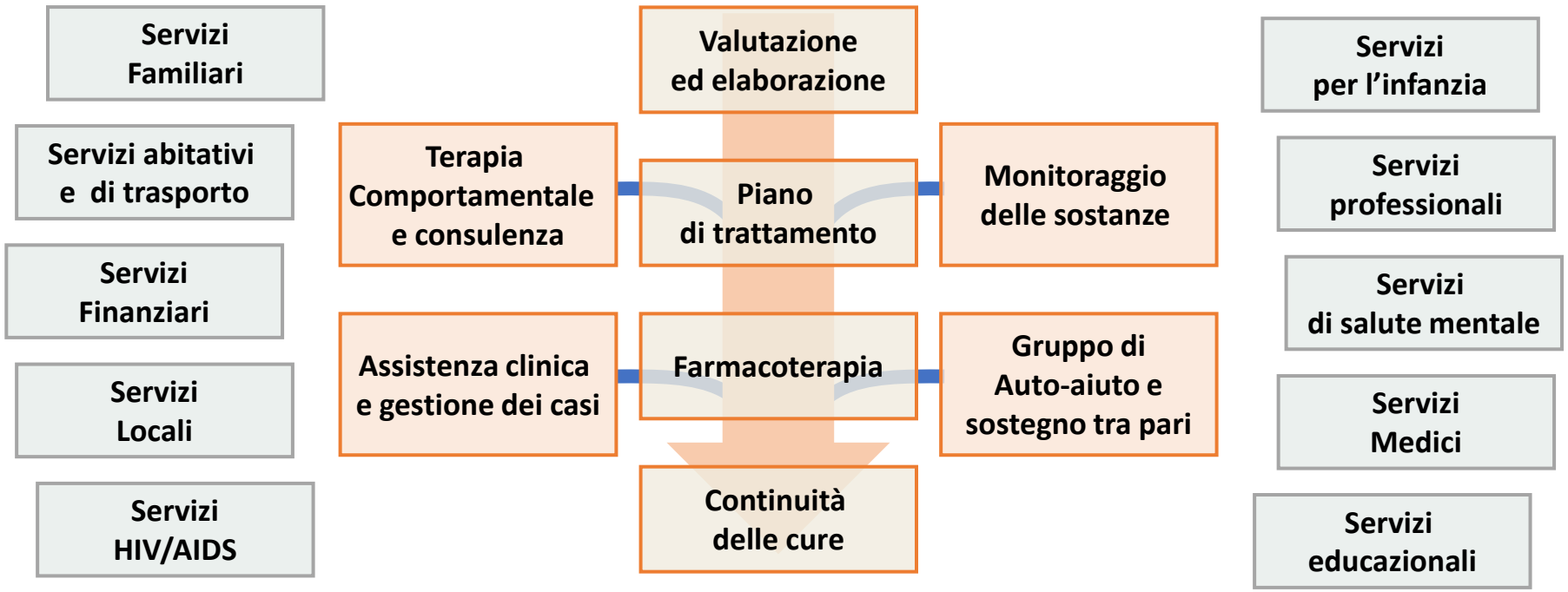


Components of comprehensive drug abuse treatment



- Ci sono una varietà di approcci basati sull'evidenza per il trattamento della dipendenza
- La terapia può essere una terapia farmacologica, una psicoterapia o una combinazione di entrambe
- L'approccio terapeutico specifico per un singolo paziente varierà, in base alle esigenze individuali

NIDA. Principles of Drug Addiction Treatment: A Research-Based Guide, 3rd edition. 2018