First Psychotic Episode and Latino Youth

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Agenda

• Definition of First Psychotic Episode (FPE)
• FPE and Latinos
• FPE and Cannabis
• Latinos and Cannabis
• Case series
• Food for thought
• What can you do back home?
Pre-Psychosis

- STPS
  - 60% present*
  - 40% absent

- Types
  - Unusual/persecutory thoughts
  - Anxiety/Fears
  - Thought disorganization
  - Odd behavior
  - Poor concentration
  - Poor hygiene
  - Impaired tolerance to normal stress
  - Social anhedonia
  - Ideational richness

FPE

- Positive Symptoms
- Negative Symptoms
- Psychotic Mania

Course

- Remission
  - drug induced
  - schizophrenia(?)

- Recurrence
  - bipolar dis

- Symp Control vs. Deterioration
  - schizophrenia

Definition

Suicide Risk and FPE

Risk Factors:
- Young age
- Female gender
- Previous suicide attempt

- Lifetime risk of suicide among patients with Schizophrenia 5.6%
- Risk suicide attempt during the 1st year of contact with MH practitioner 10%
- Adolescent rate of suicide attempt, up to 31%

Latinos and FPE
(Literacy)

- N=147
- Latino consumers/caregivers in Southern California
- The consumers met diagnostic criteria for a psychotic disorder.
- Watched a 4-min video - psychotic person
- Only 35% recognized signs of illness

López SR et al. Psychiatr Serv. 2018
FPE and Cannabis

- Meta-analysis
- 571 articles
- 10 studies
- OR 3.9 users vs. non-users

Marconi A et al. Schizophrenia Bull, 2016
Latinos and Cannabis (Adults)

AORs of past-year CU in the sample and of CUD among past-year cannabis users

<table>
<thead>
<tr>
<th>Adjusted logistic regression</th>
<th>CU in the sample N=394,400</th>
<th>CUD in the sample N=394,400</th>
<th>CUD among cannabis users n=68,292</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AOR 95% CI</td>
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<td></td>
</tr>
<tr>
<td>Race/ethnicity (vs. white)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>0.94 0.89–1.00</td>
<td>1.45 1.32–1.59</td>
<td>1.40 1.27–1.54</td>
</tr>
<tr>
<td>Native American</td>
<td>1.04 0.90–1.19</td>
<td>1.80 1.38–2.34</td>
<td>1.49 1.03–2.14</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.72 0.50–1.04</td>
<td>0.65 0.42–1.01</td>
<td>0.73 0.43–1.25</td>
</tr>
<tr>
<td>Asian American</td>
<td>0.39 0.34–0.45</td>
<td>0.70 0.54–0.91</td>
<td>1.88 1.39–2.55</td>
</tr>
<tr>
<td>Mixed race</td>
<td>1.41 1.24–1.60</td>
<td>1.36 1.10–1.70</td>
<td>1.13 0.89–1.43</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.61 0.58–0.63</td>
<td>1.01 0.91–1.13</td>
<td>1.41 1.25–1.58</td>
</tr>
</tbody>
</table>

Wu LT el J Psychiatr Res. 2014
Adjusted odds ratio (AOR) of past-year cannabis use (CU) and CU disorder (CUD) among adolescents aged 12–17 years (N=163,837)

<table>
<thead>
<tr>
<th></th>
<th>CU ≥1 day&lt;sup&gt;a&lt;/sup&gt;</th>
<th>CU ≥2 days&lt;sup&gt;a&lt;/sup&gt;</th>
<th>CUD&lt;sup&gt;a&lt;/sup&gt;</th>
<th>CUD among past-year CUs&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>1.68 (1.55–1.81)</td>
<td>1.70 (1.56–1.85)</td>
<td>1.34 (1.16–1.54)</td>
<td>1.03 (0.88–1.20)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1.13 (1.05–1.22)</td>
<td>1.15 (1.07–1.24)</td>
<td>1.25 (1.12–1.40)</td>
<td>1.22 (1.08–1.38)</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>1.19 (0.75–1.88)</td>
<td>1.31 (0.79–2.17)</td>
<td>1.34 (0.75–2.38)</td>
<td>1.18 (0.63–2.23)</td>
</tr>
<tr>
<td>Asian-American</td>
<td>0.65 (0.52–0.83)</td>
<td>0.62 (0.48–0.79)</td>
<td>0.73 (0.51–1.07)</td>
<td>0.94 (0.65–1.35)</td>
</tr>
<tr>
<td>Native-American</td>
<td>2.38 (1.97–2.87)</td>
<td>2.40 (2.00–2.87)</td>
<td>2.00 (1.53–2.62)</td>
<td>1.39 (1.03–1.87)</td>
</tr>
<tr>
<td>Mixed-race</td>
<td>1.79 (1.54–2.09)</td>
<td>1.68 (1.45–1.95)</td>
<td>1.52 (1.23–1.88)</td>
<td>1.19 (0.96–1.48)</td>
</tr>
</tbody>
</table>
Latinos and Cannabis
(Endocannabinoid System)

ENDOCANNABINOIDs

- AEA Amandamide (Arachidonyl ethanolamide)
  - FAAH (catabolic enzyme) Fatty acid amide hydrolase
  - NAPE (anabolic enzyme) N-acylphosphatidylethanolamine

- 2-AG (2-arachidonoylglycerol)
  - MAGL (catabolic enzyme) monoacylglycerol lipase
Latinos and Cannabis

SKAT_CommonRare results.

<table>
<thead>
<tr>
<th>Gene</th>
<th># Tested markers (% rare(^a))</th>
<th>Q(^b)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNR1</td>
<td>5 (0%)</td>
<td>306.68</td>
<td>0.2736</td>
</tr>
<tr>
<td>FAAH</td>
<td>6 (66.67%)</td>
<td>5.728</td>
<td>0.0035(^c)</td>
</tr>
<tr>
<td>MGLL</td>
<td>6 (83.33%)</td>
<td>0.989</td>
<td>0.6195</td>
</tr>
<tr>
<td>DAGLA</td>
<td>4 (75%)</td>
<td>2.535</td>
<td>0.0898</td>
</tr>
<tr>
<td>DAGLB</td>
<td>9 (77.78%)</td>
<td>1.236</td>
<td>0.6352</td>
</tr>
</tbody>
</table>

N=548 Mexican-American subjects in San Diego County
71% HAD USED CANNABIS

FAAH - Fatty Acid Amide Hydrolase (endocannabinoid system)

• Its use has become a more normative, socially-acceptable behavior in the US, despite research indicating that frequent use may be problematic for some individuals.

• Emerging adulthood, a time of identity development, is the most common time for cannabis use

Blevins CE et al. Addict Behav. 2018; Melroy-Grief WE et al. Drug Alcohol Depend, 2016
<table>
<thead>
<tr>
<th>Age</th>
<th>FPE</th>
<th>Cannabis use prior to 1st visit</th>
<th>Clinical Presentation</th>
<th>Current Cannabis Use</th>
<th>Disability Since start of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>19</td>
<td>Daily 1 yr (3yr) METHAMP</td>
<td>Paranoid del Hallucinations</td>
<td>Intermittent</td>
<td>No work/school, Legal problems, Hospitalization</td>
</tr>
<tr>
<td>23</td>
<td>17</td>
<td>Daily 1.5 yr (2yr)</td>
<td>Dissociation</td>
<td>Daily</td>
<td>No work/school</td>
</tr>
<tr>
<td>25</td>
<td>17</td>
<td>Daily 2 yr</td>
<td>Odd behavior</td>
<td>Intermittent</td>
<td>No work/school</td>
</tr>
<tr>
<td>21</td>
<td>18</td>
<td>3/wk 1 yr</td>
<td>Grandiose del Euphoria</td>
<td>Intermittent</td>
<td>No work/school, Legal problems</td>
</tr>
<tr>
<td>22</td>
<td>18</td>
<td>Daily 1 yr</td>
<td>Disorganized speech</td>
<td>Intermittent</td>
<td>No work/school</td>
</tr>
<tr>
<td>23</td>
<td>20</td>
<td>Daily 1.3 yr</td>
<td>Grandiose del Euphoria</td>
<td>None x 1 yr</td>
<td>Working full time, Finished trade school, Legal problems</td>
</tr>
</tbody>
</table>

- Latino males
- Family support
- Working parents
- Negative family history

Ng B et al, 2019
Food for Thought

• Self medication vs. secondary psychosis

• Users present psychosis earlier than non-users

• Shared vulnerability between CUD vs. FEP

• Early and heavy use is more likely in those vulnerable to psychosis

• Latinos are more likely to develop CUD’s, since adolescence

• Evidence from epidemiologic studies is strong enough to warrant a public health message that cannabis use can increase the risk of psychotic disorders

What can you do back home?

– With your adolescent patients:

• Watch for:
  – Outstanding changes in behavior
  – Decreased level of function (i.e. school, self care, friends)
  – Remarkable changes in philosophical, political, or religious views

• Inquire about substance use
  – Be ready to talk about
    » “natural” does not make it “safe”
    » “legal” does not make it “harmless”
  – Be informed of the legal age of cannabis in your state
  – Get acquainted with dispensaries in your community
  – “Negotiate” indication for drug screen
What can you do back home?

- Listen to parental concerns
  - Involved parents are better able to identify changes in patient’s behaviors

- Refer to a specialist sooner rather than later
  - Early treatment improves prognosis
  - Contribute to abate stigma
  - Get informed about FEP programs in your community (multicomponent care).