

HEALTH SPOTLIGHT

Scientists try to stop schizophrenia in its tracks

By Malcolm Ritter
AP Science Writer

PORTLAND, MAINE (AP) — She was sociable and happy in high school. But in college that changed abruptly: Depressed and withdrawn, some days she couldn't get out of bed.

And that wasn't all. "I had really odd thoughts," recalled the woman, now 21, who asked that her name not be used. While walking across campus at the University of Southern Maine, "sometimes I'd feel like people were just right behind me (who might) jump me or something."

She knew it wasn't true, but she couldn't shake the feeling.

Sometimes, while driving, she saw imaginary, shadowy people on the sidewalk. And now and then, out of nowhere, there would be a woman's voice in her ear during class, or random soft noises like knocking or the fizzy hiss of a newly opened soda can.

When she visited the university health service and talked about feeling depressed, a nurse practitioner saw another problem: a possible case of schizophrenia in the making.

This schizophrenia "prodrome" — the early signs — involves a troubled mental state usually found in teens and young adults. It can lead to psychosis, the loss of touch with reality that marks not only schizophrenia, but also some forms of depression or manic-depression. The prodrome can linger for weeks, or years, before it gives way to psychosis — or mysteriously disappears without a trace.

Researchers have known about this warning phase for decades, but



Ann Lovegren Conley, a family nurse practitioner at the University of Southern Maine, talks to a patient on the university's Portland, Maine campus. Conley has been trained to identify a troubled mental state usually found in teens and young adults that can lead to schizophrenia. AP Photo/Pat Wellenbach

they're still working on how to treat it. Now they're calling in tools like brain scans, DNA studies and hormone research to dig into its biology. They hope that will reveal new ways to detect who's on the road to psychosis and to stop that progression.

In the prodrome, people can see and hear imaginary things or have odd thoughts. But significantly, they understand these experiences are just illusions, or they have a reasonable explanation.

In contrast, people with psychosis firmly cling to unreasonable explanations instead. When someone interprets an odd halo of light over a bedroom doorway as an urgent message from a dead relative, "that's when they have gone over to the psychotic side," said Dr. Thomas McGlashan, a Yale University psychiatry professor.

Some early signs of the pro-

drome are subtle. "Sometimes kids will (say) light seems different," and windows are too bright, said Ann Lovegren Conley, the family nurse practitioner at USM who spotted apparent prodromal symptoms in the student on her campus.

That can signal "this is not just typical depression or situational stress," Conley said. "There's something more here."

After hearing the student's story, Conley put her in touch with the Portland Identification and Early Referral program, called PIER, one of about 20 clinics in the United States that focus on treating prodrome cases. PIER has trained her and thousands of other school nurses and counselors, pediatricians and others in greater Portland in how to spot them.

PIER emphasizes non-drug therapies for its patients, ages 12 to 25,

although about three-quarters of them take anti-psychotic medication.

The treatment regimen includes group meetings in which patients and families brainstorm about handling the condition's day-to-day stresses. It also focuses on keeping patients in school and in touch with their families and social networks.

With a grant from the Robert Wood Johnson Foundation, the PIER approach is also being tried in California, Oregon, Michigan and New York.

Even before treatment begins, a patient's encounter with someone who understands can be dramatic. McGlashan recalled that one young woman at the Yale clinic burst into tears when being asked about symptoms, explaining, "I thought I was the only person in the world who was having these experiences."

Studying the schizophrenia prodrome has been tough for the small but growing group of researchers in the area, because the condition is relatively uncommon. A typical community may get only one new case per 10,000 people each year, and only a fraction of those people would end up in a research study.

When it comes to treating the prodrome, scientists say they have some promising approaches but no firmly proven treatments to prevent psychosis from appearing.

Low doses of anti-psychotic drugs dampen symptoms. But it's not clear whether those drugs can actually prevent psychosis. Side effects like serious weight gain are a problem, especially since many treated patients would never have developed psychosis anyway. What's more, the weight gain can

turn young people away from anti-psychotic drugs, even if they move on to become psychotic and clearly need them.

Researchers are finding promise in psychosocial treatments, like those aimed at helping patients learn to manage stresses in their lives or understand and interpret their symptoms. Efforts to help young people complete their education, hold a job and stay connected to peers will help them avoid unemployment and social isolation later on, whether they progress to psychosis or not, experts say.

In fact, keeping up social contacts may help manage the prodrome. "We're convinced that if they start closeting themselves, coming home after school and just spending time in their bedroom, that will accelerate any process toward psychosis," McGlashan said. "If you dim your social life, it makes it easier for your brain to hallucinate and develop strange ideas."

Results from locations trying the PIER approach won't be available for a couple of years, says Jane Lowe of the sponsoring Johnson foundation.

Still, in Portland, McFarlane said, "we see kids getting better every day."

One of them was the college student Conley referred. With the help of individual counseling, antidepressants and an anti-schizophrenia drug, "gradually I opened up to people," the young woman said.

She started playing tennis, joined a sorority and began exercising in the school gym. She wasn't sad all the time any more. And she stopped hearing and seeing things that weren't there.

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Dr. Macdonald serves as Chief of the Division of Head and Neck Surgery at the Alameda County Hospital in Oakland where he is an Assistant Professor in the East Bay campus of the University of California - San Francisco — Department of Surgery. In the city since 1996, Dr. Macdonald is Director of the Aesthetic Surgery Center of San Francisco, at 490 Post Street in Union Square, which allows him to escape from his teaching responsibilities to maintain a private practice that focuses on lifestyle-oriented and aesthetic procedures.

Management of snoring and OSA straddles these two areas of interest in his practice of medicine, as a balance between management of airway issues in Head and Neck surgery and the lifestyle effects of snoring and obstructive sleep apnea. Dr. Macdonald is double Board Certified as a Diplomate of the American Board of Facial Plastic and Reconstructive Surgery and a Diplomate of the American Board of Otolaryngology — Head and Neck Surgery. He is a



Fellow of the American College of Surgeons and of the Royal College of Surgeons of Canada.

Dr. Macdonald graduated with honors from the University of Western Ontario, London, received his Medical Doctorate from Queen's University in Kingston, Ontario and completed his surgical training at the University of Toronto in Canada, Dartmouth College in New Hampshire and finally at UCSF — here

Dr. Michael Macdonald is the author of several medical articles and has received numerous awards and scholarships related to his clinical research. He speaks at professional events and conferences throughout the country and internationally.

in the San Francisco Bay Area. He was then recruited to stay here as a member of the UCSF residency training staff.

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