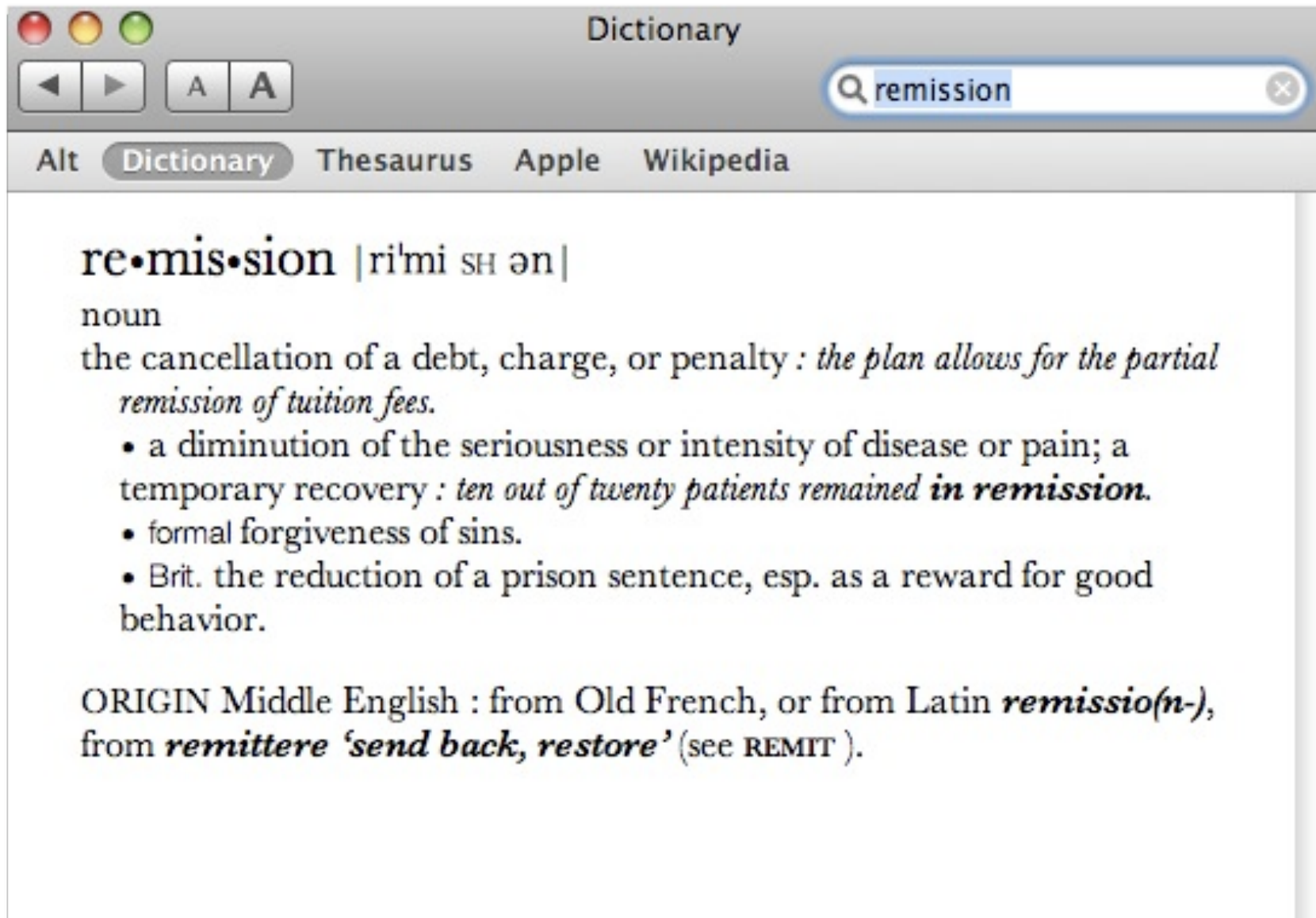


REMISSJON VED PSYKOSE

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HELSE VEST

ETYMOLOGISK



The image shows a screenshot of a Mac OS X Dictionary application window. The window title is "Dictionary". The search bar contains the word "remission". The navigation bar shows "Alt Dictionary Thesaurus Apple Wikipedia". The main content area displays the definition of "remission" with its phonetic transcription, part of speech, and several example sentences and bullet points.

re•mis•sion |ri'mi SH ən|
noun
the cancellation of a debt, charge, or penalty : *the plan allows for the partial remission of tuition fees.*

- a diminution of the seriousness or intensity of disease or pain; a temporary recovery : *ten out of twenty patients remained **in remission**.*
- formal forgiveness of sins.
- Brit. the reduction of a prison sentence, esp. as a reward for good behavior.

ORIGIN Middle English : from Old French, or from Latin *remissio(n-)*, from *remittere* 'send back, restore' (see REMIT).

HVA ER REMISSJON?

- ✿ innen somatikken; reduksjon eller totalt fravær av sykdommens symptomer
- ✿ i psykiatrien; definert ikke ved det totale fravær av symptomer, men ved minimale symptomer med mild funksjonshemning

F.EKS DEPRESJON

- ✻ Referer til 9 DSM-IV symptom kriterier ved Alvorlig Depressiv Episode (ADE)
- ✻ Skal være prospektivt dokumentert for 3 konsekutive uker
- ✻ Synlig fravær av symptomer

F.EKS DEPRESJON

- ✻ Kan stilles hvis ikke mer enn 2/9 symptom kriterier er tilstede og
- ✻ verken senket stemningsleie eller nedsatt interesse/glede for aktiviteter er tilstede
- ✻ Start av remisjon er begynnelse på helbredelse/recovery

KLINISK IMPLIKASJON

- ✿ Behold behandling lenge nok og så omfattende at remisjon kan nås
- ✿ Mål symptomer for å dokumentere forandring
- ✿ Re-evaluer non-responderer for avhengighet, og for andre Akse I og II lidelser

KLINISK IMPLIKASJON

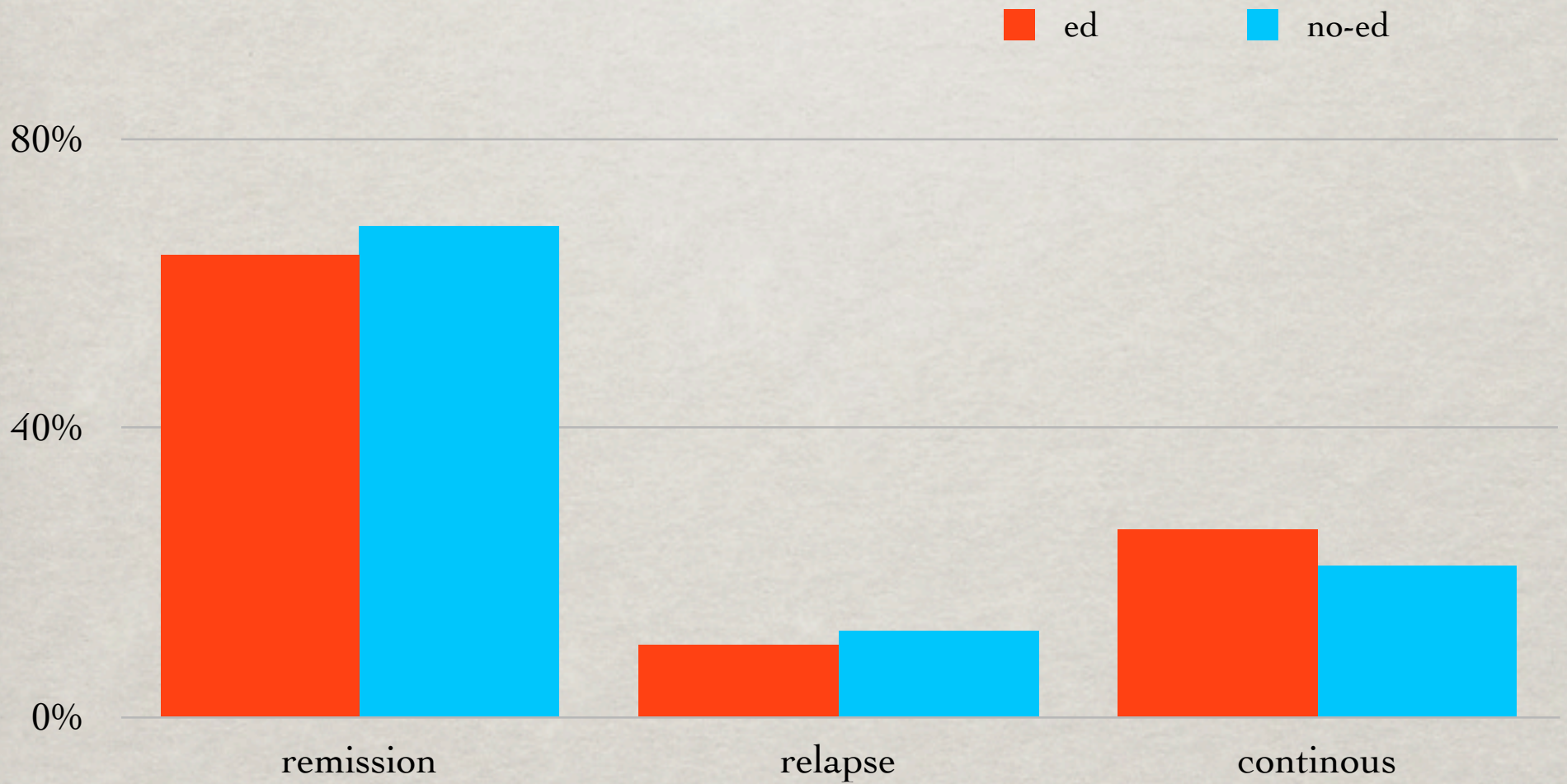
- ✿ Ikke aksepter lett bedring hvis remisjon er mulig
- ✿ Forandre (kombiner, bytt) behandling hvis ikke remisjon inntreffer etter en “lang nok” periode.

TIPS

- ☼ minst 2 mndr uten positive symptomer ved oppfølgingstidspunktet
- ☼ P1 (Vrangforestillinger)
- ☼ P3 (Hallusinatorisk atferd)
- ☼ P5 (Storhetsideer)
- ☼ P6 (Mistenksomhet)
- ☼ A9 (Uvanlig tankeinnhold)

skår under 4

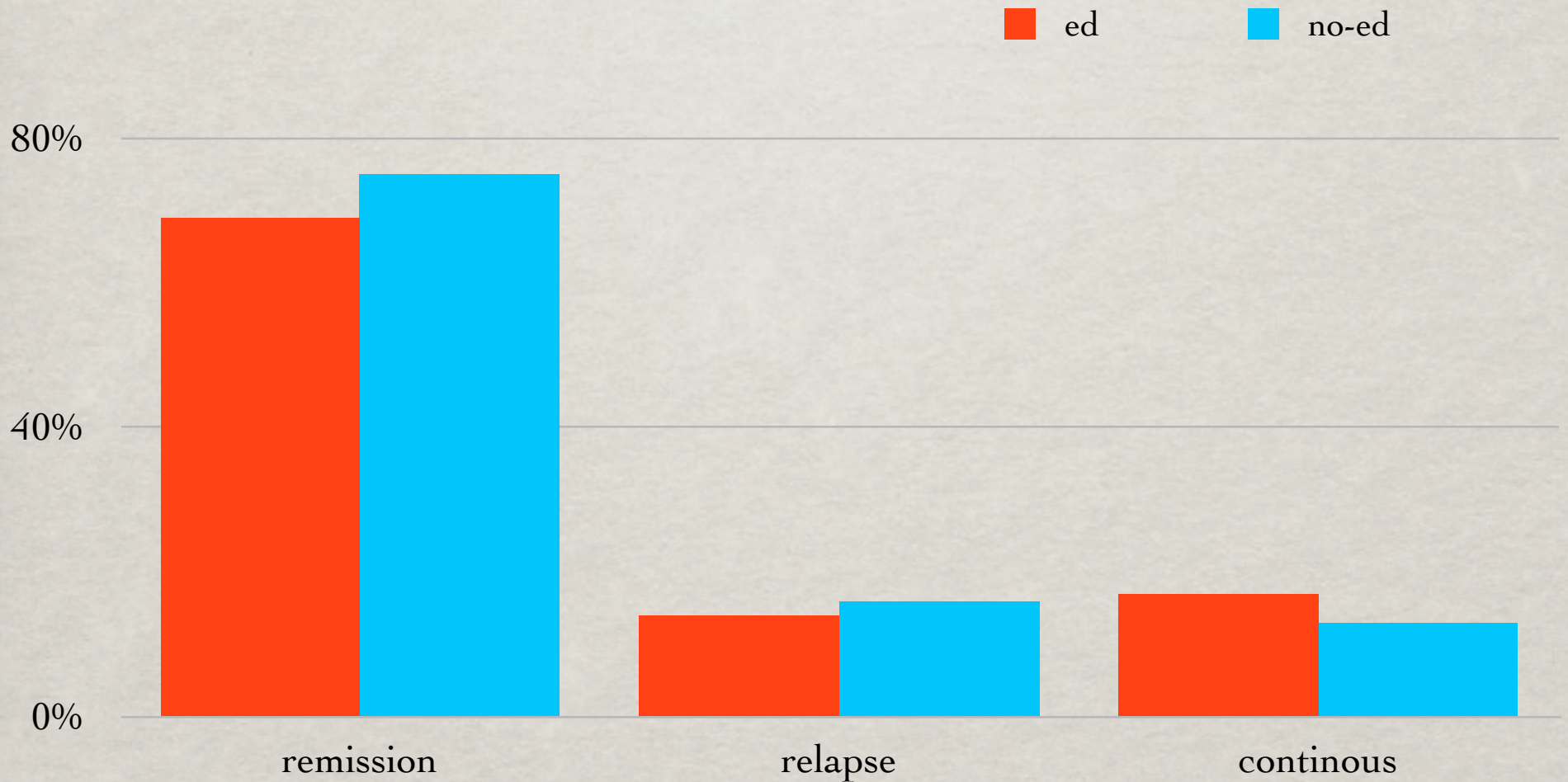
FORLØP I TIPS; 1 ÅRS



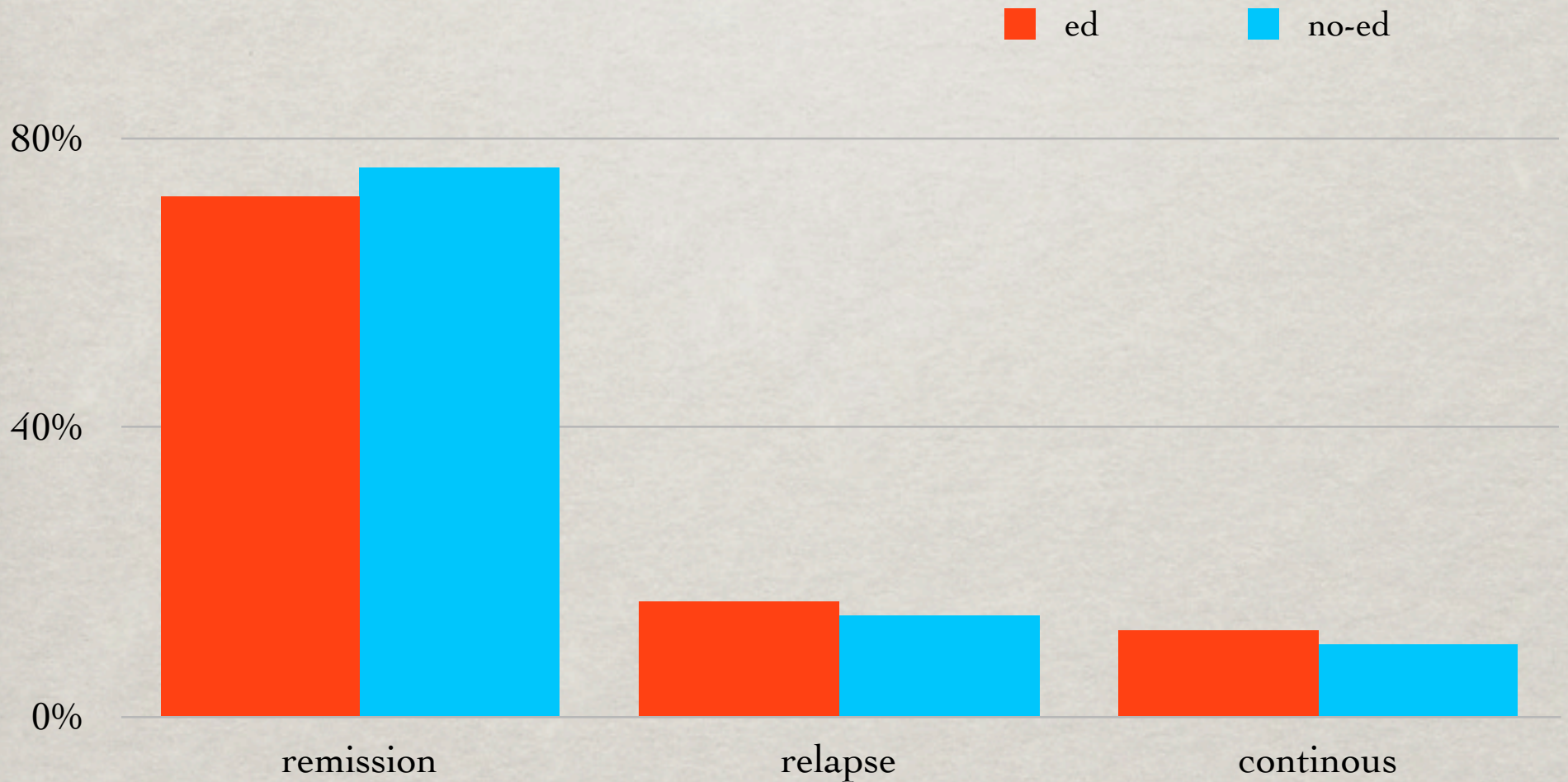
BEHANDLINGSALGORITMEN

- ✿ startet med en av de nyere typene antipsykotika
- ✿ deretter en til eller perfenazin (trilafon)
- ✿ klozapin (leponex)
- ✿ av de 45 med kronisk psykose 1. år burde hvor mange ha fått leponex?
- ✿ hvor mange tror dere fikk det?

FORLØP I TIPS; 2 ÅRS



FORLØP I TIPS; 5 ÅRS



MEN

Remission in Schizophrenia: Proposed Criteria and Rationale for Consensus

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New advances in the understanding of schizophrenia etiology, course, and treatment have increased interest on the part of patients, families, advocates, and professionals in the development of consensus-defined standards for clinical status and improvement, including illness remission and recovery. As demonstrated in the area of mood disorders, such standards provide greater clarity around treatment goals, as well as an improved framework for the design and comparison of investigational trials and the subsequent evaluation of the effectiveness of interventions. Unlike the approach to mood disorders, however, the novel application of the concept of standard outcome criteria to schizophrenia must reflect the wide heterogeneity of its long-term course and outcome, as well as the variable effects of different treatments on schizophrenia symptoms. As an initial step in developing operational criteria, an expert working

group reviewed available definitions and assessment instruments to provide a conceptual framework for symptomatic, functional, and cognitive domains in schizophrenia as they relate to remission of illness. The first consensus-based operational criteria for symptomatic remission in schizophrenia are based on distinct thresholds for reaching and maintaining improvement, as opposed to change criteria, allowing for alignment with traditional concepts of remission in both psychiatric and nonpsychiatric illness. This innovative approach for standardizing the definition for outcome in schizophrenia will require further examination of its validity and utility, as well as future refinement, particularly in relation to psychosocial and cognitive function and dysfunction. These criteria should facilitate research and support a positive, longer-term approach to studying outcome in patients with schizophrenia.

TABLE 2. Proposed Items for Remission Criteria With Cross-Scale Correspondence and Relationship to Historical Constructs of Psychopathology Dimensions and DSM-IV Criteria for Schizophrenia^a

Dimension of Psychopathology	DSM-IV Criterion	Proposed Remission Criteria Items					
		Scale for Assessment of Positive Symptoms (SAPS) and Scale for Assessment of Negative Symptoms (SANS) Items		Positive and Negative Syndrome Scale Items		Brief Psychiatric Rating Scale (BPRS) Items	
		Criterion	Global Rating Item Number	Criterion	Item Number	Criterion ^b	Item Number
Psychoticism (reality distortion)	Delusions	Delusions (SAPS)	20	Delusions	P1	Grandiosity	8
				Unusual thought content	G9	Suspiciousness Unusual thought content	11 15
Disorganization	Hallucinations	Hallucinations (SAPS)	7	Hallucinatory behavior	P3	Hallucinatory behavior	12
	Disorganized speech	Positive formal thought disorder (SAPS)	34	Conceptual disorganization	P2	Conceptual disorganization	4
	Grossly disorganized or catatonic behavior	Bizarre behavior (SAPS)	25	Mannerisms/posturing	G5	Mannerisms/posturing	7
Negative symptoms (psychomotor poverty)	Negative symptoms	Affective flattening (SANS)	7	Blunted affect	N1	Blunted affect	16
		Avolition-apathy (SANS)	17	Social withdrawal	N4	No clearly related symptom	
		Anhedonia-asociality (SANS)	22				
		Alogia (SANS)	13	Lack of spontaneity	N6	No clearly related symptom	

^a For symptomatic remission, maintenance over a 6-month period of simultaneous ratings of mild or less on all items is required. Rating scale items are listed by item number.

^b Use of BPRS criteria may be complemented by use of the SANS criteria for evaluating overall remission.

Remission in Schizophrenia Process

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WORKING GROUP ON REMISSION; A NEW CONSENSUS

☼ Aim

- ☼ To develop a consensus definition and criteria for symptomatic remission in patients with schizophrenia, using work in mood and anxiety disorders conducted over the past decade as a model

WORKING GROUP ON REMISSION; A NEW CONSENSUS

- ✿ Why now?
 - ✿ Growing understanding of disease course
 - ✿ Current advances in treatment options including oral and long-acting atypical medications makes remission a realistic goal
 - ✿ The need to standardise comparisons across treatment
 - ✿ A clear definition elevates the expectations for patients, carers and psychiatrists for a positive outcome

KRITERIER

- ☼ Be an attainable clinical goal
- ☼ Be measurable with relative ease
- ☼ Relate to diagnostic (core) criteria for illness
- ☼ Employ a time component
(maintenance of effect)
- ☼ Support alignment of views of patient,
caregiver, clinician

RESPONSE VS STABILITET

- ✱ Acute illness

- ✱ Response

 - ✱ Change criteria symptoms (i.e. PANSS 20 % vs baseline)

- ✱ Stable (in clinical practice)

 - ✱ Not progressing (no further improvement expected)

 - ✱ No increase / decrease

 - ✱ Not at level of acute episode

 - ✱ No immediate/alarming complaints (clinical condition accepted as it is)

REMISSION

- ✿ Absolute threshold severity symptoms
- ✿ For a certain amount of time
- ✿ Low/mild symptoms ;
- ✿ no behavioral / functional disturbance due to symptoms
- ✿ Subdiagnostic levels = totality & severity of symptoms do not permit to pose the diagnosis with certainty
- ✿ More stringent
- ✿ Does NOT exclude need for treatment

REMISSION

- ...on all 8 symptom items

- P1 Delusions
- P2 Conceptual disorganization
- P3 Hallucinatory behavior
- G9 Unusual thought content
- G5 Mannerisms and posturing
- N1 Blunted affect
- N4 Social withdrawal
- N6 Lack of spontaneity/flow of conversation

- ...PANSS scale level of mild or less



- Time criteria of at least 6 months

VIDEO