สถานภาพการดำเนินงานเกี่ยวกับการดูแลรักษาผู้ป่วยโรคจิตระยะเริ่มแรก ในประเทศเกาหลีใต้

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บทคัดย่อ

คำถามหลักในเชิงปรัชญาสองคำถามของการดำเนินงานในเรื่องการดูแลรักษาผู้ป่วยโรคจิตระยะเริ่มแรก (early psychosis) ก็คือ 1) เราสามารถป้องกันหรือลดอุบัติการณ์ของโรคจิตด้วยการเข้าไปช่วยเหลือแต่เนิ่นๆ ในกลุ่มเสี่ยงที่จะป่วยเป็นโรคจิตได้จริงหรือ และ 2) การรักษาทางกาย - จิต - สังคม ที่เหมาะสมในช่วงระยะวิกฤต 5 ปีแรก หลังจากเริ่มป่วยนั้น จะสามารถหยุดยั้งการดำเนินโรคหลังจากป่วยในครั้งแรกได้หรือไม่ ถึงแม้ว่าจะมีรายงานความสัมพันธ์ระหว่างการลดลงของช่วงเวลาการป่วยโรคจิตที่ยังไม่ได้รักษากับผลการรักษาที่ดี หรือการเข้าไปช่วยเหลือแต่เนิ่นๆ ในกลุ่มที่มีความเสี่ยงสูงต่อการเกิดโรคจิตกับการป้องกันการเริ่มป่วยเป็นโรคจิตเภท จะยังเป็นที่ถกเถียงกันอยู่ก็ตาม แต่แพทย์ทั้งหลายก็มักเห็นด้วยว่า การรักษาแต่เนิ่นๆ ย่อมดีกว่าการไปเริ่มต้นรักษาในระยะหลัง ดังนั้นการดำเนินงานในเรื่องการดูแลรักษาโรคจิตระยะเริ่มแรกนั้น จึงเกิดขึ้นจากพันธะในเชิงปรัชญาและในมุมมองของมนุษยธรรม บทความเรื่องนี้ได้พรรณนาถึงพัฒนาการของงานวิจัยและการรักษาโรคจิตระยะเริ่มแรก ที่เกิดขึ้นในสาธารณรัฐเกาหลีใต้

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Status of the Early Psychosis Movement in Korea

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Abstract

Two key philosophical questions face the early psychosis movement: 1) Can we really prevent or decrease the incidence of schizophrenia using early interventions with those at high risk for psychosis? and 2) Can optimal biopsychosocial treatment during the critical period of 5 years after onset really stop the progression of the illness after the first episode? Although the correlations between decreased duration of untreated psychotic symptoms and good treatment outcomes and between early intervention with individuals at high risk for psychosis and prevention of the onset of schizophrenia remain controversial. Clinicians agree that earlier treatment is better than later treatment. Thus, the early psychosis movement has emerged from certain philosophical commitments and humanistic perspectives. This article describes developments occurring in Korea with respect to research on and treatment of early psychosis.

Key words: early psychosis, community psychiatry, stigma, schizophrenia, critical period.

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Introduction

Schizophrenia, a devastating illness that affects 1% of the general population, is characterized by a recovery rate of approximately 10-30%[1-3]. The 2000 Global Burden of Disease study reported that 23,182 deaths worldwide were related to schizophrenia; this figure was higher than that reported for unipolar depressive disorders (12,044)[4]. Moreover, active psychosis is the third most disabling health condition, following only quadriplegia and dementia in terms of its impact[5]. Improving the outcome of schizophrenia represents a primary mission of psychiatry. To accomplish this goal, we must ask ourselves two key philosophical questions: 1) Can we really prevent or decrease the incidence of schizophrenia using early interventions with those at high risk for psychosis? and 2) Can optimal biopsychosocial treatment during the critical period of 5 years after onset really stop the progression of the illness after the first episode? At present, these questions remain unanswered because schizophrenia is a highly heterogeneous disease entity characterized by multiple etiological factors and diverse outcomes. However, irrespective of the current state of the data in this domain, we would all agree with the importance of pursuing answers to these two questions. Indeed, our mission requires an evangelical spirit, given that strong convictions and a readiness to endure prejudice and hardships will be required for this work. This evangelical spirit lies at the core of the early psychosis movement.

Historically, major figures in psychiatry have emphasized the importance of the early identification of psychosis. Kraepelin[6] noted, **"**It is of the greatest importance to diagnose cases of dementia praecox with certainty and at an early stage.**"** Sullivan[7] wrote, **"**I feel certain that many incipient cases might be arrested before the efficient contact with reality is completely suspended, and a long stay in institutions made necessary.**"** In modern times, Falloon[8] engaged in pioneering work to decrease the incidence of schizophrenia by educating family practitioners to recognize prodromal symptoms. This pioneering spirit was later embodied by McGorry, who recently catalyzed the worldwide early psychosis movement. Following the publication of several key papers by McGorry and colleagues in the *Schizophrenia Bulletin*[9-11]. Early intervention in psychotic disorders has generated significant interest and optimism in many countries, prompting policy-makers to give a high priority to this area. Currently, close to 200 early intervention centers operate worldwide. In this paper, I will introduce several key trends and situations with relevance to the early psychosis movement in Korea.

Main Discourse

1. The role of community psychiatry in the prevention and early detection of psychosis

Since the enactment of mental health legislation in 1995, the number of mental health centers in Korea has continuously increased and now stands at 151. The initial primary services offered by these centers involved registering and providing day treatment and case management for chronic schizophrenic patients. Recently, however, the major focus of mental health centers has shifted from rehabilitation to early intervention. In the service of preventing mental illness and promoting mental health, these centers engage in a variety of activities,

including awareness campaigns, lectures on mental health for the general public, mental health workshops for school health teachers and counselors, free online counseling, outreach counseling, school mental health projects, and so on. Given that adolescence and the early 20s constitute the most common ages for the onset of mental illness[12] school mental health projects have been of particular importance to prevention and early detection efforts. These projects began in 2002 and are now being pursued in 52 mental health centers nationwide. In brief, each local mental health center a) seeks to engage in partnerships with schools expressing interest in promoting the mental health of students; b) conducts mass screening tests [using the Child Problems Screening Questionnaire (CPSQ)[13] or the Adolescent Mental Health and Problem-behavior Questionnaire (AMPQ)[13] for primary screening; and the Child Behavior Checklist (CBCL)[14] the Youth Self-Report (YSR)[15] or the Beck Depression Inventory[16] for secondary screening of fourth-grade elementary school students and first-grade middle and high school students; c) provides psychiatrists to conduct diagnostic interviews with students who obtain scores indicative of psychopathology on the screening tests; and d) refers those diagnosed with a mental disorder to a hospital or private clinic and those with subsyndromal, borderline, or high-risk characteristics to school-based interventions such as regular individual counseling or group programs. These school mental health projects pay special attention to not causing unintentional damage and to avoiding unnecessary conflicts with parents. It is especially important to use both the aforementioned standard measures and more specialized screening instruments in the early detection of individuals at high risk for psychosis. The Eppendorf Schizophrenia Inventory (ESI)[17] was standardized for that purpose in Korea[18]. Some centers have even posted the ESI on their web sites and have used this instrument in school mental health projects. Peters et al., Delusions Inventory (PDI)[19] for measuring the delusional ideations in general populations has been standardized by Jung et al[20]. Using item response theory, PDI-21 and the Korean version of the Magical Ideation Scale[21] were shown to complement each other with different thresholds in assessing the delusional ideation of Korean non-clinical adolescents[22].

Several questionnaires useful in mass screening for the early detection of individuals at high risk for psychosis are summarized in Table 1. As of 2008, the Ministry of Education, Science and Technology (MEST) joined the school mental health project in recognition of the importance of attention to mental health issues during childhood and adolescence. Since 2008, MEST has assumed the role of conducting primary mass screening tests, and mental health centers have continued to care for those referred for treatment on the basis of such tests. This cooperative system represents a brilliant model in that two governmental organizations, MEST and the Ministry for Health, Welfare and Family Affairs (MIHWAF), are collaborating in efforts to attain the same goal. However, MEST uses a general screening test rather than measures specifically designed to detect particular mental disorders; this practice decreases the precision of the screening process and represents a retrogression in the development of methods for early detection.

Table 1. Summary of results from self-administered questionnaires used for mass screenings to identify individuals at high risk for psychosis.

Questionnaire	Structure	Related findings
ESI (17, 23)	40 items, four subdomains (attentional and speech impairment, auditory uncertainty, ideas of reference, and deviant perceptions)	▪ Confirmed reliability and diagnostic validity for schizophrenia ▪ The cutoff for the Korean version was 29
PQ (24, 25)	92-item self-report screening measure, four major subscales (positive symptoms, negative symptoms, disorganized symptoms, and general symptoms)	▪ Shows good validity in detecting individuals with prodromal and psychotic symptoms ▪ Brief version (25-item, Lowey and Cannon, 2008) might be more a more useful screening test
CAPE (26)	42-item instrument based primarily on the 21-item Delusions Inventory developed by Peters et al. (three dimensions: positive, negative, and depressive)	▪ Appears to be stable, reliable, and valid for detecting psychotic experiences in the general population
PDI (19, 27)	▪ Originally 40 items (PDI-40); the new version contains 21 items (PDI-21) ▪ Self-report measure that assesses multidimensionality of delusional ideations in normal population	▪ To differentiate deluded group from healthy adults, dimensions of delusional ideations, such as distress, preoccupation and conviction are more important than the content of belief alone
Y-PARQ-B (28)	24-item measure derived from the 24 most discriminating questions on the CAARMS	▪ A score greater than the cutoff of 11 shows good sensitivity and specificity for prodromal attenuated psychotic symptoms

Abbreviation: CAPE, Community Assessment of Psychic Experiences; CAARMS, Comprehensive Assessment of At-Risk Mental States; ESI, Eppendorf Schizophrenia Inventory; PDI, Peters et al. Delusions Inventory; PQ-B, Prodromal Questionnaire, Brief Version; Y-PARQ-B, Abbreviated Youth Psychosis At-Risk Questionnaire

The recent increase in metropolitan centers for mental health represents an additional major trend in the field of community psychiatry in Korea; by next year, five such centers will have been founded. One of the main projects currently pursued by metropolitan centers involves early psychosis teams. In 2009, the Seoul Mental Health Center, a leading organization in Korea, proposed a clinical consortium involving a partnership among several university hospitals, private clinics, and the Center to promote early detection and optimal psychosocial intervention for those at risk for psychosis and for patients experiencing their first episodes of psychosis. In addition, the Seoul Mental Health Center has recently published a manual and developed a CD outlining a social treatment program for early psychosis. It is expected that more efficient networks and more diverse programs will emerge as the number of metropolitan centers increases.

2. Renaming schizophrenia: pros and cons

Stigmatization remains a significant problem for individuals with mental illness, especially schizophrenia. The term "schizophrenia" comes from the Greek words *schizein* and *phren*, meaning, "to split" and "mind" in English. In countries where the Chinese writing system is used, schizophrenia is translated as "mind-split disease." Hence, a greater negative connotation accompanies this label in Asian compared to Western countries. Indeed, most people in Western countries do not speak Greek

and are thereby shielded from the implications of the semantic origins of the term. Given the consensus that "schizophrenia" is a source of stigma, the Japanese Society of Psychiatry and Neurology (JSPN) changed this label, *Seishin Bunretsu Byo* (mind-split disease), to *Togo Shitcho Sho* (integration disorder) in 2002.

Influenced by the Japanese movement, the Korean Academy of Schizophrenia (KAS) is currently actively engaged in changing the name of this condition to one that is more acceptable and scientifically accurate. In 2007, the stigma associated with the term "schizophrenia" was initially raised at the summer workshop organized by the KAS under the symposium title of "Is it necessary to change the term schizophrenia?" Since that time, similar issues have been addressed repeatedly in academic conferences and workshops. Importantly, in 2008, Beautiful Companion, an online society consisting of the family members of patients with schizophrenia, initiated a signature campaign in favor of renaming schizophrenia. This group sent a 3,000-signature petition to the MIHWAF and the National Human Rights Commission. This heightened awareness prompted the KAS to take two important actions: 1) initiate two KAS-sponsored studies on the renaming issue; and b) organize the Name Revision Committee for schizophrenia. Two KAS-sponsored studies, "Renaming schizophrenia in Korea"[29] and "Study of the stigma attached to psychosis by the major media sources"[22] have resulted from these actions. The major findings emerging from the first study showed that 54% of patients, 69.9% of family members, 68.3% of the general public, and 67.3% of psychiatrists favored renaming schizophrenia, even though the alternative names proposed by each group were diverse. In 2009, another report emanating from the study addressing the issues of stigma and renaming, supported by Seoul National Hospital, was published[30]. This study, emerging from an international collaboration between Korea and Japan indicated that a) 37% of patients, 67% of family members, 57% of psychiatrists, and 71% of lay people favored renaming schizophrenia; b) when asked, "What is the most desirable alternative name for schizophrenia?", patients and family members preferred "Thought-Perception Sensitivity Disorder" and "Thought–Emotion Confusion Disorder," whereas psychiatric residents and psychiatrists preferred "Hyperdopaminergic State" or "Dopamine Dysregulation" and "Integration Disorder," respectively; and c) in terms of academic validity, therapeutic usefulness, and dissipation of social stigma, Hyperdopaminergic State ranked the highest among the combined sample of psychiatric residents and psychiatrists. In Japan, 89% of psychiatrists reported that they had used Integration Disorder to identify this condition to diagnosed patients and family members, and that 59% of patients, 53% of family members, and 59% of psychiatrists noted that this term was difficult to understand. The major tasks of the Name Revision Committee involved engaging in in-depth discussions of the strengths and weaknesses of each candidate name, establishing the principles and the overall roadmap for revising the name, and scrutinizing the medico-legal issues stemming from this change. The pros and cons of proposed candidate names are summarized in Table 2. The most recent name, "Attunement (調絃) Disorder," was proposed by a scholar of Korean literature and sounds quite metaphorical and metaphysical, rendering it initially difficult to understand. However, it includes exquisitely two key pathogenic mechanisms of schizophrenia, sensitization and loosening of associations. When a violin string is too tight, the sound becomes high pitched; this is comparable to the state of mind characterized by

hypersensitivity and paranoia. When a string is too loose, the sound becomes dull; this is comparable to the state of mind characterized by negativism or disorganization. In this sense, then, it would seem that Attunement Disorder is comprehensive and scientifically valid, as well as refreshing. Recently, the committee announced the principles guiding the renaming of schizophrenia. These stipulate that the new name have sound scientific validity, social utility in terms of dispelling stigma, and medical utility in relation to biopsychosocial treatment. The KAS agreed that the renaming process be finalized by the end of 2010 and that the new name be presented at the second Asian workshop on schizophrenia in Seoul in 2011. Irrespective of which new name is finally selected, real success in dissolving the stigma is possible only when social, cultural, and political considerations accompany the renaming movement.

Table 2. Pros and cons of proposed candidate names.

Candidate names	Pros	Cons
Attunement Disorder	■ good scientific validity ■ very comprehensive, incorporating both positive (sensitizing) and negative (loosening) symptoms ■ lesser chance of being mocked due to its particular implications and connotations	■ too metaphorical and metaphysical ■ similar to Integration Disorder used in Japan ■ less useful for psychoeducation about pharmacotherapy
Integration Disorder	■ good scientific validity ■ the word "integration" has a positive symbolic meaning ■ used successfully in Japan	■ the phonetic sound of the Korean word for "dysregulation" often denotes "malnutrition" ■ meaning is difficult to understand ■ more stigmatizing when it refers to the breakdown of a whole personality
Dopamine Dysregulation	■ strong scientific validity ■ relieves family members of guilt ■ greater utility for psychoeducation about pharmacotherapy and improving drug compliance ■ greater chance of airing in mass media	■ narrow conceptualization focusing only on biological aspects ■ neurotransmitters other than dopamine are also important ■ neglects psychosocial factors
Bleuler's Disease	■ another eponymous marker for a founder of schizophrenia ■ successful precedents like Hansen's disease	■ people will soon find out that it's just another name for schizophrenia ■ splitting, a key pathogenetic mechanism of schizophrenia, is not as valid as it used to be ■ the word "broiler," which sounds similar to Bleuler, refers to the meat of young chickens
Thought and Perception Sensitivity	■ good scientific validity (for example, dopamine sensitization)	■ sounds stiff ■ long name and difficult to understand at first
Disorder	■ because of universality of sensitivity, more acceptable and less stigmatizing ■ greater utility for cognitive therapy and psychoeducation about pharmacotherapy ■ greater chance of airing in mass media	■ excludes mood symptoms ■ sensitivity often regarded as reflective of mild symptoms, possibly discouraging treatment
Thought-Loosening Disorder	■ good scientific validity (for example, disconnection hypothesis) ■ cardinal symptom among 4 A symptoms ■ Explains the phenomenon of cognitive deficits and loss of reality testing	■ not a common and representative symptom ■ connotation of loosening is negative ■ discouraging name because it is often associated with grave outcome ■ less useful for psychoeducation about pharmacotherapy

3. Korean Network of Early Psychosis (K-NEP)

K-NEP was organized in 2005 with the participation of 13 centers. With the help of unrestricted educational funding from the Janssen Pharmaceutical Company in Korea, K-NEP launched several important projects to facilitate the activities and goals of the early psychosis movement. First, the current self-administered questionnaires and interview tools related to psychosis were thoroughly reviewed to identify valid, reliable, and simple instruments that might be useful for detecting early psychosis. The ESI and Early Recognition Inventory retrospective assessment of the onset and course of schizophrenia and other psychoses (ERIroas) checklist/interview[31] were among those reviewed. The Comprehensive Assessment of At-Risk Mental States (CAARMS)[32] a semi-structured interview for identifying individuals at high risk for psychosis, was translated into Korean, and a DVD providing CAARMS training was also translated and dubbed. In 2009, a manual for the Korean version of CAARMS, several case studies of individuals at high risk for psychosis, and a set of practical tips and cautions relevant to this assessment were published by K-NEP and the Gyeonggi Metropolitan Center of Mental Health. In addition, K-NEP conducted a one-year prospective multicenter study on the course of those at high risk for psychosis. Some of the results of this study were recently submitted to *Early Intervention in Psychiatry*.

4. Optimal psychosocial treatment during the critical period

The concept of critical period was proposed by Birchwood et al.[33] On the basis of literature identifying this period as the most vulnerable in the overall course of schizophrenia, they defined it as the 5 years after the first presentation of psychotic symptoms. The literature indicates that the cumulative first relapse rate was 81.9% in the 5 years after initial recovery from the first episode of schizophrenia[34] that over 60% of those with schizophrenia who committed suicide did so within 6 years after their first hospitalization[35] and that ongoing changes in the brains of schizophrenic patients occurred during the initial years after diagnosis[36] Hence, optimal psychosocial treatment, in addition to pharmacological therapy, must be provided to first-episode schizophrenia patients to prevent further deterioration and to help them return to their previous level of psychosocial functioning.

Nevertheless, it is a shame that treatment for schizophrenia is increasingly biologically oriented, relying primarily on pharmacotherapy. In this biologically oriented atmosphere, it is encouraging to note that the KAS published a book, "Psychosocial Intervention for Patients with Schizophrenia in the Critical Period"[37] In addition, in 2009, the KAS organized a successful workshop on cognitive-behavioral therapy for psychosis that attracted about 90 attendees. In 2008, the MIHWAF supported a two-year study on the "Development and application of a group cognitive-behavioral therapy program for schizophrenic patients in the critical period"[38] as one of their research and development projects for health, medicine, and technology. Suk-Kyoon An, who is one of the active members of K-NEP, is currently conducting individual CBT program[22,39] with those who are at ultra-high risk for psychosis in his ultra-high risk research clinic, "Clinic FORYOU" of the "GRAPE" (Green Program for Recognition and Prevention of Early Psychosis) project. The key concepts of the GRAPE,

CBT are stress-vulnerability model, resilience, and normalization. It is hoped that the government will increase its support for the development of diverse psychosocial treatment programs that target schizophrenic patients during the critical period of this disorder.

Conclusion

The early psychosis movement should not be confined to simply expanding academic interest in this domain. To be successful, it must incorporate multiple issues and constituencies, including those related to community psychiatry, renaming, the development of optimal psychosocial treatment for the critical period, socio-political considerations, and so on. Most importantly, optimism about earlier interventions yielding better outcomes should serve as the driving force of this movement. In essence, becoming an evangelical apostle of the early psychosis movement means to be able to answers the two key philosophical questions mentioned in the Introduction with a definite "YES".

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