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“at-risk Mental States” Clinical Program in Lausanne: extension of the Staging Approach Model for Psychotic Disorders

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Context: Intervention in the prodromal phase of psychosis remains controversial due to poor specificity of current criterion and ethical issues arising when developing interventions. There is less controversy regarding the need for specialist first episode psychosis intervention programs.

Aims: In the context of the implementation of an early intervention strategy in Lausanne, we focused on a first episode psychosis program and checked if need for an early detection program for UHR subjects would emerge over time. We recently structured a specialist At Risk Mental State (ARMS) clinic.

Methods: Help seeking patients aged 14-35, referred for a 'prodromal psychotic state' are assessed with: Mini-SCID; SPI-A; SIPS-PANSS; MARDS; Yung Mania scale and classified as ARMS on the basis of SPI-Cy (COPER and COGDIS criteria) and SIPS criteria (APS; BLIPS or Genetic Criterion).

Results: Since January 2014, twenty-four patients were addressed to our clinic, and diagnoses were: ARMS (33%); first episode psychosis (8%); schizotypal disorder (25%); other axis I or II diagnosis (13%); drop out before diagnosis (5%); still in investigation (16%).

Conclusions: Our data shows that there is a need for specialist ARMS clinic when developing early intervention programs. The proximity with a well implanted first episode program offers the possibility to treat patients who have already developed full blown psychosis or for those who make the transition. Ethically, it is our impression that having both structures is necessary in order to have adequate treatment to offer is patients develop full blown psychosis.