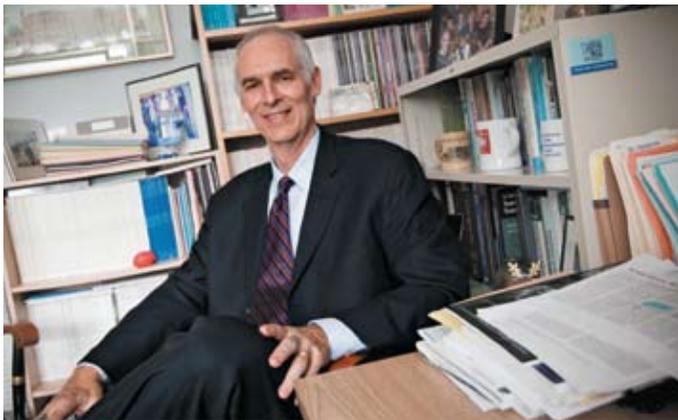


giving matters

Early Warnings

Foundation Funds Promising Work on Initial At-Risk Phase for Psychotic Disorders



▲ Larry J. Seidman, Ph.D.

Most illnesses don't appear out of the blue; instead, they typically develop gradually over a period of time—a time where genetics and environmental factors combine to determine how they ultimately will progress. With a \$450,000 grant from The Sidney R. Baer, Jr. Foundation, BIDMC psychologists Larry J. Seidman, Ph.D., and Anthony J. Giuliano, Ph.D., are leading a program to look at this early phase of development in schizophrenia and other psychotic disorders, a class of illnesses for which early detection and intervention is still a somewhat unconventional idea. The first of its kind in the Boston area, the innovative program aims, through clinical and community outreach efforts, to identify, evaluate, and assist adolescents and young adults in this at-risk stage of illness, sometimes called a “prodrome.” Insights into this phase would be critical to understanding the mechanisms by which psychoses develop and for testing potential interventions. “If you can engage people in a treatment that could delay, attenuate, or even prevent the progression or onset of the full

families and simultaneously so burdensome to the health care system. However, prior to the advent of brain imaging technology and the broader acceptance of the brain's plasticity, psychotic illnesses were typically met with a sense of inevitability and hopelessness marked by blame. “Disorders like schizo-phrenia were highly stigmatized and stigmatizing, and people tended to think of them as chronic and that you couldn't do anything about them,” says Giuliano. Today, thanks in part to work at BIDMC, that view has been replaced by growing recognition of changes in the brain's structure and function, even prior to the onset of psychotic symptoms, and a cautious optimism that something could be done about it. “We don't tell people we definitely know what might portend something more problematic,” says Giuliano. “But for people who may have crossed a threshold into risk, we might say monitoring is a good idea. It's just like at the doctor's office when he finds an abnormal value related to your lipid profile—he's not going to tell you that you're going to have a heart attack in two days, but he may tell you to

disorder, you know you've done a good thing,” says Seidman. “You save people and their families a lot of suffering and distress and maybe their whole path changes to a better one.”

Changing the course of psychotic illness early on would certainly be a boon since few diseases are so derailing to patients and their

adjust your behaviors or try a preventive treatment.”

Knowing exactly what that change or treatment might be is still very murky, and Seidman and Giuliano stress the importance of building the knowledge base in this area through specialized clinical services and intensive community outreach as well as more basic research currently funded by the National Institute of Mental Health. With the Baer Foundation support, they have started the CEDAR (Center for Early Detection, Assessment, and Response to Risk) clinic, where potentially at-risk patients and family members can be carefully, comprehensively, and sensitively evaluated, as well as an affiliated Web site (www.cedarclinic.org), trainings and educational materials for professionals to increase early identification of mental health problems, and an annual conference that has attracted about 200 attendees each year since 2008. The clinic provides an ideal environment in which to scientifically assess potential treatments and outcomes, and the researchers are exploring alternatives to antipsychotic medications like social cognitive therapy and multifamily group therapy, which are already showing promising results. “If you get an innovative grant that supports a program that actually helps develop treatment, then the question is how do you sustain it if it's working and how do you sustain it long enough to study it effectively,” says Seidman. “We don't just want to say an idea sounds good. As scientists, we have to show treatments actually work, and it takes time and it takes money. Thankfully, we've been rewarded with some nice grants in the area, which means other people think what we are proposing is good and smart so we want to keep doing it.”