



CSF-Canberra Supporting Families in mental illness  
Newsletter of

**Canberra Schizophrenia Fellowship**

**A Member of the Mental Illness Fellowship Australia**

PO Box 6216, O'Connor ACT 2602. PH: 6205 1349

This newsletter is sponsored by the Canberra Southern Cross Club

**Volume 9 Number 5**

**June 04**

### ***PRESIDENT'S REPORT***

We are sad to see one of our members and his wife leave Canberra and move to Kyneton to be closer to family. Doug McIver was instrumental in raising many thousands of dollars for the CSF over the years. The Rotary Foundation of Rotary International named Doug as a *Paul Harris Fellow* in appreciation of tangible and significant assistance given for the furtherance of better understanding and friendly relations among peoples of the world. I was honoured to be asked to speak to Rotary about schizophrenia on that night in April, so was part of the celebration. Doug expressed his appreciation of assistance by the Fellowship and would remember many friends and good fellowship. Our best wishes go to both Doug and Jan for the future.

I was also asked to speak to St. Ninian's Social Action Group on the topic "Mental Health and Offending Disorders". The extra numbers at the meeting indicated that, with very little publicity this is an important issue in our community. Thanks to the group for their donation to CSF.

I like to believe that our lobbying for better treatment and services for Forensic Mental Health clients paid off, with a budget allocation of \$1.2 million over the next four years. The Minister for

### **PUBLIC MEETING**

**Wednesday**

**9 June 04**

**at 5.30pm**

**Gallipoli Room**

**RSL Club**

**13 Moore St**

**Civic**

***Speaker:***

**Grace Groom**

**CEO Mental Health Council  
of Australia**

***Subject:***

**The work of the Council**

Thanks to Eli Lilly for funding the Australian tour of Dr Xavier Amador who was in Canberra for interviews and to speak at our dinner on Wednesday 19<sup>th</sup> May. We intend to keep in touch with this amazing man. See below for Ian Morison's report.

#### **A new treatment option**

Major advances have been made in the treatment of schizophrenia over the last ten years. The listing and accessibility under the PBS of medications such as Clozapine, Risperidone, Olanzapine and Amisulpride have made a dramatic difference for many people with schizophrenia. What carers have been desperately waiting for is an "atypical" long acting injection. A new medication called Risperdal Consta will be considered by the Pharmaceutical Benefits Advisory Committee's (PBAC) 7<sup>th</sup> of July meeting for listing on the PBS. Risperdal Consta is the first, long acting new generation (or atypical) anti-psychotic. It is an injection of the atypical drug risperidone, delivered every two weeks. These long-acting atypical injectable antipsychotics will improve medication adherence and so help to reduce the number of relapses.

The listing of Risperdal Consta will also greatly assist in moving closer to achieving Australia's National Mental Health Plan. It will be easier to maintain people with schizophrenia who are non compliant with medication in the community. It will maximise the

### **ADVANCE NOTICE**

#### **PUBLIC MEETING**

**Wednesday**

**14 July 04**

**at 5.30 pm**

**Gallipoli Room**

**RSL Club**

**13 Moore St**

**Civic**

***Subject:***

**Exploring LEAP steps from the  
book 'I am not sick.  
I don't need help!'**

Health, Simon Corbell, said this initiative would provide a specialist clinical management team to provide specific mental health services for clients who have been released by the courts back into the community. This will give magistrates options outside the Belconnen Remand Centre and the PSU for some clients. Note that this is a start, but more is needed, and we will monitor its progress.

opportunity to engage with such people and to get better therapeutic outcomes. Further a person with schizophrenia who is receiving appropriate treatment is the best method of reducing the terrible stigma associated with this illness.

Letters of support for Consta have been sent from all members of the Mental Illness Fellowship of Australia to the Prime Minister, Tony Abbott, and all Senators and Members of the House of Representatives. CSF has received a positive reply from Senator Gary Humphries in support. See below for information on an injectable form of Zyprexa which has recently been approved for use in the U.S.

**Annette Atherton**

## RECOVERY

In the May newsletter, an article by Jane Macdonald, reprinted from the Schizophrenia Fellowship of South Queensland Newsletter, describes the course of the illness schizophrenia in her son. As a description of the illness in one person it is interesting, but Jane is not careful to distinguish what is fact and what is her interpretation of events.

Every person with schizophrenia is different and different things will determine the course of the illness.

Jane makes a reference to the opinion of Fuller Torrey, which is particularly misleading.

Fuller Torrey gives a whole chapter to the course of the illness. He does not say that if a person avoids a relapse he/she is more likely to recover. He says that if a person does not relapse it is a sign that the outcome will be more positive. He also suggests that if a person has only one episode then it is doubtful if they ever had schizophrenia.

In fact, he quotes nine predictors of outcome and states that: "It

should be said again that each of these factors *by itself* has limited predictive value" and "All of us who regularly care for patients with schizophrenia have seen enough exceptions to these guidelines to make us humble about any predictions."(Pg.116 in my edition)

Here are the nine predictors:

- History of Adjustment Prior to Onset of Illness
- Gender
- Family History
- Age of Onset
- Suddenness of Onset
- Precipitating Events
- Clinical Symptoms
- CT Scan Findings
- Response to Medication

These headings are explained in great detail. I will undertake to get photocopies for anyone who wishes to see the detail.

After 10 years, and again after 30 years, no more than 25% of patients are completely recovered. There is some doubt whether such patients actually had schizophrenia but it is thought that they have had a reactive psychosis. "People who recover so completely do so whether they are treated with anti-psychotic medication ..... or yellow jelly beans."

If only patients who meet strict criteria for a diagnosis of schizophrenia are included, the percentage who make a complete recovery is much less than 25%.

After 10 years, 10% are dead (world wide figures) and after 30 years 15% are dead. People with schizophrenia have a life expectancy 20 years less than the average population.

I draw families' attention to this information because, over the years, I have met too many families who are very depressed when their relative fails to make the progress that some uninformed sources have led

them to believe is possible. Consequently they look to blame themselves, their relative, health systems or health professionals. The consequences of this can be tragic and unfair.

It is much more helpful, if the support, that people with schizophrenia need from their families, is given. Then they have a chance of living in the mainstream community and joining the 35% who thirty years later are seen to be much improved and relatively independent.

*Sheelah Egan*

## Cannabis Use Linked With Early Disease Onset in Schizophrenia

(Reuters Health) Apr 12 - The use of cannabis is strongly associated with earlier age at first psychotic episode in male patients with schizophrenia, according to results of a small study published in the March issue of the American Journal of Psychiatry.

Dr. Natalie D. Veen, from University Medical Centre Utrecht, the Netherlands, and colleagues examined the independent associations between gender and cannabis use and age of onset of schizophrenia.

A total of 133 patients were included in the study. Seventy patients were cannabis users and 97 patients were male. The team defined milestones of early onset as first social and/or occupational dysfunction, first psychotic episode, and first negative symptoms. Male patients were significantly younger than female patients at first social and/or occupational dysfunction, first psychotic episode, and first negative symptoms of schizophrenia.

Cannabis users were also significantly younger at first social and/or occupational dysfunction, first psychotic episode, and first negative symptoms compared with non-users. "Multivariate analyses showed that cannabis use, but not gender, made an independent contribution to the prediction of age at first psychotic episode," Dr. Veen's group reports. Male cannabis users had their first psychotic episode a mean of 6.9 years earlier than those who did not use the drug. "Since early onset is associated with a poorer prognosis of the disorder, the relationship between cannabis use and the risk of developing an early-onset type of schizophrenia is an important focus for future research," Dr. Veen and colleagues conclude. *Am J Psychiatry* 2004;161:501-506.

## SMELL AND SCHIZOPHRENIA

On Thursday 6 May 04 the ABC 'Catalyst' program had a story on smell and schizophrenia.

Can your nose smell the early signs of schizophrenia?

According to researchers at the University of Melbourne it can.

They've found that your ability to correctly identify smells on a scratch and sniff test can be an indicator of your developing schizophrenia.

In the past we've had very limited tools to predict whether someone is going to develop schizophrenia or not. All we've been able to use is family history and certain behaviour. Until now.

Researchers at the University of Melbourne have found that our sense of smell is turning out to be very useful in predicting the development of schizophrenia. Take a teenager already at risk

of developing schizophrenia. The worst they score on the scratch and sniff test, the higher the likelihood of developing schizophrenia.

For more information go to [www.abc.net.au/catalyst/stories/s1102403.htm](http://www.abc.net.au/catalyst/stories/s1102403.htm)

**PLEASE NOTE  
THE CSF MONTHLY PUBLIC  
MEETINGS WILL BE NOW  
HELD IN THE GALLOPOLI  
ROOM AT THE RSL CLUB  
13 MOORE ST CIVIC  
5.30pm to 7.00pm**

Lilly wins U.S. Approval  
For Injectable Form of  
Top-Selling Zyprexa

March 31, 2004

INDIANAPOLIS (AP) -- Eli Lilly and Co. has won federal approval to sell an injectable version of its top-selling anti-psychotic Zyprexa, giving doctors a new option to quickly calm agitated patients.

The Food and Drug Administration's approval of the new shot form of the eight-year-old drug is expected to supplement Zyprexa's tablet form, used for long-term treatment of schizophrenia and the manic stage of bipolar disorder. The faster-acting injectable version is designed for single or occasional uses in patients during episodes when they become agitated and in some cases violent.

Zyprexa recorded \$4.3 billion in sales last year, accounting for about a third of Indianapolis-based Lilly's sales. But it is undergoing a patent challenge from generic drug makers and faces increasing competition from newer anti-psychotics including Bristol-Myers Squibb's Abilify and Pfizer's Geodon. Robert Hazlett, an industry analyst with SunTrust Robinson Humphrey, said he expects injectable Zyprexa to prove more effective and therefore become

more widely used than the shot form of Geodon, the only other drug in its class available in injectable form.

The drugs are atypical anti-psychotics, a class that a dozen years ago began replacing old-line treatments that tend to have more severe side effects, including involuntary facial and body movements.

Geodon's injectable form was approved in June 2002. While the injectable form of Geodon is approved for treatment of agitated schizophrenic patients, Zyprexa's intramuscular form is approved for that use and for agitated patients with bipolar mania, Lilly spokeswoman Marni Lemons said.

Zyprexa remains the top seller in its class, and four years ago won FDA approval to treat bipolar mania. The drug has been prescribed to 12.5 million people since its 1996 introduction to treat schizophrenia.

## DEPRESSION CONFERENCE

Beyondblue is sponsoring the depression component of a major international conference on dementia and depression being held in the Power House Museum, Sydney on the 23<sup>rd</sup> to 25<sup>th</sup> June.

Beyondblue will be launching maturityblues at this conference. Maturityblues has been formed to represent the interests of elderly people who are depressed and will be officially launched by the Governor of New South Wales, Professor Marie Bashir AC at the cocktail party being held on the evening 24 June 04.

Details of the programme and registration form can be downloaded from [www.dementia.com.au](http://www.dementia.com.au)

"CSF is not responsible for the accuracy of any article in the newsletter".

I AM NOT SICK  
I DON'T NEED HELP!

What a fascinating night Xavier Amador gave to the 54 people who had dinner with him at Tu Tu Tango on 19 May!!

He showed us, with the help of straight man Minister for Health, Simon Corbell, why so many people refuse treatment and how we can help them to get it. His own search for an answer evolved from years of failure to get an older brother, who had schizophrenia, to agree to have treatment.

According to E Fuller Torrey, Amador's book, based on a decade of pioneering work, is the first to address the issue of insight. ***"Amador provides families and mental health professionals with a concrete, step-by-step plan to improve awareness of illness. This book fills a tremendous void in the literature on schizophrenia and bipolar disorder."***

Do readers remember Dr Fred Frese, the chronic psych patient who returned to run the asylum? Fred wrote, in praise of Amador's book, ***"The great value of "I am Not Sick, I Don't Need Help" is that it incorporates both the consumer's perspective and that of the clinician. It finds common ground, pointing out where the consumer and his/her clinician can work together in partnership. It is practical, easy to read, and hopeful."***

Yes, it is, but the mental health system needs to work with family members to apply the four LEAP steps to reaching agreement with their loved one. The steps sound obvious –

**Listen, Empathise,  
Agree, Partnership.**

but not easy. To listen means learning to walk in the other

person's shoes, to feel their experience of the illness and treatment. To empathise means being sure he/she knows you respect their point of view before you ask them to consider yours.

Amador's book gives examples of negotiating, step by step, to reach agreement over the difficult questions of getting treatment, and taking medication.

The Fellowship's July meeting will explore the LEAP steps, and how best to support families that decide to apply them. At this meeting there will be a small stock of Xavier Amador's book on sale, at the special price of \$30 for CSF members. [see box for meeting details]

Law and illness forum  
achieved little, says  
visiting specialist

"Disappointing" was how Dr Xavier Amador, a world renowned specialist on mental illness, described Canberra's first Mental Health and Law Forum.

The ACT's Chief Magistrate, Chief Psychiatrist, Director of Prosecutions and a defence lawyer were part of Tuesday's panel that discussed the problems of how mentally ill patients were treated before the courts.

Judging by their comments, it seemed they had achieved little, Columbia University's Dr Amador said.

"The thing that's most disappointing about this is the finger-pointing; that the various sides are pointing to one another and saying 'You're not speaking our language, you're not playing our rules, you're playing a different game'.

"The fact is, mental health and the criminal justice system are partners whether we want it or not.

"The players need to ...roll up their sleeves and get to work."

Such forums needed to pressure government as a partnership to get funding for the programs that they knew worked. "We don't need a new facility to house them; what we need is supervision and treatment in the community but also a realisation that these are illnesses that lead people to do and say things that require tolerance - but never at the sake of public safety."

One in two mentally ill people did not understand that they were ill, he said.

"Our responsibility is to bring the services to the individual, rather than expecting the individual to the services."

*An article published in the Canberra Times on May 20*