Could your patient have autoantibodies?

Could they benefit from immunotherapy?

Find out with PPiP2

PPiP2 study recruitment guidance for clinicians

Further details and recruitment materials here:
oxfordhealth.ppip@nhs.net

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How to recruit to PPiP2

1. Establish eligibility for the study

2. Assess Capacity

3. Pass details to research team

4. Take bloods

5. Send off bloods

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1. Eligibility

Who should I recruit?

Inclusion criteria

- Age 16-60
- Anyone who has acute psychosis symptoms (moderate to very severe symptoms). First episode of psychosis or relapse. (See Appendix 1)
- Current episode less than two years (if relapse, at least 6 months remission before this episode)

Exclusion criteria

- Any neurological disorder such as brain damage, MS, epilepsy, cerebrovascular disease, traumatic brain injury, systemic lupus erythematosus, CNS vasculitis.
- Pregnancy is an exclusion factor too.

If in doubt – check with the PPiP2 research team
oxfordhealth.ppip@nhs.net

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Acute psychosis symptoms

- Please consider each recently admitted patient with psychosis symptoms for the study as it is likely that their symptoms are acute.
- They must experience **at least one** of the following symptoms **moderate to very severe** (see Appendix 1 for more details)

1. Positive symptoms:
    - Delusions
    - Conceptual Disorganisation
    - Hallucinatory Behaviour

2. Negative symptoms :
    - Blunted affect
    - Passive/Apathetic Social Withdrawal
    - Lack of Spontaneity & Flow of Conversation

3. General symptoms :
    - Mannerisms & Posturing
    - Unusual Thought Content

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Blood kit

After completing the study recruitment training please order a PPiP2 blood kit from: https://psychiatryoxford.qualtrics.com/jfe/form/SV_1B1vGo6aiOn4fvT

It will be posted to the address provided (e.g. to your hospital ward).

2. Assess Capacity

Capacity to consent to this research may be different to capacity to consent to treatment. Even patients under section may have capacity.

To have capacity, the patient needs to understand, retain and use & weigh the following information:

- They have an illness
- We are researching their illness
- We would like to take an extra blood test
- We may be able to offer them another sort of treatment depending on the result of the blood test

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3. Pass details to research team

- If the patient has capacity, ask if you can pass their details on to the research team, who will call them to discuss further.

- If the patient does not have capacity, ask their nearest relative (or other friend/relative involved in their care) to take role of a personal consultee. If personal consultee is not available approach professional consultee (e.g. treating clinician independent to the study).

- Give the patient or relative a Patient Information Sheet (PIS) or PIS for Consultee. You can do this via email if it's easier.

- If the patient/relative/clinician agrees to talk to the researcher, please send an email to PPiP2 research team at study email address (below) containing:
  - Patient's name, DOB, NHS number
  - Patient or consultee contact information (this can be a personal mobile (preferred) or the ward number)

oxfordhealth.ppip@nhs.net

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4. Take bloods

- Get a blood kit from:

https://psychiatryoxford.qualtrics.com/jfe/form/SV_1B1vGo6aiOn4fv

It will be posted to provided address (e.g. to your hospital ward).

- PPiP2 research team member will contact you when the team has obtained informed consent from the patient or their consultee over the phone.

- Please do not collect blood before you hear from the research team.

- Take blood using the blood tube in the blood kit. Enter date and time when blood was taken in the Blood card provided in the safe box received. No patient identifiable data should be provided on the tube or Blood Card.

- Give the patient the £10 voucher located in the box and thank them.

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5. Send off bloods

- Email research team at oxfordhealth.ppip@nhs.net :
  - Unique **study participant ID** from the tube in the safe blue box you used (aaa11111)
  - Patient's name, DOB, NHS number

- Close the safe blue box and send it in the standard post. You can give it to reception or put it in any post box.

You're all done! Thank you!

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Appendix 1

PPiP2 Study

Selected sections of PANSS Rating Manual for clinicians and researchers involved in PPiP2 study recruitment

Please note that PANSS interview assessment is not required.

If you are not sure about severity of patient's symptoms you can use anchor points for PANSS ratings bellow to decide whether a potential participant experiences at least one of the listed symptoms below AND at least one symptom matches definition of rating 4 and more severe.

POSITIVE AND NEGATIVE SYNDROME SCALE (PANSS) RATING CRITERIA

GENERAL RATING INSTRUCTIONS

Each of the 8 items is accompanied by a specific definition as well as detailed anchoring criteria for all seven rating points. These seven points represent increasing levels of psychopathology, as follows:

1- absent

2- minimal

3- mild

4- moderate

5- moderate severe

6- severe

7- extreme

In assigning ratings, one first considers whether an item is at all present, as judging by its definition. If the item is absent, it is scored 1, whereas if it is present one must determine its severity by reference to the particular criteria from the anchoring points. The highest applicable rating point is always assigned, even if the patient meets criteria for lower points as well. In judging the level of severity, the rater must utilise a holistic perspective in deciding which anchoring point best characterises the patient's functioning and rate accordingly, whether or not all elements of the description are

observed.

The rating points of 2 to 7 correspond to incremental levels of symptom severity:

• A rating of 2 (minimal) denotes questionable or subtle or suspected pathology, or it also may allude to the extreme end of the normal range.

• A rating of 3 (mild) is indicative of a symptom whose presence is clearly established but not pronounced and interferes little in day-today functioning.

• A rating of 4 (moderate) characterises a symptom which, though representing a serious problem, either occurs only occasionally or intrudes on daily life only to a moderate extent.

• A rating of 5 (moderate severe) indicates marked manifestations that distinctly impact on one's functioning but are not all-consuming and usually can be contained at will.

• A rating of 6 (severe) represents gross pathology that is present very frequently, proves highly disruptive to one's life, and often calls for direct supervision.

• A rating of 7 (extreme) refers to the most serious level of psychopathology, whereby the manifestations drastically interfere in most or all major life functions, typically necessitating close supervision and assistance in many areas.

Each item is rated in consultation with the definitions and criteria provided in this manual.

POSITIVE SCALE (P)

P1. DELUSIONS - Beliefs which are unfounded, unrealistic and idiosyncratic.
Basis for rating - Thought content expressed in the interview and its influence on social relations and behaviour.
1 Absent - Definition does not apply
2 Minimal - Questionable pathology; may be at the upper extreme of normal limits
3 Mild - Presence of one or two delusions which are vague, uncrystallised and not tenaciously held. Delusions do not interfere with thinking, social relations or behaviour.
4 Moderate - Presence of either a kaleidoscopic array of poorly formed, unstable delusions or a few well-formed delusions that occasionally interfere with thinking, social relations or behaviour.
5 Moderate Severe - Presence of numerous well-formed delusions that are tenaciously held and occasionally interfere with thinking, social relations and behaviour.
6 Severe - Presence of a stable set of delusions which are crystallised, possibly systematised, tenaciously held and clearly interfere with thinking, social relations and behaviour.
7 Extreme - Presence of a stable set of delusions which are either highly systematised or very numerous, and which dominate major facets of the patient's life. This frequently results in inappropriate and irresponsible action, which may even jeopardise the safety of the patient or others.

P2. CONCEPTUAL DISORGANISATION - Disorganised process of thinking characterised by disruption of goal-directed sequencing, e.g. circumstantiality, loose associations, tangentiality, gross illogicality or thought block.
Basis for rating - Cognitive-verbal processes observed during the course of interview.
1 Absent - Definition does not apply
2 Minimal - Questionable pathology; may be at the upper extreme of normal limits
3 Mild - Thinking is circumstantial, tangential or paralogical. There is some difficulty in directing thoughts towards a goal, and some loosening of associations may be evidenced under pressure.
4 Moderate - Able to focus thoughts when communications are brief and structured, but becomes loose or irrelevant when dealing with more complex communications or when under minimal pressure.
5 Moderate Severe - Generally has difficulty in organising thoughts, as evidenced by frequent irrelevancies, disconnectedness or loosening of associations even when not under pressure.
6 Severe - Thinking is seriously derailed and internally inconsistent, resulting in gross irrelevancies and disruption of thought processes, which occur almost constantly.
7 Extreme - Thoughts are disrupted to the point where the patient is incoherent. There is marked loosening of associations, which result in total failure of communication, e.g. "word salad" or mutism.

P3. **HALLUCINATORY BEHAVIOUR** - Verbal report or behaviour indicating perceptions which are not generated by external stimuli. These may occur in the auditory, visual, olfactory or somatic realms.
Basis for rating - Verbal report and physical manifestations during the course of interview as well as reports of behaviour by primary care workers or family.
1 Absent - Definition does not apply
2 Minimal - Questionable pathology; may be at the upper extreme of normal limits
3 Mild - One or two clearly formed but infrequent hallucinations, or else a number of vague abnormal perceptions which do not result in distortions of thinking or behaviour.
4 Moderate - Hallucinations occur frequently but not continuously, and the patient's thinking and behaviour are only affected to a minor extent.
5 Moderate Severe - Hallucinations occur frequently, may involve more than one sensory modality, and tend to distort thinking and/or disrupt behaviour. Patient may have a delusional interpretation of these experiences and respond to them emotionally and, on occasion, verbally as well.
6 Severe - Hallucinations are present almost continuously, causing major disruption of thinking and behaviour. Patient treats these as real perceptions, and functioning is impeded by frequent emotional and verbal responses to them.
7 Extreme - Patient is almost totally preoccupied with hallucinations, which virtually dominate thinking and behaviour. Hallucinations are provided a rigid delusional interpretation and provoke verbal and behavioural responses, including obedience to command hallucinations.

Extracted from the PANSS Scoring Manual

NEGATIVE SCALE (N)

N1. BLUNTED AFFECT - Diminished emotional responsiveness as characterised by a reduction in facial expression, modulation of feelings and communicative gestures.
Basis for rating - Observation of physical manifestations of affective tone and emotional responsiveness during the course of the interview.
1 Absent - Definition does not apply
2 Minimal - Questionable pathology; may be at the upper extreme of normal limits
3 Mild - Changes in facial expression and communicative gestures seem to be stilted, forced, artificial or lacking in modulation.
4 Moderate - Reduced range of facial expression and few expressive gestures result in a dull appearance
5 Moderate Severe - Affect is generally 'flat' with only occasional changes in facial expression and a paucity of communicative gestures.
6 Severe - Marked flatness and deficiency of emotions exhibited most of the time. There may be unmodulated extreme affective discharges, such as excitement, rage or inappropriate uncontrolled laughter.
7 Extreme – Changes in facial expression and evidence of communicative gestures are virtually absent. Patient seems constantly to show a barren or 'wooden' expression.

N4. PASSIVE/APATHETIC SOCIAL WITHDRAWAL - Diminished interest and initiative in social interactions due to passivity, apathy, anergy or avolition. This leads to reduced interpersonal involvements and neglect of activities of daily living.
Basis for rating – Reports on social behaviour from primary care workers or family.
1 Absent - Definition does not apply
2 Minimal - Questionable pathology; may be at the upper extreme of normal limits
3 Mild - Shows occasional interest in social activities but poor initiative. Usually engages with others only when approached first by them.
4 Moderate – Passively goes along with most social activities but in a disinterested or mechanical way. Tends to recede into the background.
5 Moderate Severe - Passively participates in only a minority of activities and shows virtually no interest or initiative. Generally spends little time with others.
6 Severe - Tends to be apathetic and isolated, participating very rarely in social activities and occasionally neglecting personal needs. Has very few spontaneous social contacts.
7 Extreme – Profoundly apathetic, socially isolated and personally neglectful.

N6. LACK OF SPONTANEITY AND FLOW OF CONVERSATION - Reduction in the normal flow of communication associated with apathy, avolition, defensiveness or cognitive deficit. This is manifested by diminished fluidity and productivity of the verbal interactional process.
Basis for rating - Cognitive-verbal processes observed during the course of interview.
1 Absent - Definition does not apply
2 Minimal - Questionable pathology; may be at the upper extreme of normal limits
3 Mild – Conversation shows little initiative. Patient's answers tend to be brief and unembellished, requiring direct and leading questions by the interviewer.
4 Moderate – Conversation lacks free flow and appears uneven or halting. Leading questions are frequently needed to elicit adequate responses and proceed with conversation.
5 Moderate Severe - Patient shows a marked lack of spontaneity and openness, replying to the interviewer's questions with only one or two brief sentences.
6 Severe - Patient's responses are limited mainly to a few words or short phrases intended to avoid or curtail communication. (e.g. "I don't know", "I'm not at liberty to say"). Conversation is seriously impaired as a result and the interview is highly unproductive.
7 Extreme - Verbal output is restricted to, at most, an occasional utterance, making conversation not possible.

Extracted from the PANSS Scoring Manual

GENERAL PSYCHOPATHOLOGY SCALE (G)

G5. MANNERISMS AND POSTURING – Unnatural movements or posture as characterised be an awkward, stilted, disorganised, or bizarre appearance.
Basis for rating - Observation of physical manifestations during the course of interview as well as reports from primary care workers or family.
1 Absent - Definition does not apply
2 Minimal - Questionable pathology; may be at the upper extreme of normal limits
3 Mild - Slight awkwardness in movements or minor rigidity of posture
4 Moderate – Movements are notably awkward or disjointed, or an unnatural posture is maintained for brief periods.
5 Moderate Severe - Occasional bizarre rituals or contorted posture are observed, or an abnormal position is sustained for extended periods.
6 Severe - Frequent repetition of bizarre rituals, mannerisms or stereotyped movements, or a contorted posture is sustained for extended periods.
7 Extreme - Functioning is seriously impaired by virtually constant involvement in ritualistic, manneristic,
or stereotyped movements or by an unnatural fixed posture which is sustained most of the time.

G9. UNUSUAL THOUGHT CONTENT - Thinking characterised by strange, fantastic or bizarre ideas,
ranging from those which are remote or atypical to those which are distorted, illogical and patently absurd.
Basis for rating - Thought content expressed during the course of interview.
1 Absent - Definition does not apply
2 Minimal - Questionable pathology; may be at the upper extreme of normal limits
3 Mild - Thought content is somewhat peculiar, or idiosyncratic, or familiar ideas are framed in an odd context.
4 Moderate - Ideas are frequently distorted and occasionally seem quite bizarre.
5 Moderate Severe - Patient expresses many strange and fantastic thoughts, (e.g. Being the adopted son of a king, being an escapee from death row), or some which are patently absurd (e.g. Having hundreds of children, receiving radio messages from outer space from a tooth filling).
6 Severe - Patient expresses many illogical or absurd ideas or some which have a distinctly bizarre quality (e.g. having three heads, being a visitor from another planet).
7 Extreme - Thinking is replete with absurd, bizarre and grotesque ideas.

Extracted from the PANSS Scoring Manual

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