

Ceshtje te Etikes qe Lidhen me Nderhyrjen e Hershme ne Psikoze

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Sfondi teorik: Skizofrenia dhe psikoza e tjera perfaqesojne crregullimet me te renda mendore, me nje pik te fillimit ne adoleshentet dhe adultet e rinj.

Te dhenat qe, kohezgjatja e rritur e psikoze se patrajtuar shoqerohet me perfundim me te rende, perfshire vonese ne pergjigjen ndaj mjekimit (1), simptoma me te renda (2) dhe relaps me te hershem (3), kane gjalleruar perpjekjet per studime klinike per identifikimin e individeve qe kane gjasa per te zhvilluar psikoze, perpara shfaqjes se plote te semundjes.

Metodologjia: Shqyrtimi literatures ekzistuese ne lidhje me kete teme

Qellimi: te paraqese disa nga ceshtjet etike qe lidhen me studimet e fokusuara ne periudhen prodromale, perpara fillimit te psikoze. Keto studime jane thelbesore per zhvillimin e metejshem te strategjive per zbulimin e hershem dhe nderhyrjen e hershme. Perpjekje te tilla, domosdoshmerisht kerkojne perfshirjen e individeve te cilet kane rrezik per psikoze por ende nuk kane zhvilluar nje semundje psikiatrike.

Rezultatet: Ne kete sfond ngrihen disa ceshtje etike ne fushat studimore te cilat tejkalojne perpresite klinike: probleme etike gjate screening duke perfshire, stigmen, konfidencialitetin, miratimin e informuar dhe mbeshtetjen e kerkuar gjate periudhes se pritjes, problemet etike qe lidhen me vleresimet e zgjatura ne mungese te crregullimit etj.

Konkluzione: Studimet empirike te arsytimit te rrezikut dhe aftesise per vendimmarrje tek te rinjte dhe individet me psikoze sugjerojne se shumica e individeve qe jane ne rrezik per psikoze mund te ofrojne ne menyre te pershtatshme miratimin e informuar.

Rekomandime: ekzistojne disa shqetesime etike te cilat duhet te kuptohen dhe te adresohen prej atyre qe zhvillojne masa parandaluese paresore ne skizofreni.

Fjalet Kyc: skizofreni, psikoze, etike, parandalim.

Referenca

1. Loebel AD, Lieberman JA, Alvir JMJ, Mayerhoff DI, Geisler SH, Szymanski SR: Duration of psychosis and outcome in first-episode schizophrenia. Am J Psychiatry 1992, 149:1183–1188.
2. Harrigan SM, McGorry PD, Krstev H: Does treatment delay in first-episode psychosis really matter? Psychol Med 2003, 33:97–110.
3. Crow TJ, MacMillan JF, Johnson AL, Johnstone EC: A randomized controlled trial of prophylactic neuroleptic treatment. Br J Psychiatry 1986, 148:120–127.

Ethical Issues Concerning Early Intervention on Psychosis

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Background: Schizophrenia and other psychoses represent the most severe of the mental disorders, with a peak of onset in adolescents and young adults.

Evidence that increased duration of untreated psychosis is related to worse outcomes, including delay in medication response [1], more severe symptoms [2], and earlier relapse [3], has invigorated clinical research efforts to identify individuals who are likely to develop psychosis prior to the onset of full-blown illness.

Method: Review of existing literature on the topic

Objective: presentation of some of ethical issues that arise during the research focused on the prodromal period prior to the onset of psychosis. This research is essential for the further development of strategies for early detection and early intervention. Such efforts necessarily require the enrollment of individuals who are at risk of psychosis but have not yet developed a psychotic illness.

Results: Ethical concerns arise in the arenas of research over clinical priorities; screening ethics, including stigma, confidentiality, informed consent and support required through waiting periods; and the ethics of prolonged assessments in the absence of disorder etc.

Conclusions: Empirical studies of risk reasoning and decisional capacity in young people and individuals with psychosis suggest that most individuals who are at-risk for psychosis can adequately provide informed consent.

Recommendations: There are several legitimate ethical concerns that must be understood and addressed by those undertaking the developing of primary preventive measures in schizophrenia.

Key words: ethics, prevention, schizophrenia, psychosis.

References:

1. Loebel AD, Lieberman JA, Alvir JMJ, Mayerhoff DI, Geisler SH, Szymanski SR: Duration of psychosis and outcome in first-episode schizophrenia. *Am J Psychiatry* 1992, 149:1183–1188.

2. Harrigan SM, McGorry PD, Krstev H: Does treatment delay in first-episode psychosis really matter? *Psychol Med* 2003, 33:97–110.

3. Crow TJ, MacMillan JF, Johnson AL, Johnstone EC: A randomized controlled trial of prophylactic neuroleptic treatment. *Br J Psychiatry* 1986, 148:120–127.