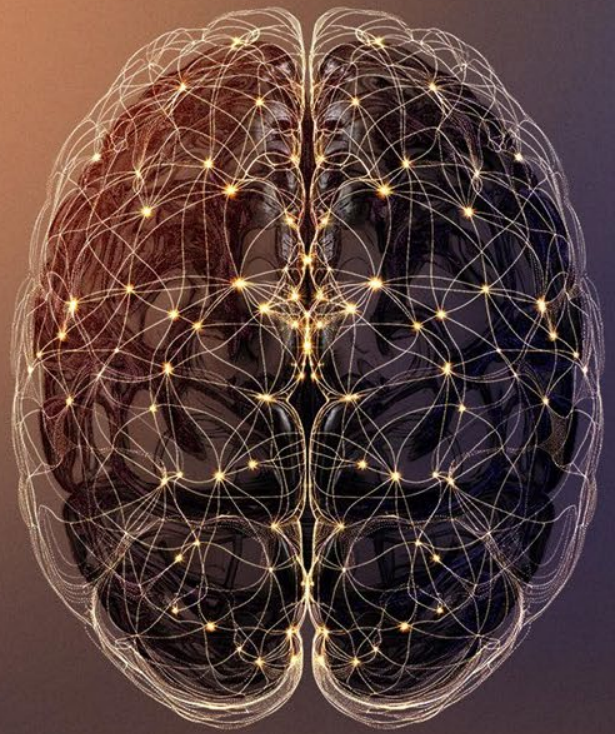
ISS01

THE TRANSDIAGNOSTIC APPROACH:

TREATING SYMPTOMS ACROSS **MOOD** AND **THOUGHT** DISORDERS



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Diagnostic vs transdiagnostic approach

Diagnostic approach

Pros

- Allowed psychiatry to become part of medicine, as a diagnostic system is needed
- Good reliability, agreement between raters[1]

Cons

- Don't always use the same language (DSM and ICD)
- Lack clinical validity, used for administrative purposes not for guiding treatments[2, 3]
- High rates of comorbidities, difficult to formulate primary vs secondary diagnoses[2, 3]
- Doesn't account for recent discoveries, e.g. staging models (fluctuating symptomatology)[2, 3]

Transdiagnostic approach

Cons

- Transdiagnostic is not defined precisely[4]
- Examples of papers claiming to be transdiagnostic[4]: because they investigate physical and mental health diagnoses; some claim to be transdiagnostic but they are not; because they investigate specific symptoms; because they different according to clinical staging model

Pros

- Can account for comorbid dimensions and for the clinical staging model[5]
- Take into account underlying neurobiology[6]
- Allow testing innovative treatment across multiple disorders, e.g. dopaminergic alterations[7]

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Dopamine partial agonists as transdiagnostic drugs

- Severe psychiatric disorders may share transdiagnostic molecular mechanisms relevant for common and divergent pathophysiology as well as clinical phenotypes
- Dopamine partial agonists by means of dopamine dynamics fine tuning and functional selectivity may have a transdiagnostic activity relevant for intercepting clusters of symptoms belonging to different behavioural disorders
- Cariprazine is the first in class D3R preferred DA partial agonist with demonstrated efficacy for positive symptoms and clear- cut efficacy on negative symptoms compared to “canonical” D2R/5HT2a antagonist

Applying the transdiagnostic approach in clinical practice

- The transdiagnostic approach captures the overlap between psychiatric and neurological disorders
- Many psychiatric and neurological disorders share common genetic and pathophysiological features, suggesting a significant overlap in their origins → shared therapeutic solutions could be beneficial for these disorders[1-5]
- Both clinical trials and real-world data suggest that dopamine partial agonists, such as cariprazine, may be safe and effective in treating a broad range of symptoms associated with various dopamine-related disorders, regardless of whether these conditions are classified as psychiatric or neurological
- Cariprazine has shown effectiveness in various conditions, including bipolar disorder[6]; MDD[6]; schizoaffective disorder[7]; borderline personality disorder[7]; SUD[7]; OCD[7]; Tourette syndrome[8]; Mitochondrial disease // Rett syndrome[9]; Wernicke-Korsakoff syndrome (due to mtDNA disease)[7]; Huntington's disease[10, 11]; Parkinson's disease[12]

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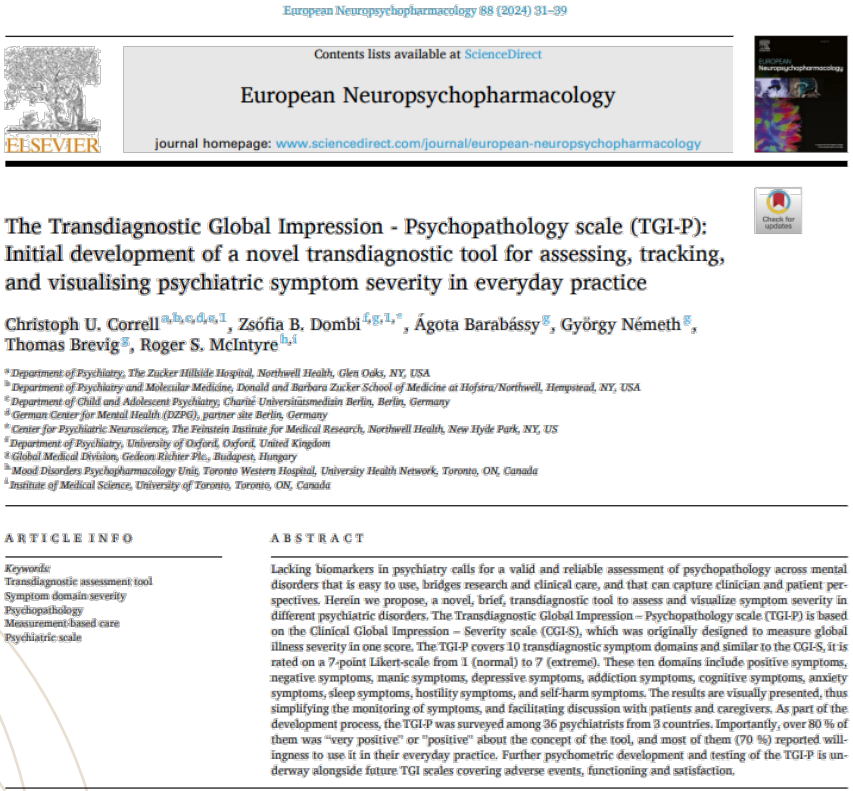
TRANSDIAGNOSTIC SCALE



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The Transdiagnostic Global Impression - Psychopathology scale (TGI-P): Initial development of a novel transdiagnostic tool for assessing, tracking, and visualising psychiatric symptom severity in everyday practice

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ABSTRACT

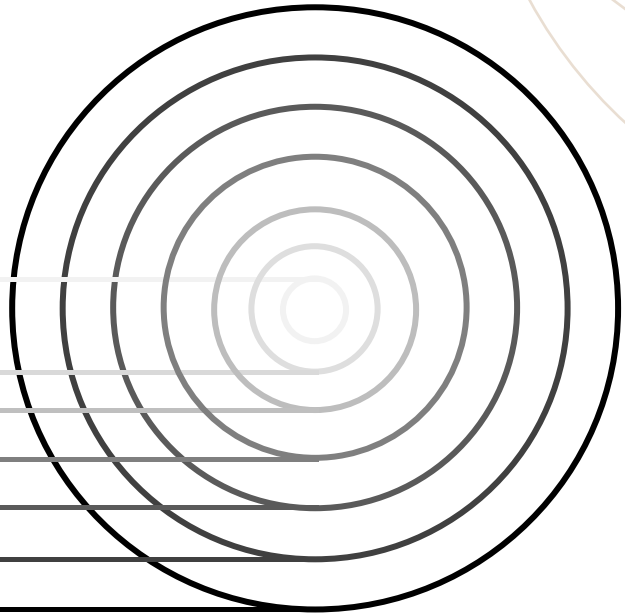
Lacking biomarkers in psychiatry calls for a valid and reliable assessment of psychopathology across mental disorders that is easy to use, bridges research and clinical care, and that can capture clinician and patient perspectives. Herein we propose, a novel, brief, transdiagnostic tool to assess and visualize symptom severity in different psychiatric disorders. The Transdiagnostic Global Impression – Psychopathology scale (TGI-P) is based on the Clinical Global Impression – Severity scale (CGI-S), which was originally designed to measure global illness severity in one score. The TGI-P covers 10 transdiagnostic symptom domains and similar to the CGI-S, it is rated on a 7-point Likert-scale from 1 (normal) to 7 (extreme). These ten domains include positive symptoms, negative symptoms, manic symptoms, depressive symptoms, addiction symptoms, cognitive symptoms, anxiety symptoms, sleep symptoms, hostility symptoms, and self-harm symptoms. The results are visually presented, thus simplifying the monitoring of symptoms, and facilitating discussion with patients and caregivers. As part of the development process, the TGI-P was surveyed among 36 psychiatrists from 3 countries. Importantly, over 80 % of them was "very positive" or "positive" about the concept of the tool, and most of them (70 %) reported willingness to use it in their everyday practice. Further psychometric development and testing of the TGI-P is underway alongside future TGI scales covering adverse events, functioning and satisfaction.

Correll CU, Dombi ZB, Barabássy Á, Németh G, Brevig T, McIntyre RS. **The Transdiagnostic Global Impression - Psychopathology scale (TGI-P): Initial development of a novel transdiagnostic tool for assessing, tracking, and visualising psychiatric symptom severity in everyday practice.** Eur Neuropsychopharmacol. 2024 Aug 8;88:31-39. doi: 10.1016/j.euroneuro.2024.07.012. Epub ahead of print. PMID: 39121713.

BASE

Clinical Global Impression – Severity

The Transdiagnostic Global Impression - Psychopathology scale (TGI-P) is based on the **Clinical Global Impression Severity** (CGI-S) scale.



1 - normal

2 - borderline symptoms

3 - mild symptoms

4 – moderate symptoms

5 – marked symptoms

6 – severe symptoms

7 – extreme symptoms

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SYMPTOM DOMAINS

Positive symptoms	Delusions, hallucinations, disorganised thinking, disorganised speech, abnormal motor behaviour
Hostility symptoms	Anger, tension, uncooperativeness, impulsivity, aggression, irritability
Manic symptoms	Expansive mood, grandiosity, racing thoughts, increased energy, excessive involvement in pleasurable activities
Addiction symptoms	Impaired substance use control, craving, physical dependence
Sleep symptoms	Hypersomnia or insomnia
Negative symptoms	Blunted affect, alogia, asociality, avolition, anhedonia*
Self-harm symptoms	Non-suicidal self-injury, suicidal ideation, intent, or attempt
Depressive symptoms	Low mood, anhedonia, persistent feeling of sadness, hopelessness, helplessness
Cognitive symptoms	Problems with concentration, attention, memory
Anxiety symptoms	Feeling nervous, restless, tense, or fear of social interactions

*Rate as negative symptom if present without depressed mood

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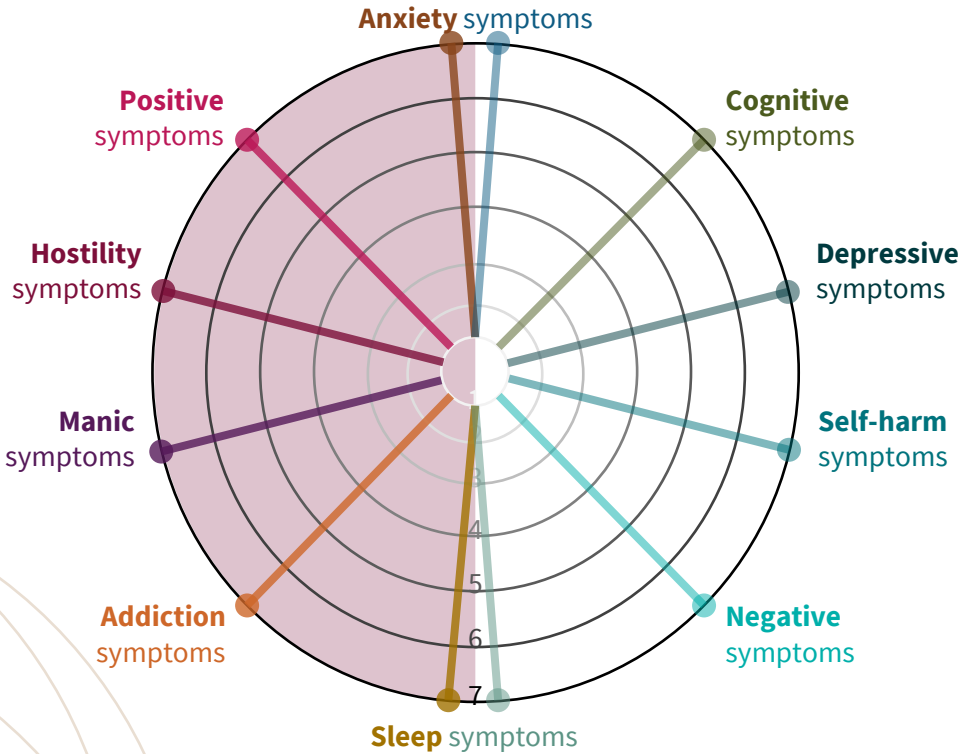
THE HYPER SYMPTOM POLE



The hyper pole encompasses four symptom domains:

- positive,
- hostility,
- manic, and
- addiction symptoms.

In addition, sleep symptoms, such as insomnia, and anxiety symptoms, such as restlessness belong to this pole.

They are all related in a sense that all represent symptoms that are „extra" to the normal.

Treatment of these symptoms is also more similar than the treatment of symptoms on the other pole.

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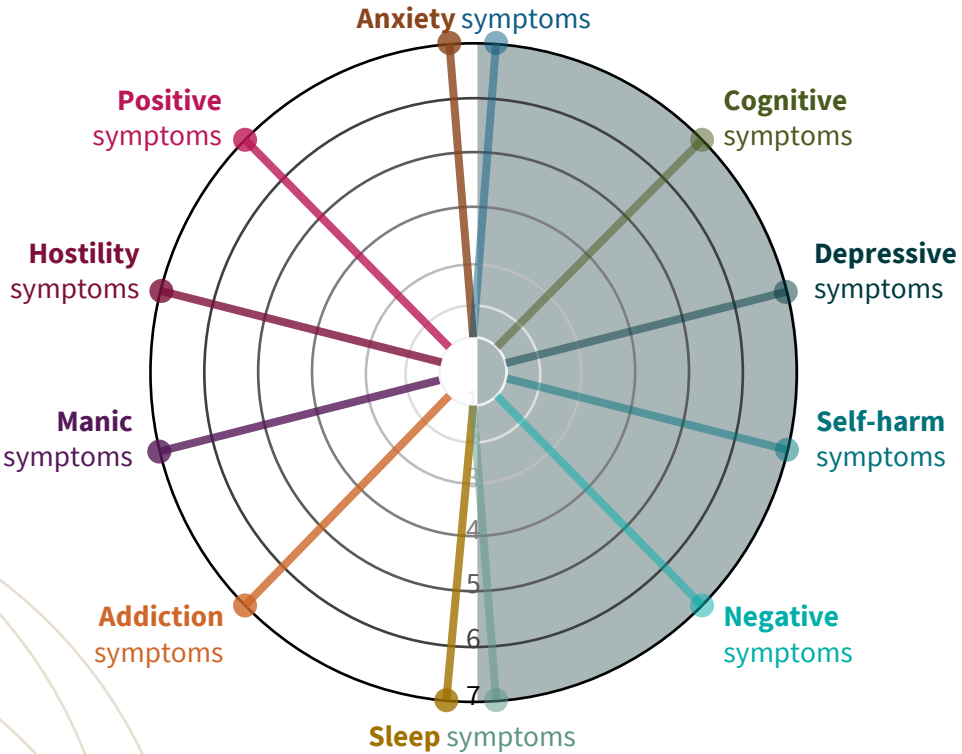

The hypo pole encompasses four symptom domains:

- cognitive,
- depressive,
- self-harm, and
- negative symptoms.

In addition, sleep symptoms, such as hypersomnia, and anxiety symptoms, such as fear belong to this pole.

They are related in a sense that all represent symptoms that are „less" to the normal.

Treatment of these symptoms is also more related than the treatment of symptoms on the other pole.

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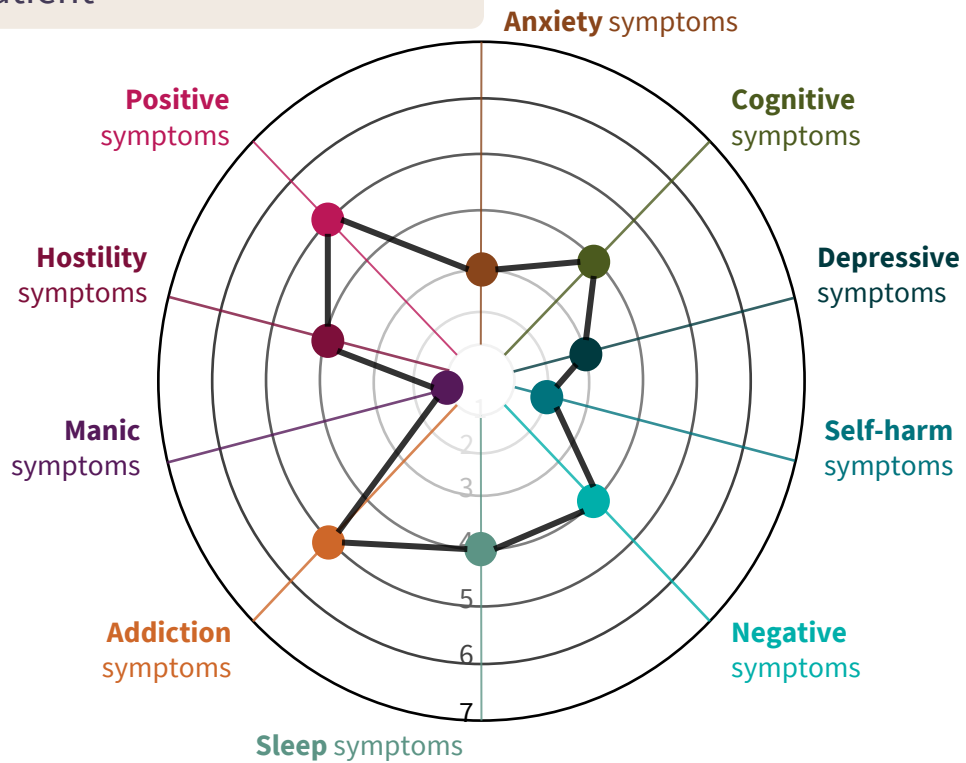
EXAMPLE

Acute schizophrenia patient



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