

6-month clinical and functional outcome in first-episode psychosis in a Spanish population

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Background

Schizophrenia is a chronic and disabling mental illness that affects approximately 1 out of every 100 people in the world's population. It has been described that outcome may be improved if more therapeutic efforts are focused on the early stages of schizophrenia. Knowing clinical characteristics, course and determinants of outcome in early stages may help as to develop programmes to improve schizophrenia outcome.

Objective

Investigate clinical characteristics, course and factors related to 6 months-outcome in first-episode psychosis in a Spanish population.

Methods

We carried out a six-month clinical and functional outcome follow-up study including patients that required psychiatric hospitalisation for a first episode psychosis in Centre Fòrum Hospital del Mar from January 2007 to September 2008. Patients were clinically assessed using the Structured Clinical Interview for DSM-IV, PANSS,

GAF, SUMD and Calgary scale at baseline, at one month and at six months follow-up. We studied the factors associated to 6-month outcome by dividing patients into good or bad outcome (GAF > or < 60) and relating them with clinical variables and cannabis use during follow-up, with univariate analysis.

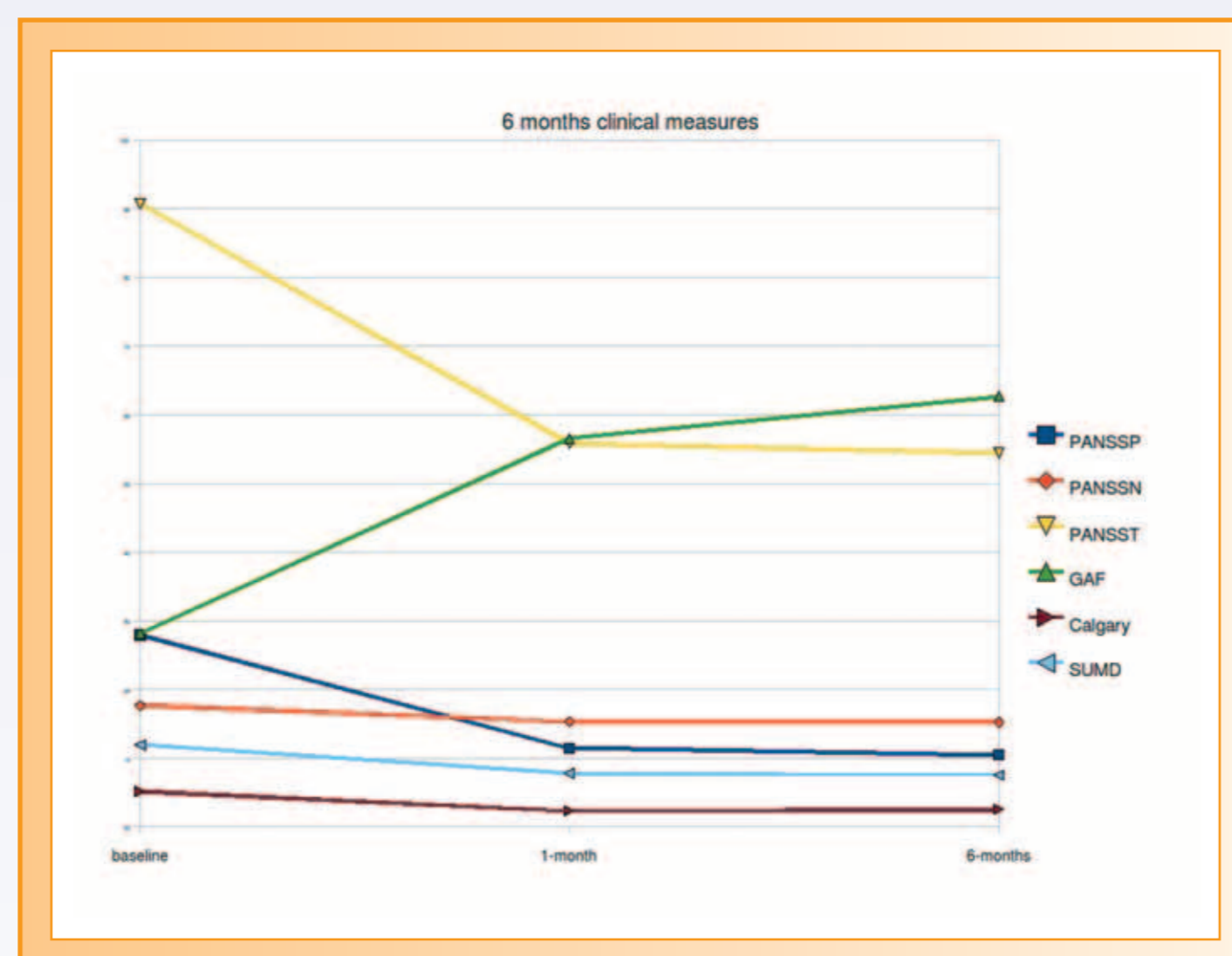
Results

41 patients were included and 27 (65.85%) completed the follow-up period. At baseline, there were no statistical differences in clinical characteristics between those subjects who completed the follow-up period from those who didn't. 16

patients (59.3%) were classified as good outcome patients. Cannabis use during follow-up (18.52% of patients) and the baseline awareness of illness were significantly related to outcome (Chi-Square 3.92, p 0.048; t-student -2.2; p 0.039).

Table 1: Factors related to 6-months outcome

	Bad outcome (n=11)	Good outcome (n=6)	p
Age (years)	24.27 (5.59)	24.88 (4.06)	.748
DUP (days)	100.60 (118.07)	88.87 (103.82)	.796
PANSS-P baseline	26.36 (6.3)	30.27 (5.7)	.112
PANSS-N baseline	16.45 (4.16)	18.47 (7.62)	.436
PANSS-T baseline	84.09 (15.18)	99.53 (23.01)	.065
SUMD basal	13.36 (2.5)	10.40 (4.09)	.039
Calgary baseline	4.56 (5.00)	4.79 (5.026)	.916
GAF baseline	26 (13.68)	27.21 (6.23)	.0770
PANSS-P month	10.91 (2.47)	11.87 (4.48)	.493
PANSS-N month	16.18 (4.77)	13.93 (4.51)	.232
PANSS-T month	53.09 (10.12)	55.53 (13.93)	.623
SUMD month	8.07 (2.6)	6.20 (3.360)	.127
Calgary month	1.8 (1.55)	2.13 (3)	.750
GAF month	52.67	60.57 (13.05)	.188
Sex (male)	10	10	.098
Cannabis (yes)	68.18	31.82	.048



Conclusions

Cannabis use and lack of awareness of illness at baseline are associated with poor outcome in our sample. Previously, cannabis use has been reported to be associated with greater number of relapses and non-adherence (1, 2) and also with bad functioning (3). Lack of insight has also been associated with poor adherence to treatment and poor outcome (4). Developing specific

programs in early stages to improve insight in schizophrenia and to achieve cannabis abstinence in patients may improve schizophrenia outcome in our environment. Drop-outs could be explained by a high rate of migrant workers in our influence area.

Bibliography

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