Current situation of first episode psychotic patients

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INTRODUCTION

There is a growing interest regarding factors that contribute to a better prognosis of patients with first-episode psychosis. Duration of Untreated Psychosis (DUP) is related to a worse prognosis, including lower remission rates and worse functioning and quality of life (Marshall et al. 2005, Chang et al. 2012). Thus, important efforts are being made to provide an early and specialized care to patients suffering a first-episode psychosis (Schultze-Lutter et al. 2015), in order to shorten the DUP and achieve an early diagnosis and treatment of patients with a first episode psychosis.

A successful development of programs for patients with a first episode psychosis requires an adequate understanding of the patients they are aiming at. Thus, we intend to analyse the sociodemographic and clinical characteristics of patients with first-episode psychosis admitted to our psychiatry inpatient unit, evaluate their DUP, and analyse the change on severity of their symptoms during hospitalization.

METHODS

A retrospective study was conducted on the 31 first-episode patients admitted to our psychiatry inpatient unit during 2017. The data was extracted from clinical records. The mean age was 25.3 years (SD 4.3); 39% were female. The statistical analysis was performed using SPSS Statistics version 23. A t-test for related samples was conducted to analyse the change on severity of symptoms measured with the Clinical General Impression Scale, severity subscale (CGI-s) (Guy, 1976). Patients older than 40 years were excluded from our study.

RESULTS

Mean hospital stay was 16.5 days (SD 11.3). 71% of the patients (n=22) were actively consuming drugs. Most patients (58%, n=18) had a concomitant cannabis use disorder, while 32% (n=10) had alcohol use disorder. 6 (19%) referred family substance use disorders, while 9 (29%) had severe mental illness family history. Only 5 patients were receiving antipsychotic treatment before admission, while all 31 patients received antipsychotics at hospital discharge. 87% (27 patients) received monotherapy, while 10% (3 patients) received antipsychotic polipharmacy. At admission, the mean CGI-s score was 5.2 (SD 0.8), while at discharge the mean CGI-s score was 2.9 (SD 0.8). The change on CGI was statistically significant (t=10.5; p=.00).

DUP was 7.3 months (SD 9.1). 45% of patients (n=14) had previously consulted a mental health professional. Of these, 4 (29%) had received an Attention Deficit Hyperactivity Disorder diagnosis during childhood, while other 4 (29%) had recent contacts in mental health services related to anxiety and/or depressive symptoms. Only 5 patients (16%) had previous mental health contacts related to psychotic symptoms.

Most frequently patients were derived by emergency services (36%, n=11), while 32% (n=10) were admitted after attending with a family member.

Total admitted first-episode patients	**31**
Age	25,3 years (SD 4.3)
Gender (male)	71%
Mean hospital stay (days)	16,5 (SD 11.3)
Tobacco use disorder (percentage)	68%
Illegal drug consumption (percentage)	71%
Cannabis use disorder (percentage)	58%
Alcohol use disorder (percentage)	32%
CGI-s change (T-value)	10.5 (p=.000)
DUP	7.3 months (SD 9.1)
Mental health consultation for non-psychotic symptoms	45%
Of these:	29%
Childhood ADHD diagnosis	29%
Recent anxiety/depression diagnosis	13%
Teen age Eating disorders	29%
Other childhood diagnoses	
Mental health consultation for psychotic symptoms	16%

DISCUSSION

First-episode patients require individualized and early intervention plans, and for this purpose, an analysis of these cases is mandatory. In our hospital, almost three patients with a first psychotic episode were admitted per month, and cannabis use disorder was very frequent. There was a significant decrease in the severity of symptoms during the hospitalization as measured by the CGI-s subscale.

A limited number of admitted patients had previous contact with mental health professionals for psychosis-related symptoms, in spite of the mean DUP being longer than 6 months. Thus, their hospital admission was frequently the first setting in which they received specialist care. Community and health initiatives are needed in order to promote early and, if possible, outpatient interventions for patients with a first-episode psychosis.

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