

The effect of early intervention programs on severe suicidality in early psychosis: a 5 year follow-up.

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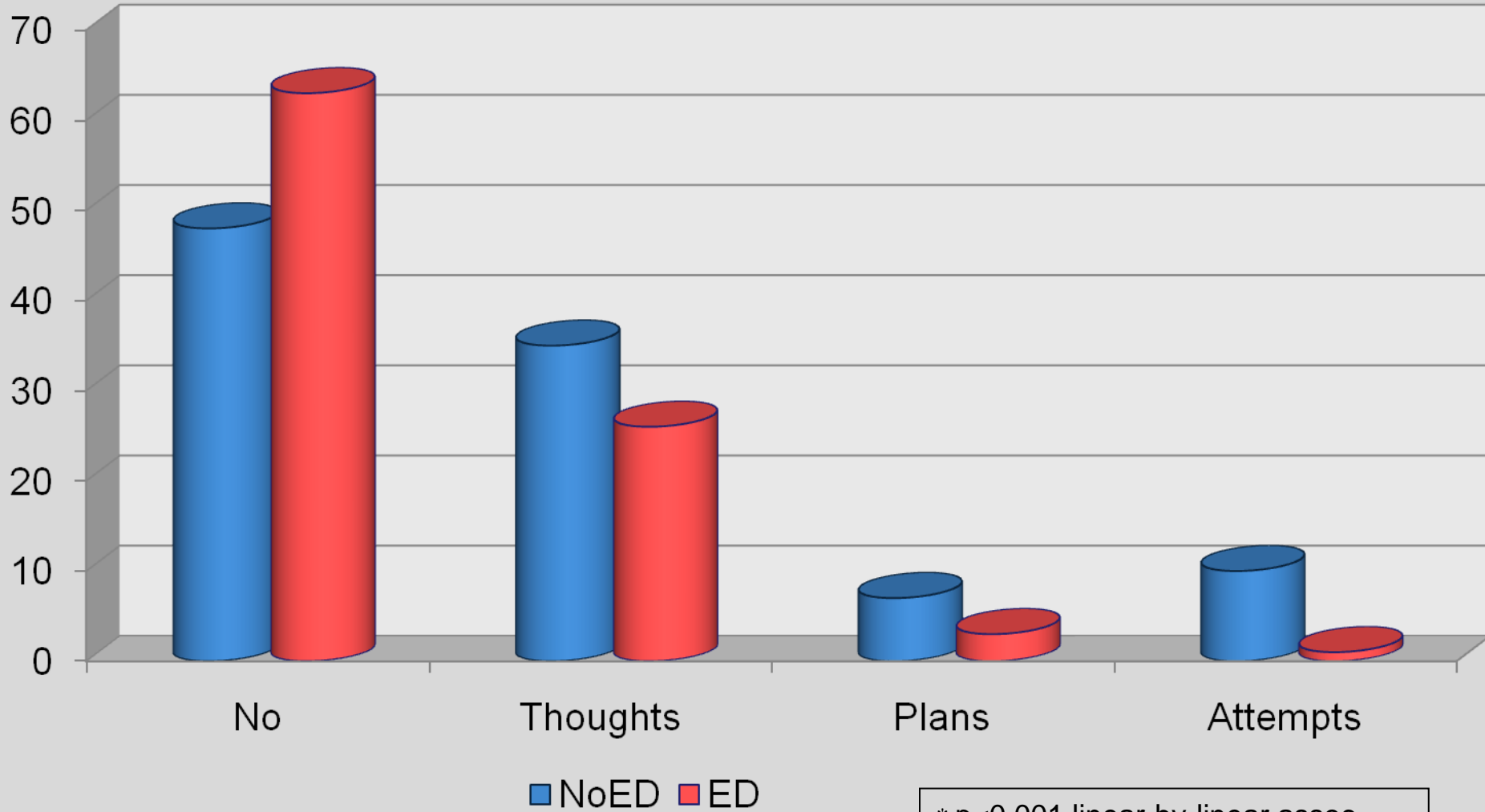
- Patients with psychotic disorders have an increased risk of completed suicides.
- Lifetime risk of 5%.
- Palmer et al Archives of General Psychiatry March 1;62(3):247-53.

- Highest risk in the earliest phases of the disorder.
- 15-25% have done one or more suicidal attempts already at first treatment contact.
- These attempts are more violent and with more lethal methods than in other suicide attempters.

- Several indications that adequate treatment reduces suicide risk.
- This takes effect only after initiation of treatment.
- Does earlier treatment affect suicidality?

TIPS study: Suicidality at start of first treatment

%



* p<0,001 linear-by-linear assoc

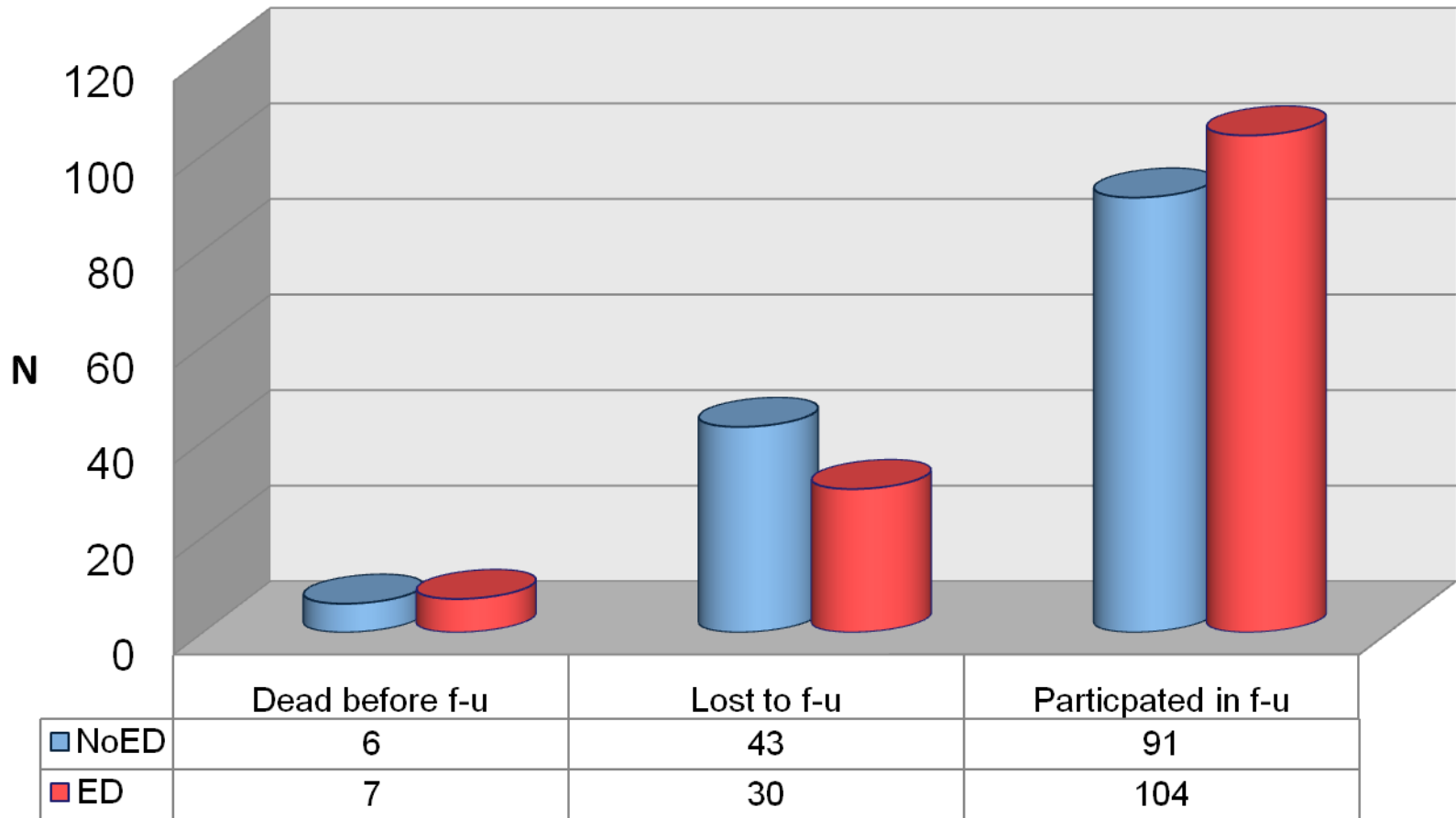
TIPS study: Risk factors at start of first treatment

- Previous suicide attempts.
- Depressive symptoms
- Poorer premorbid functioning
- Living alone.
- Longer DUP

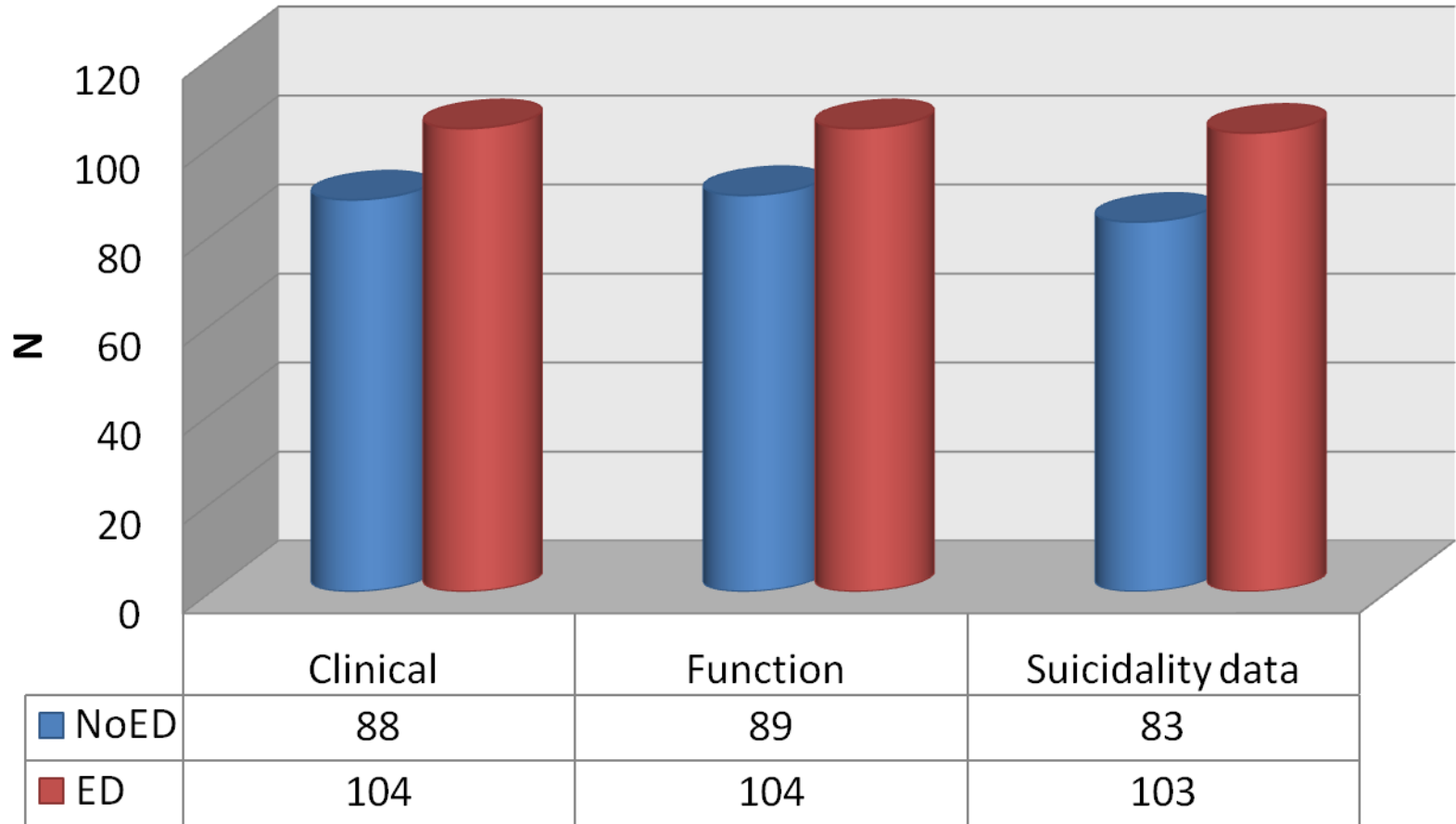
TIPS study: Risk factors at start of first treatment

- In multivariate analyses:
- Effects only of previous suicide attempts and coming from the ED area entered at the last step of the analysis.
- Melle, Johannesen et al *Am J Psychiatry* 2006;163(5):800-4.

Participants at 5 year:



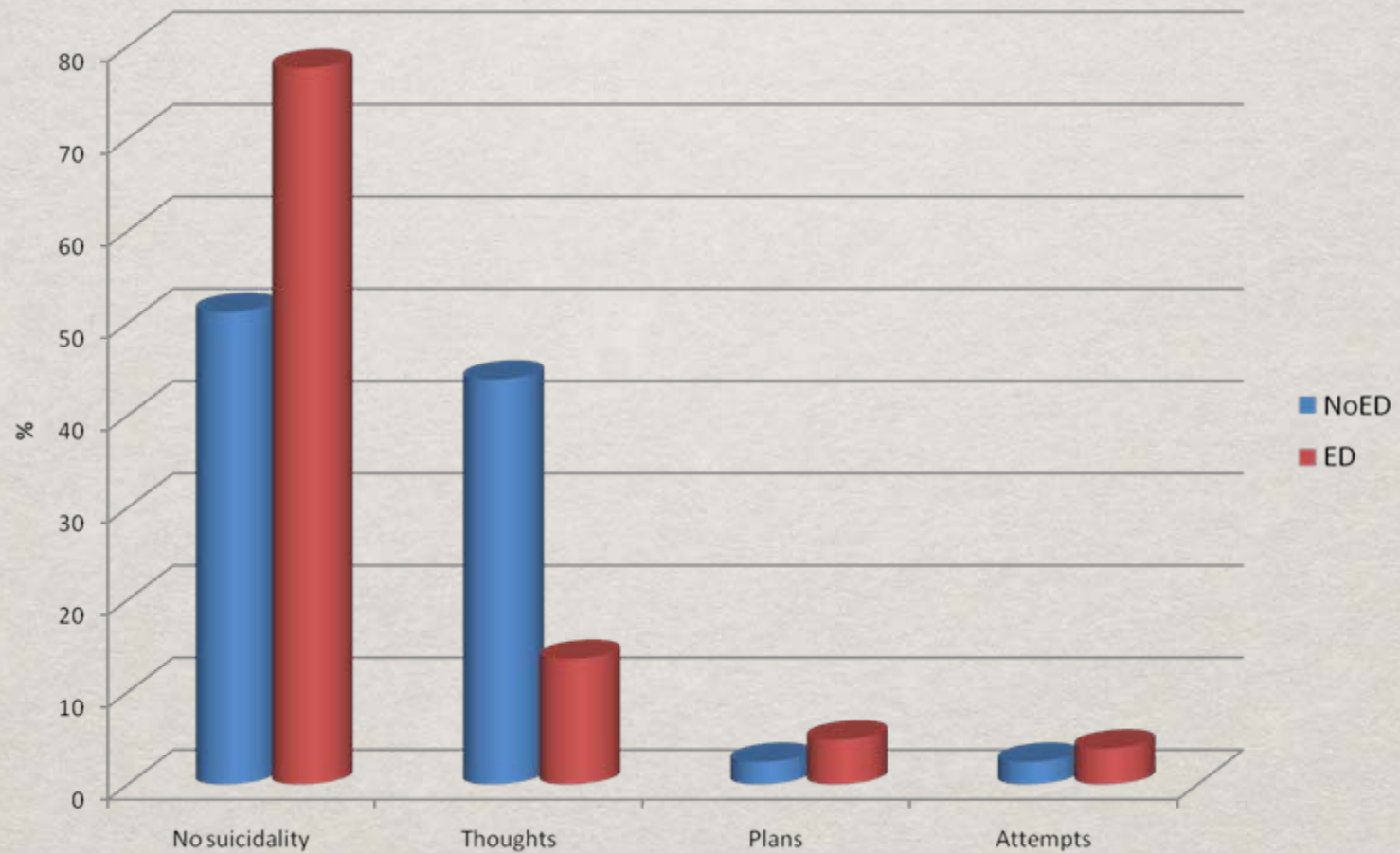
Data areas at 5 year:



Study attrition

- A total of 73 patients (27 % of those alive) lost to follow-up.
- Larger group of patients lost from No-ED area compared to ED area (46 vs 27, $p=0.06$).
- Loss of high-negative symptom patients from No-ED area and low-negative symptom patients from ED area ($p=0.06$ for interaction term area x lost to follow-up for 2 year sx), but no difference for other symptom areas.

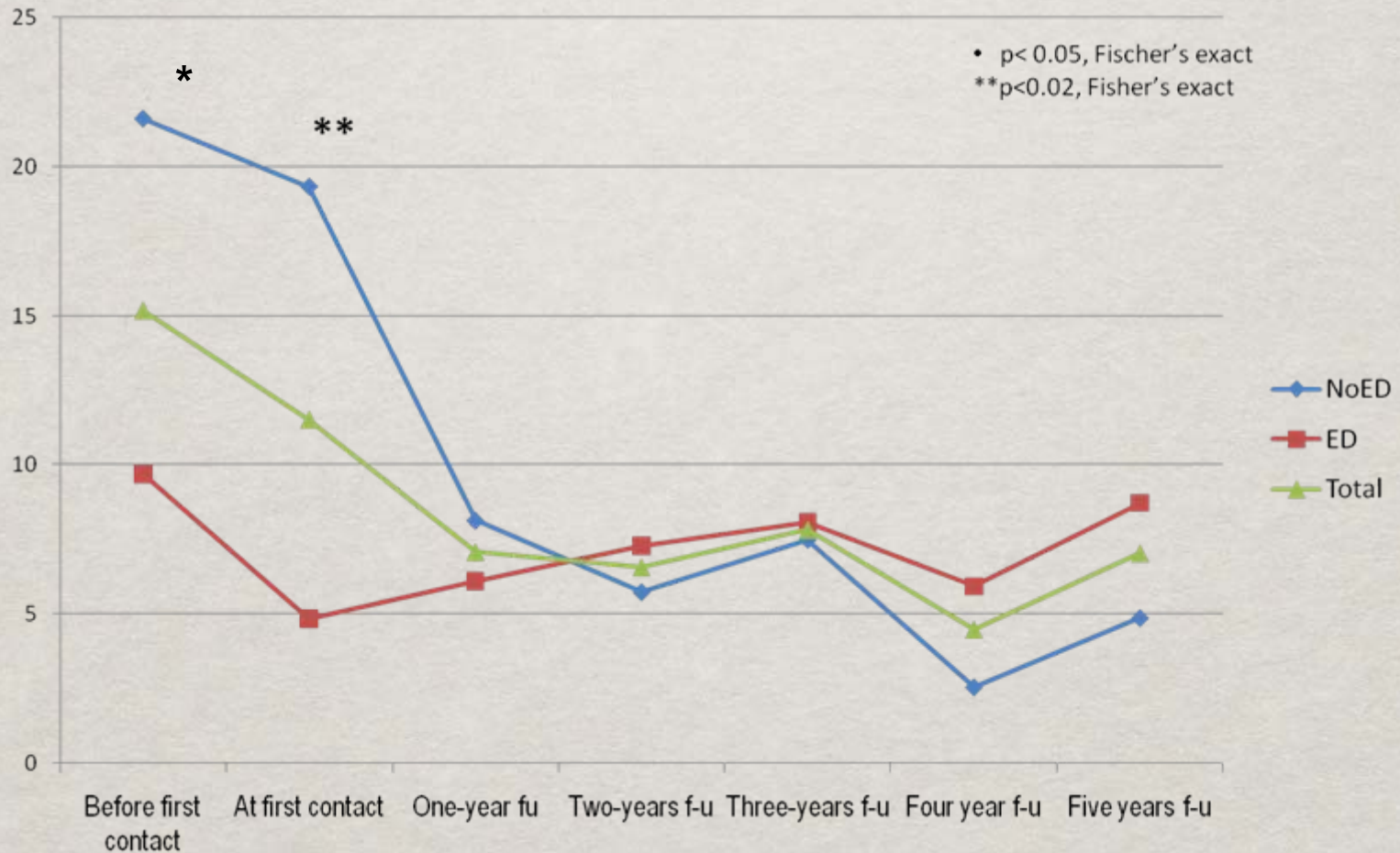
Suicidality at 5 years



Suicidality at 5 years

- Significant differences in patterns of suicidality, based on a larger percentage of patients with suicidal thoughts in NoED group.
- No difference in rates of severe suicidality (plans and attempts).

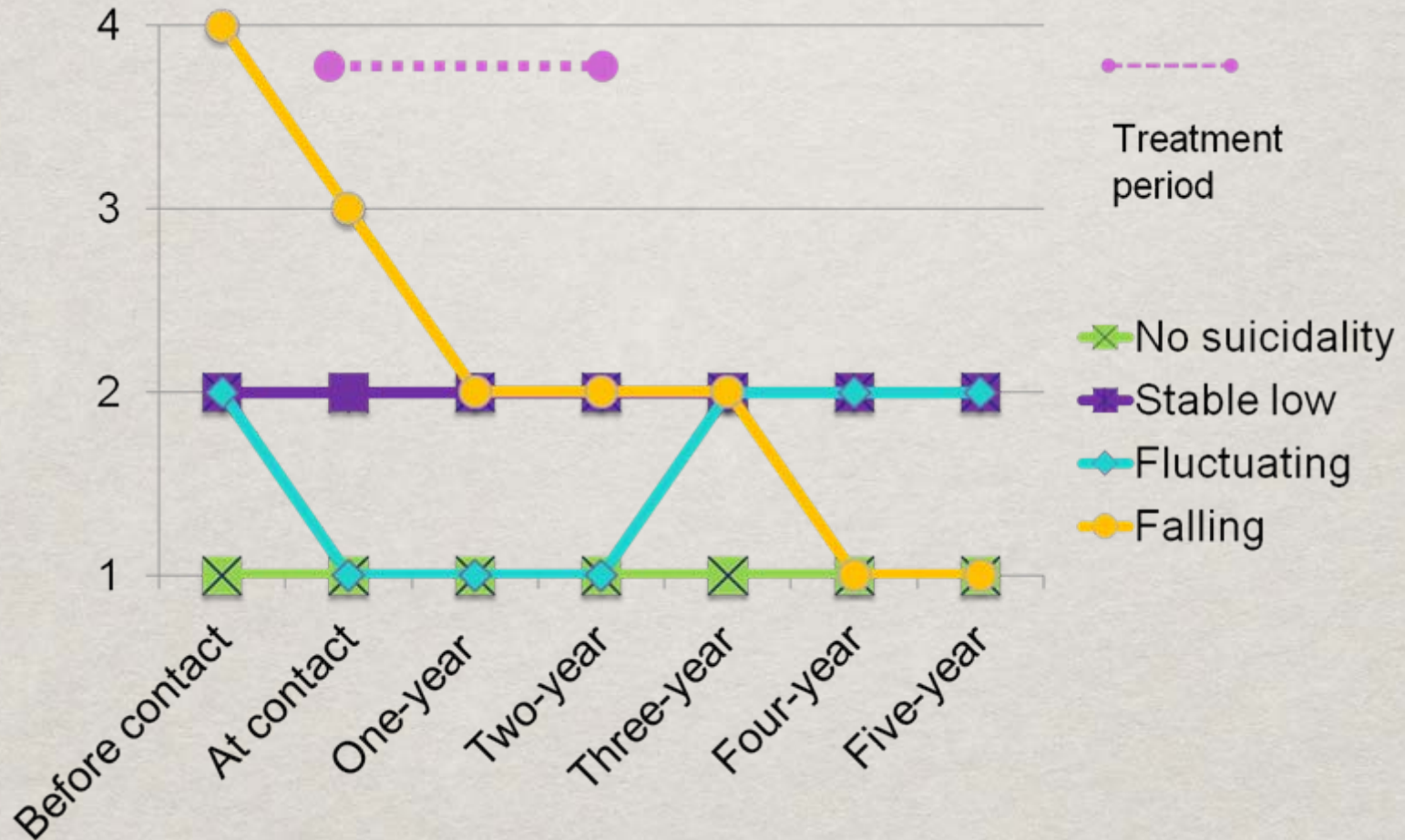
Development of severe suicidality



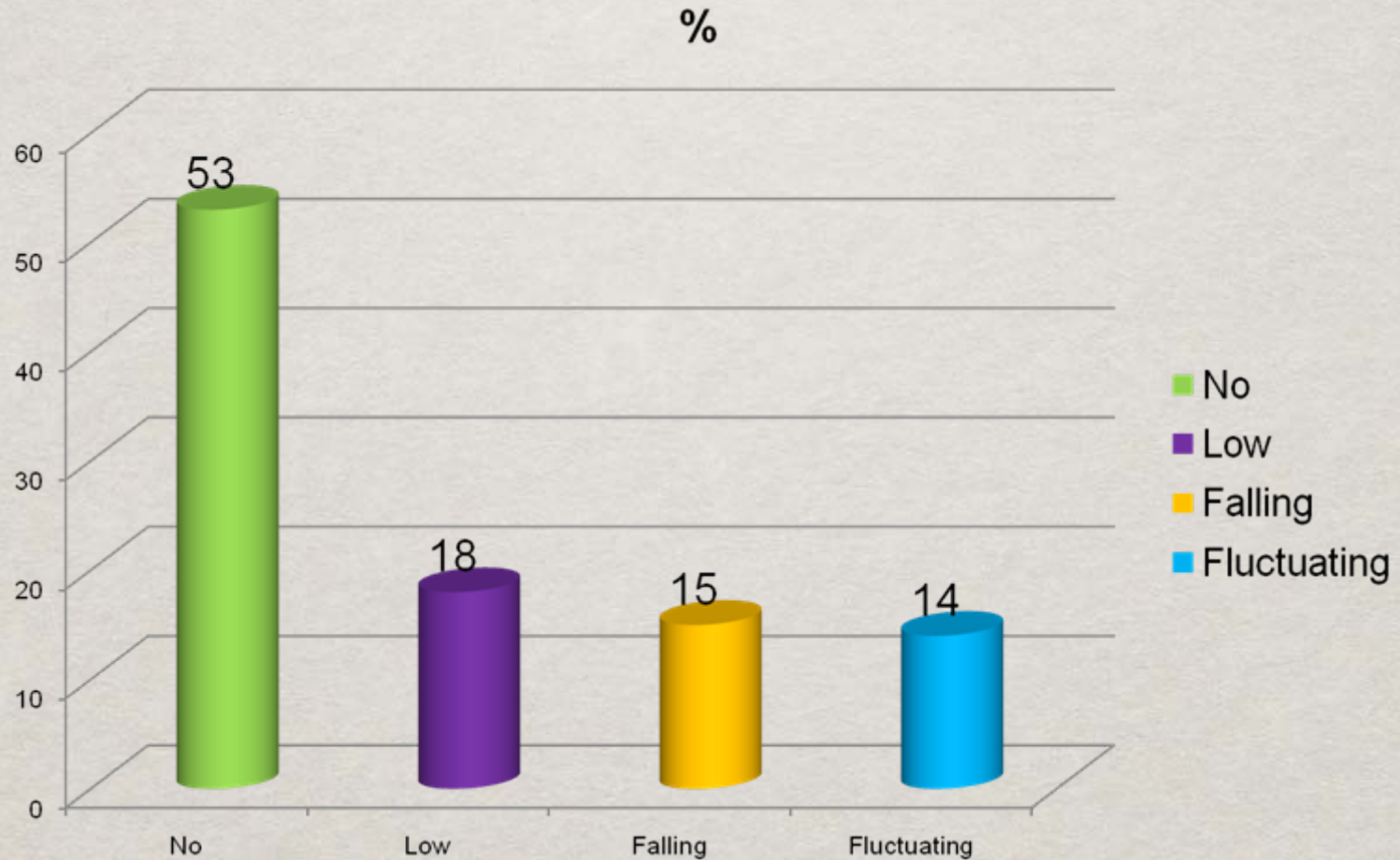
Four defined patterns

- Four patterns for the development of suicidal ideation across the ED and NoED groups:
- 1) No suicidal ideation, 2) Stable presence of suicidal thoughts, 3) Initial high levels of suicidal ideation with stable decrease after treatment start, 4) Initial moderate levels of suicidal ideation with decrease after treatment start but increase after stop of comprehensive 2-year treatment package.

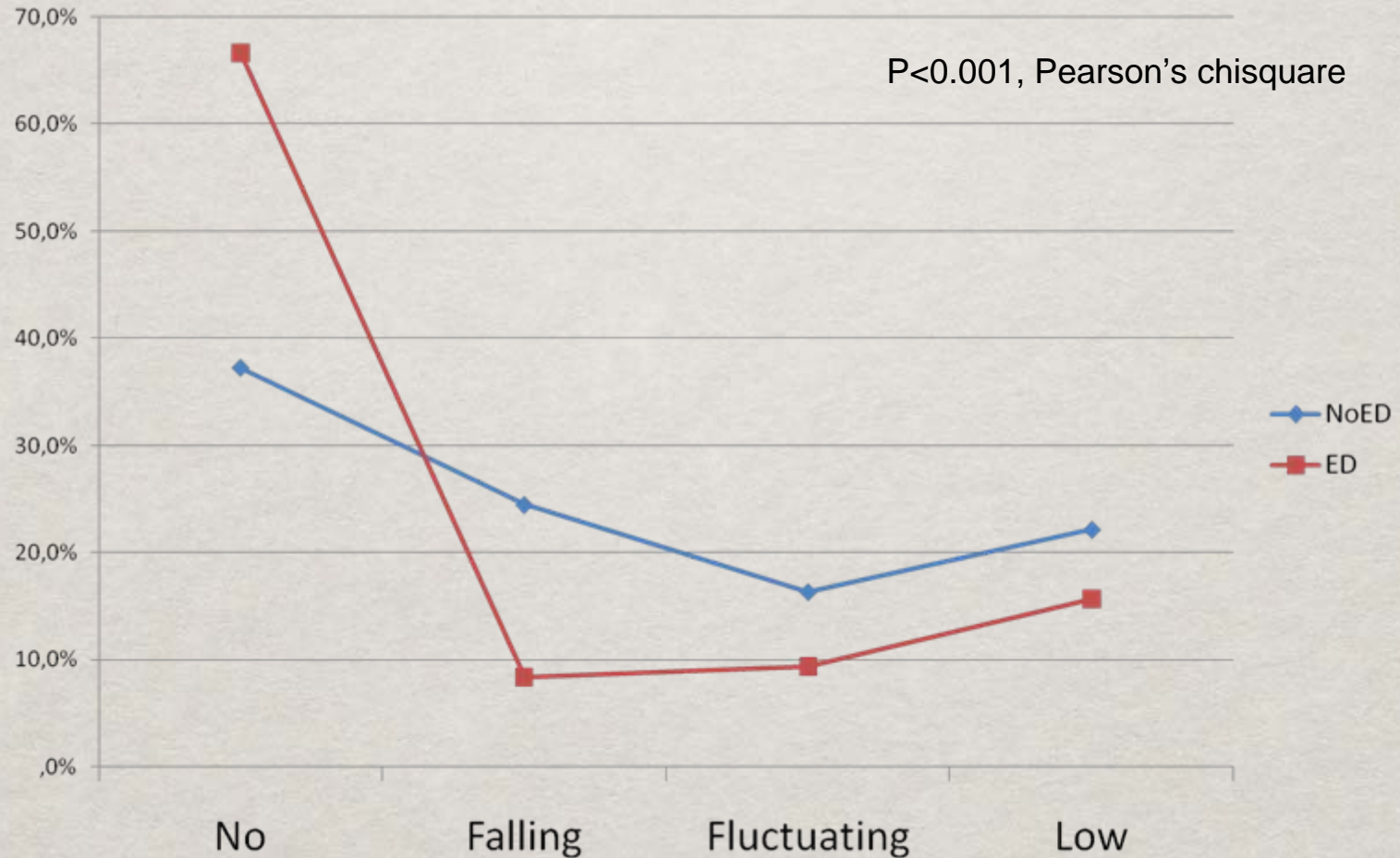
Patterns of development across samples



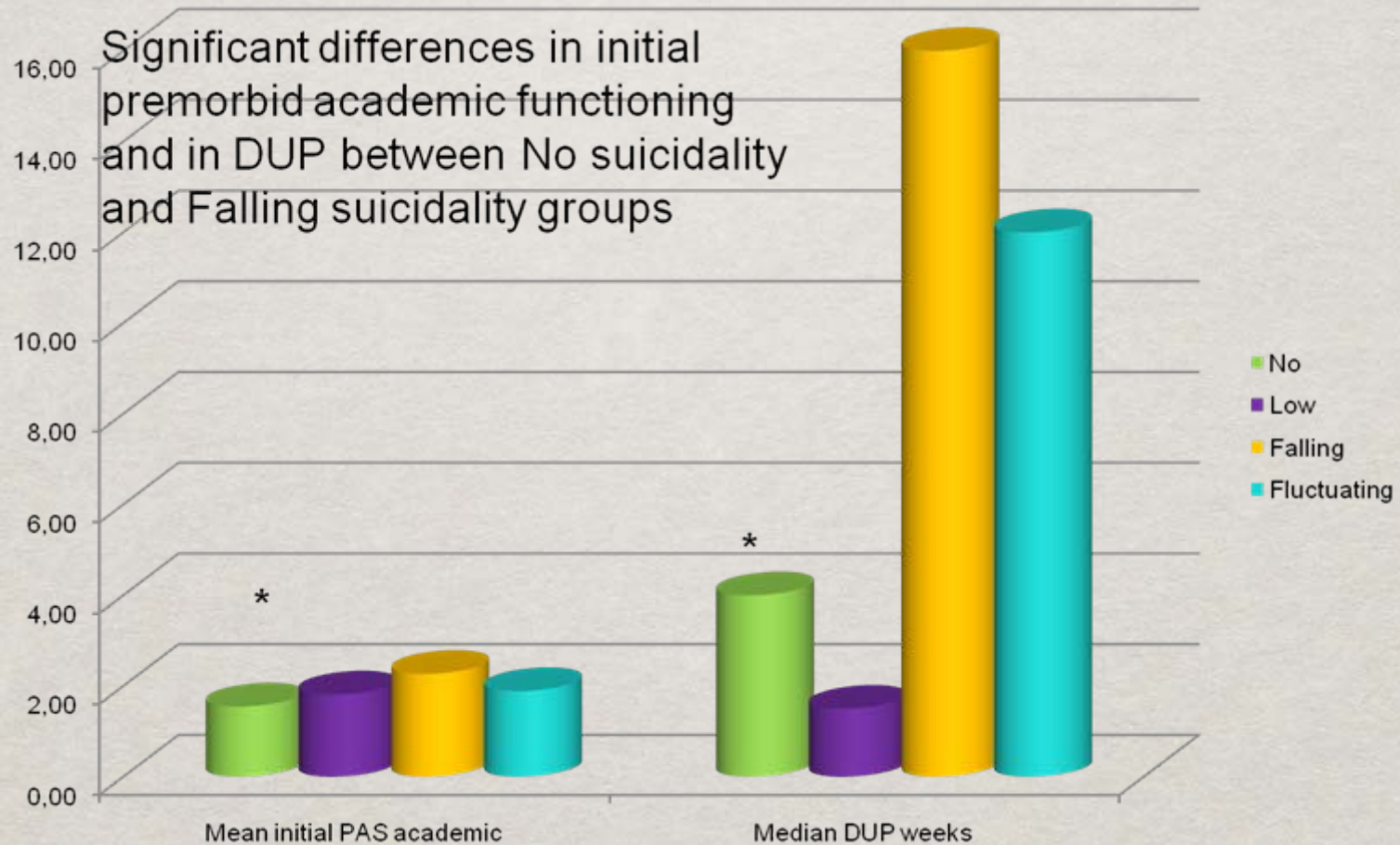
Patterns of development ctnd



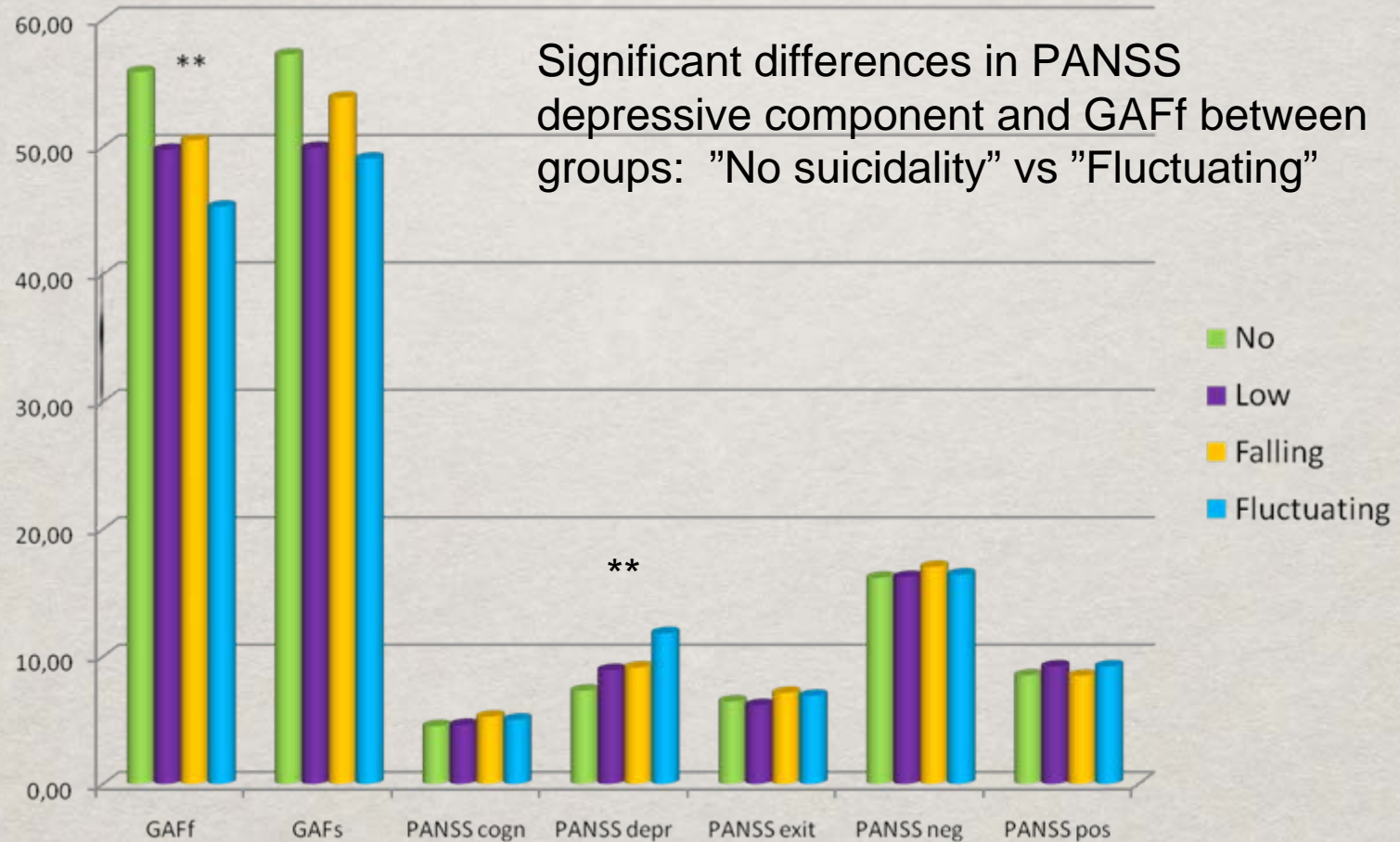
Development by ED



Early illness variables

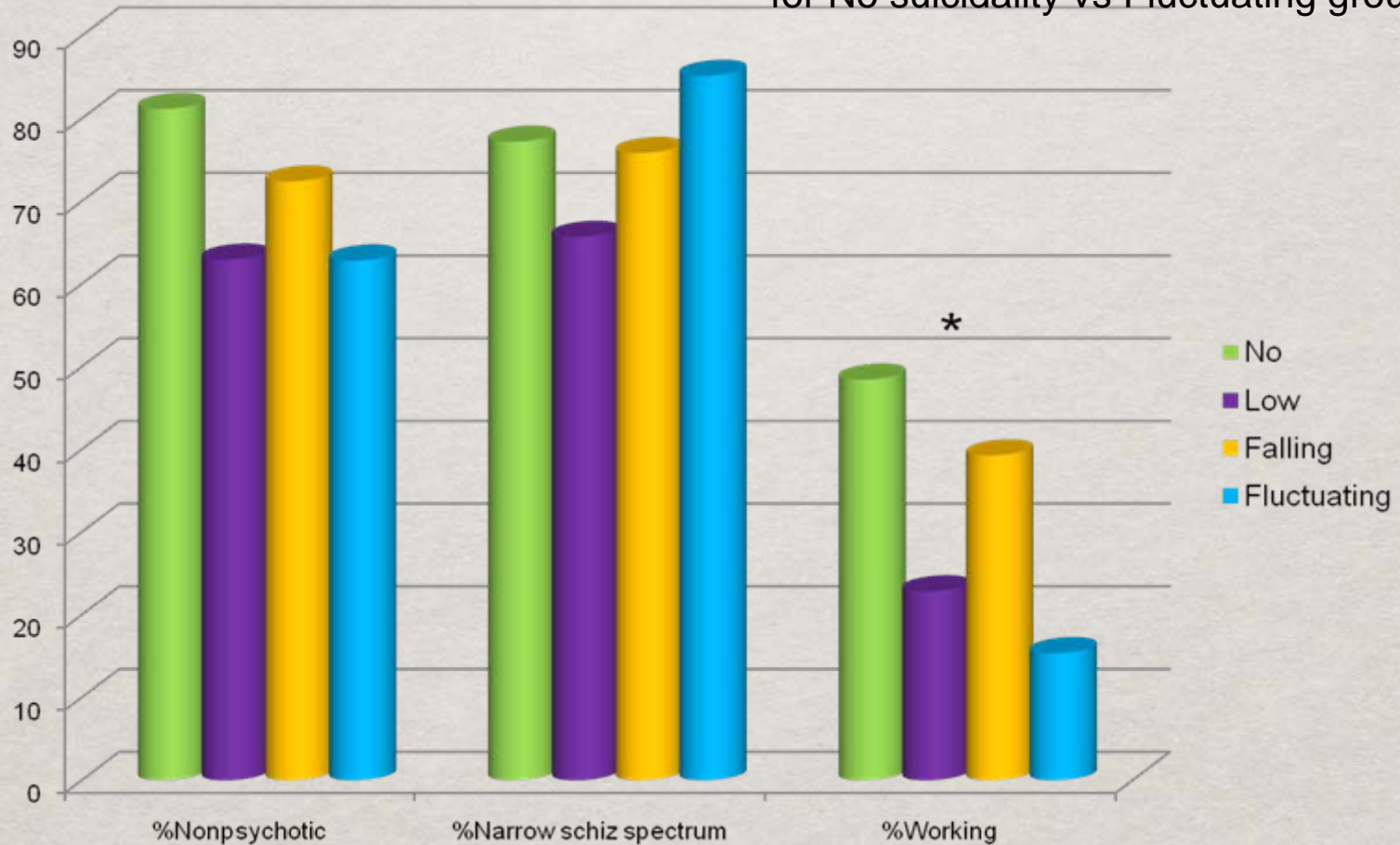


Clinical status at 5year



Five year status cntd

Significant difference in employment rates for No suicidality vs Fluctuating group



Conclusion:

- Rapid and significant decrease in severity of suicidal symptoms after treatment start.
- Continuing difference in rates of suicidal thoughts but not in severe suicidality between ED and NoED patients over the five year follow-up period.

Conclusion:

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Conclusion:

- Group 3 (initial very high but falling) characterized by poor premorbid academic functioning and long DUP.
- Group 4 (decrease under treatment with subsequent increase) characterized by depressive symptoms and poor functioning.

Conclusion:

- High initial suicidality associated with long DUP, possible effect of early detection and intervention through bringing patients with very high suicide risk into treatment at an earlier point of time.
- Suicidal ideation responsive to adequate treatment, but patients with depressive symptoms may experience increase in suicidal symptoms after end of comprehensive first-episode treatment.