

EARLY INTERVENTION IN
PSYCHOSIS;
BACKGROUND

TK LARSEN MD, PHD
PROFESSOR OF PSYCHIATRY
UIB & SUS
HEAD OF THE REGIONAL CENTRE
FOR CLINICAL RESEARCH IN
PSYCHOSIS, STAVANGER
UNIVERSITY HOSPITAL, NORWAY

OUTLINE

Early Intervention

concepts

aims

EARLY INTERVENTION IN SOMATIC MEDICINE

equals treatment of pre-symptomatic illness

hypertension; no symptoms, but objective signs of illness

symptoms and signs are at different epistemological levels of description

SIGNS AND SYMPTOMS

diabetes

subjective symptoms such as thirst,
increased urine-production and blurred
vision

objective tests confirms the diagnosis

SIGNS AND SYMPTOMS

psychosis

subjective symptoms such as hallucinations,
delusions or thought-disorder

no objective tests can confirm the diagnosis

description at only one epistemological level =
diagnosis of pre-symptomatic illness is not
possible

LEAD TIME BIAS

Advances in Diagnostic Imaging and
Overestimations of Disease Prevalence and the
Benefits of Therapy

William C. Black, and H. Gilbert Welch

The New England Journal of Medicine Volume
328:1237-1243 1993

LEAD TIME BIAS

“abnormalities can be detected well before they produce any clinical signs and symptoms”

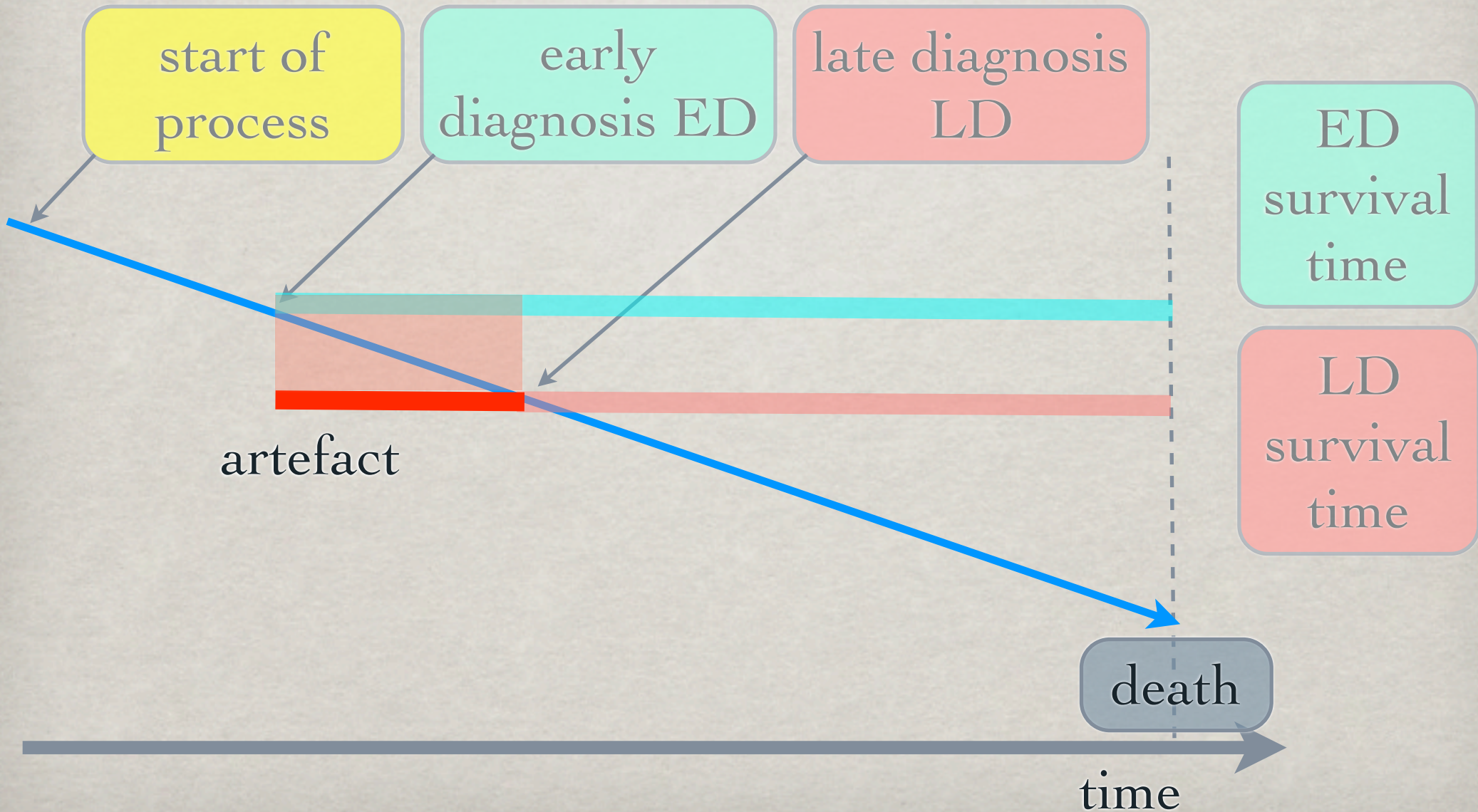
prostata-cancer; 1% of the male population 60-70 yrs are ill

modern diagnostic techniques “detects” cancer in up to 40% of the same population = 4000% increase!

mammography increases the incidence of breast cancer from 1% to 35%

lead time bias is very important for studies of outcome

LEAD TIME BIAS

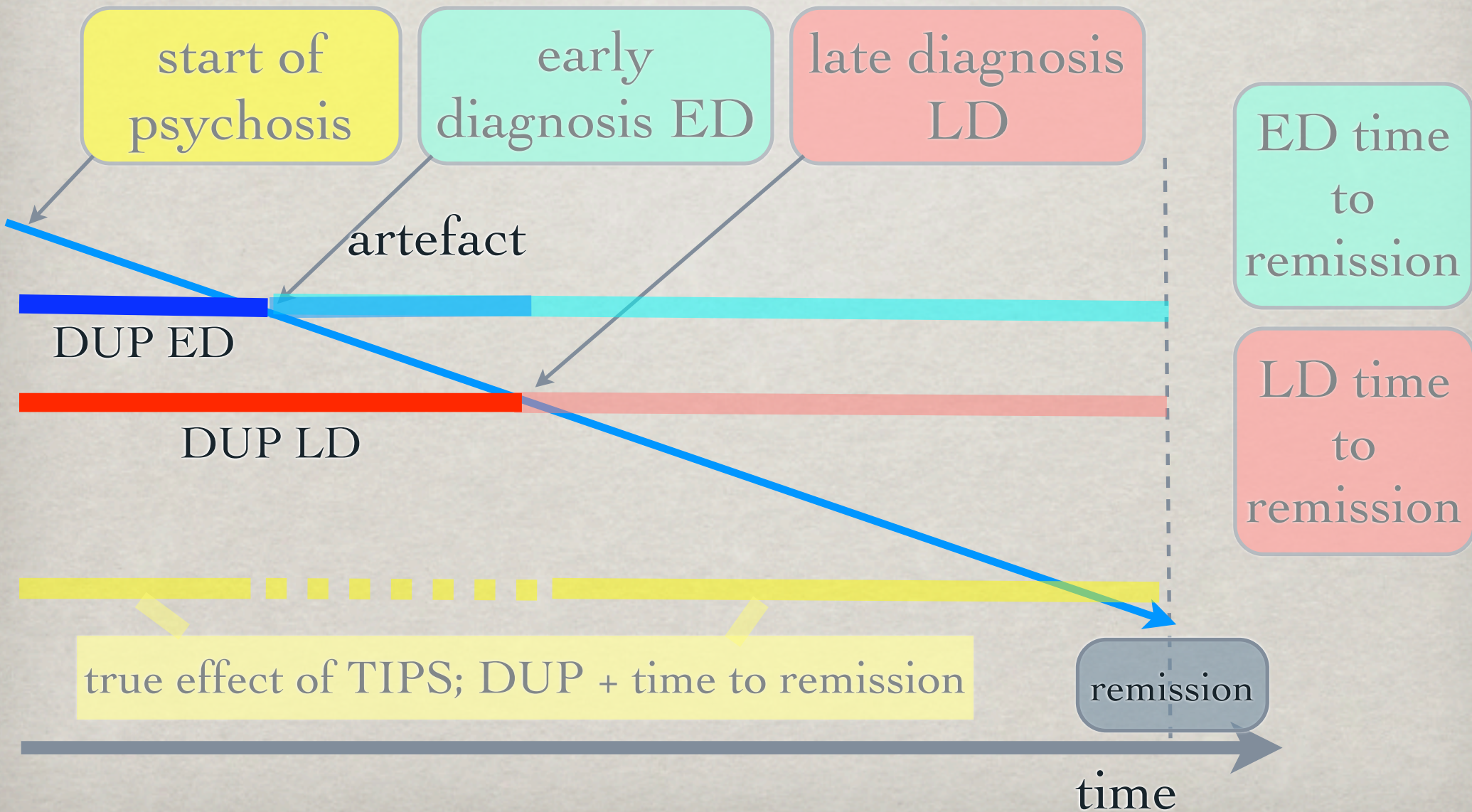


LEAD TIME BIAS

Black and Welch's critique is however, based upon the idea of diagnosis of pre-symptomatic illness

what relevance does it have for ED of psychosis in which diagnosis of pre-symptomatic illness is impossible?

LEAD TIME BIAS



LEAD TIME BIAS IN PSYCHOSIS

we do not have diagnosis of pre-symptomatic illness in psychosis

time to remission is the outcome factor

lead time bias goes the other way around;
the consequence is that ED leads to a
longer time to remission

if this is correct; ED should not increase
incidence as in somatic medicine

TIPS

secondary prevention

primary prevention

TOPP

prodrome

DUP

treatment

onset of psychosis

CONCEPTS

DUP = duration of untreated psychosis

prepsychosis

preschizophrenia

prodromal symptoms

at risk mental state

hypopsychosis

TWO AIMS

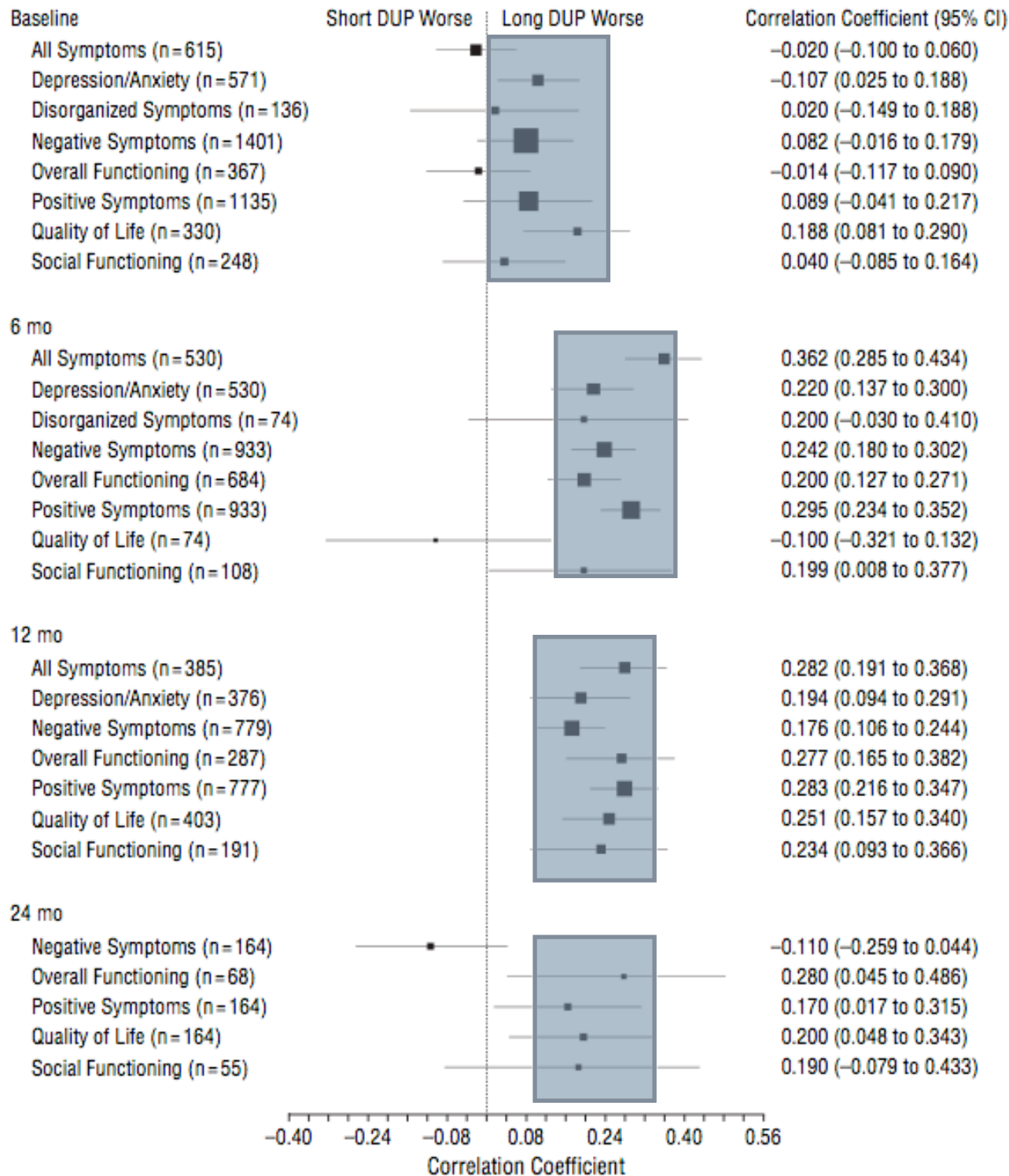
can primary prevention be achieved?

can DUP be reduced?

MARSHALL

ARCH GEN PSYCH

2005



DUP AND OUTCOME

there seems to be a clear correlation between longer DUP and poorer outcome

will a reduction in DUP lead to a better outcome?