

EARLY INTERVENTION IN
PSYCHOSIS; THE TIPS-
STUDY

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TIPS

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TIPS = EARLY TREATMENT AND INTERVENTION IN FIRST EPISODE PSYCHOSIS

1997-2000

Norway; Rogaland + Ullevål sector Oslo/
Roskilde Danmark

Population 665 000

age 18-65

FE non-affective psychosis

TIPS; BACKGROUND

DUP was long in our region; mean
2.1 years, median 26 weeks

schizophrenia patients had a
median DUP of 54 weeks

ED = EARLY DETECTION

low threshold ED-teams

information campaigns

ED-TEAMS

anyone can call...

PANSS within 24 hours

if psychosis; start of treatment
within 1 week

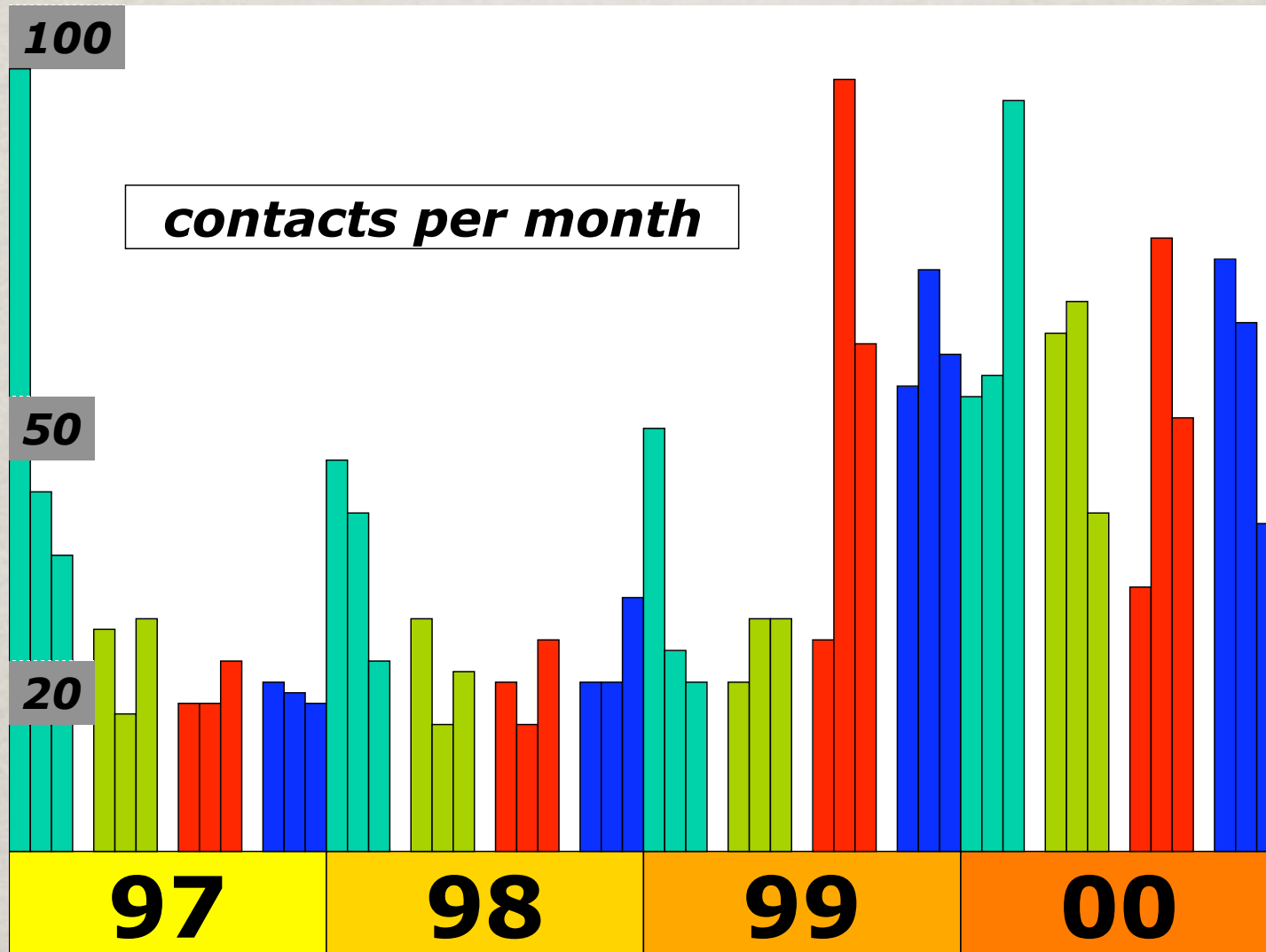
ED-TEAMS

two teams in Rogaland

staff; 1 psychiatrist; 1 psychologist
and 3 psych nurses/social workers

on call 08-15.30 Monday - Friday

ED-TEAMS



INFORMATION CAMPAIGNS

separate programs for teachers, GP's,
school psychology-services etc

general populations

appr 1 mill kroner per year

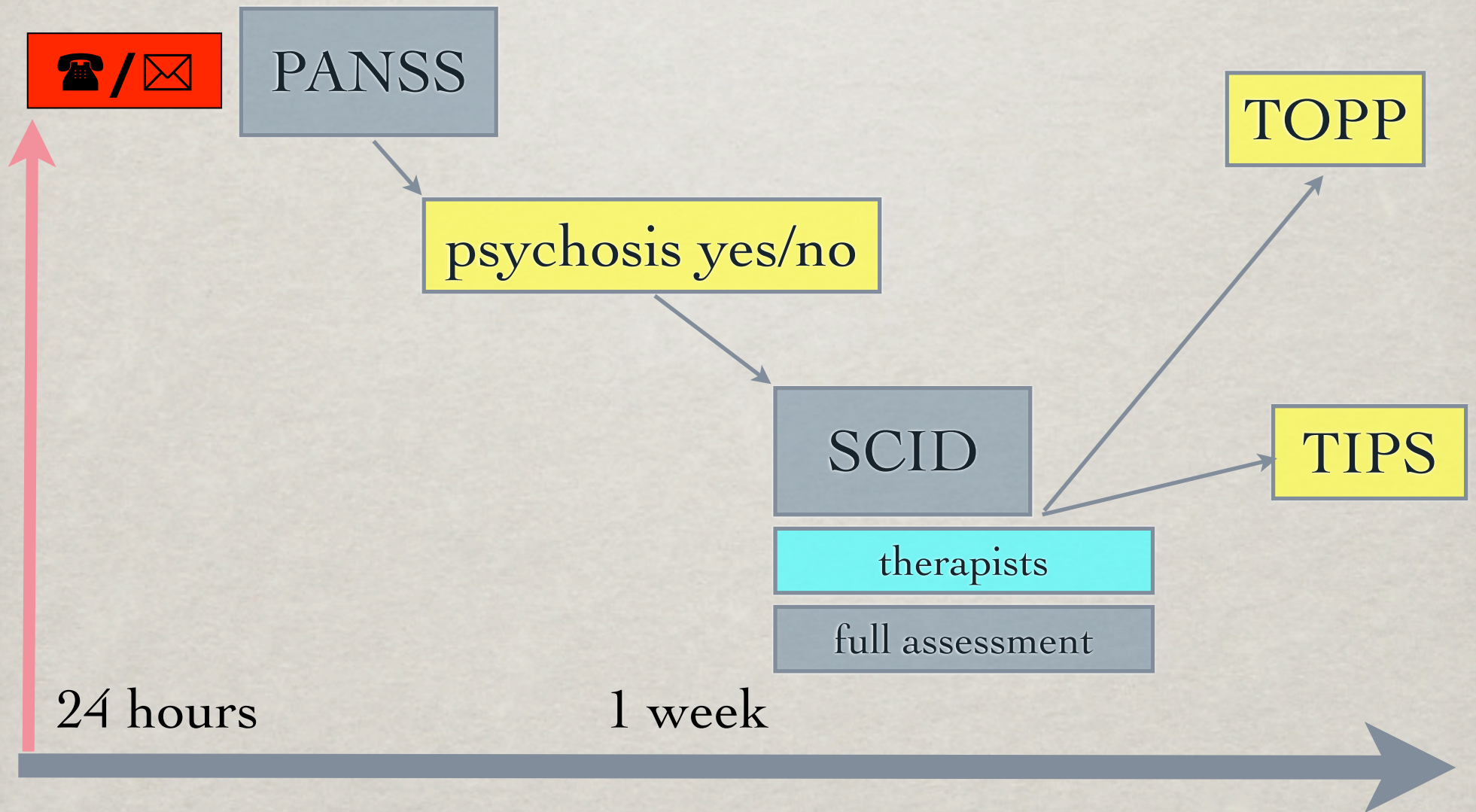
DETECTION TEAMS (DT)

	1997
total	361
non-anonymous	271
PANSS	150
first episode	59
included	45

DETECTION TEAMS (DT)

referred from	%
family (mother)	25
patient	14
school	11
GP	9
outpat clinic	26
other	15

DETECTION TEAMS (DT)



Same area after
stop of campaigns.

Post-ED

160

TIPS early detection
program

Rogaland county,
Norway

1997-2000

ED sample

301

TIPS parallell control

Separate cathcment
areas, same time
period

Identical treatment and
assesment, no early
detection

No-ED sample

TIPS historical
control,

same area

1993-94

Pre-ED

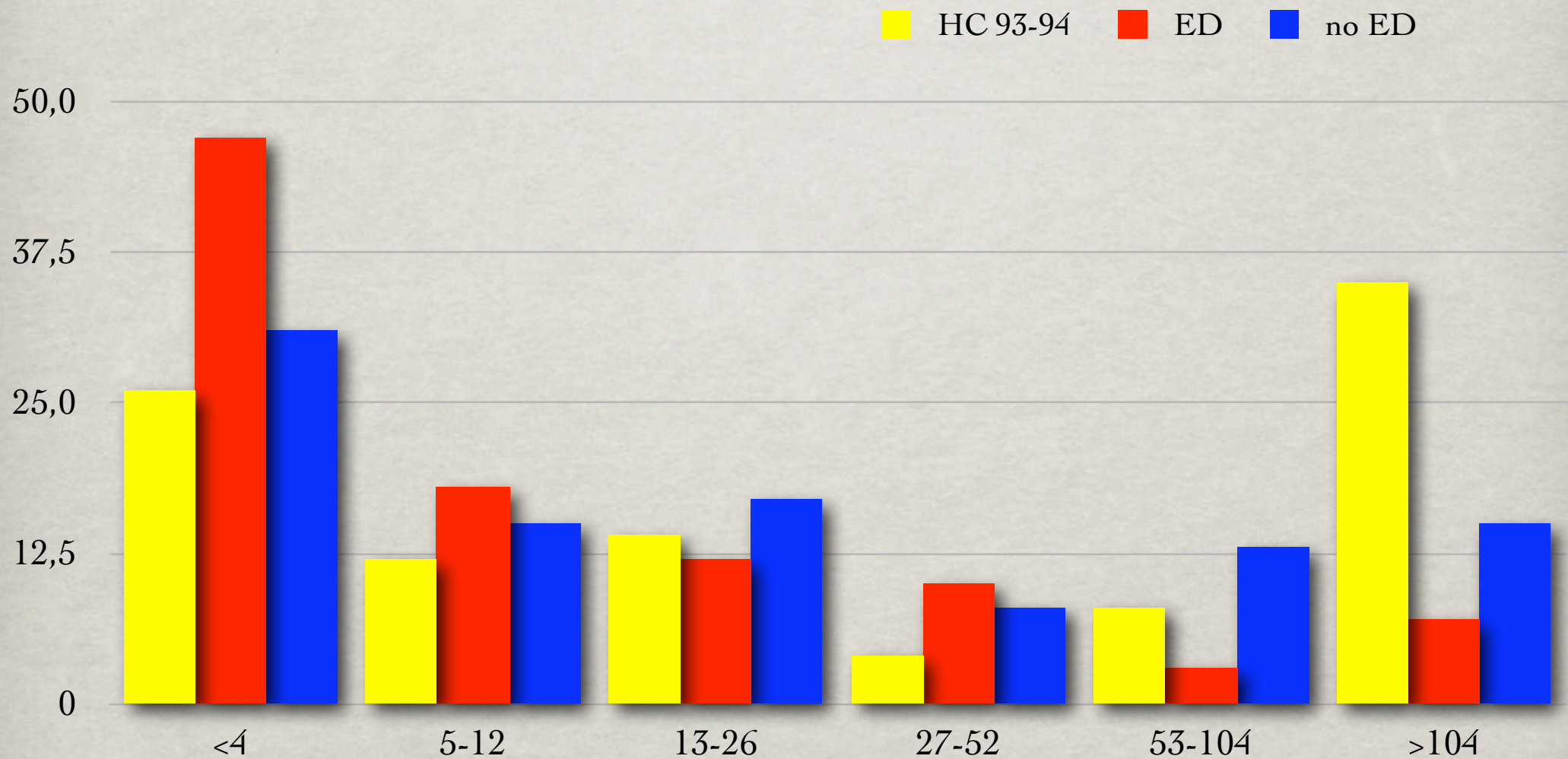
43

504

TIPS; RESULTS

	noED	ED
age*	31.1	26.2
gender (female)	0,44	0,38
single*	0,63	0,75
substance abuse*	0,27	0,38
VUP*	16 (0-966)	5 (0-1196)

DUP



FEP AND SUICIDALITY

schizophrenia; life time risk of suicide - 5%

previous attempts predicts later attempts
and completed suicide

other risk factors; current depression -
hopelessness and drug abuse

15-25% have made a suicide attempt before
first treatment

FEP AND SUICIDALITY

2-11 % suicide attempt during 1 year of treatment

suicide attempts can be the factor that brings people into treatment

undetected cases might have a higher rate

TIPS; could a system with low threshold for detection influence rates of suicidal behaviour?

TIPS; RESULTS

no-ED ED

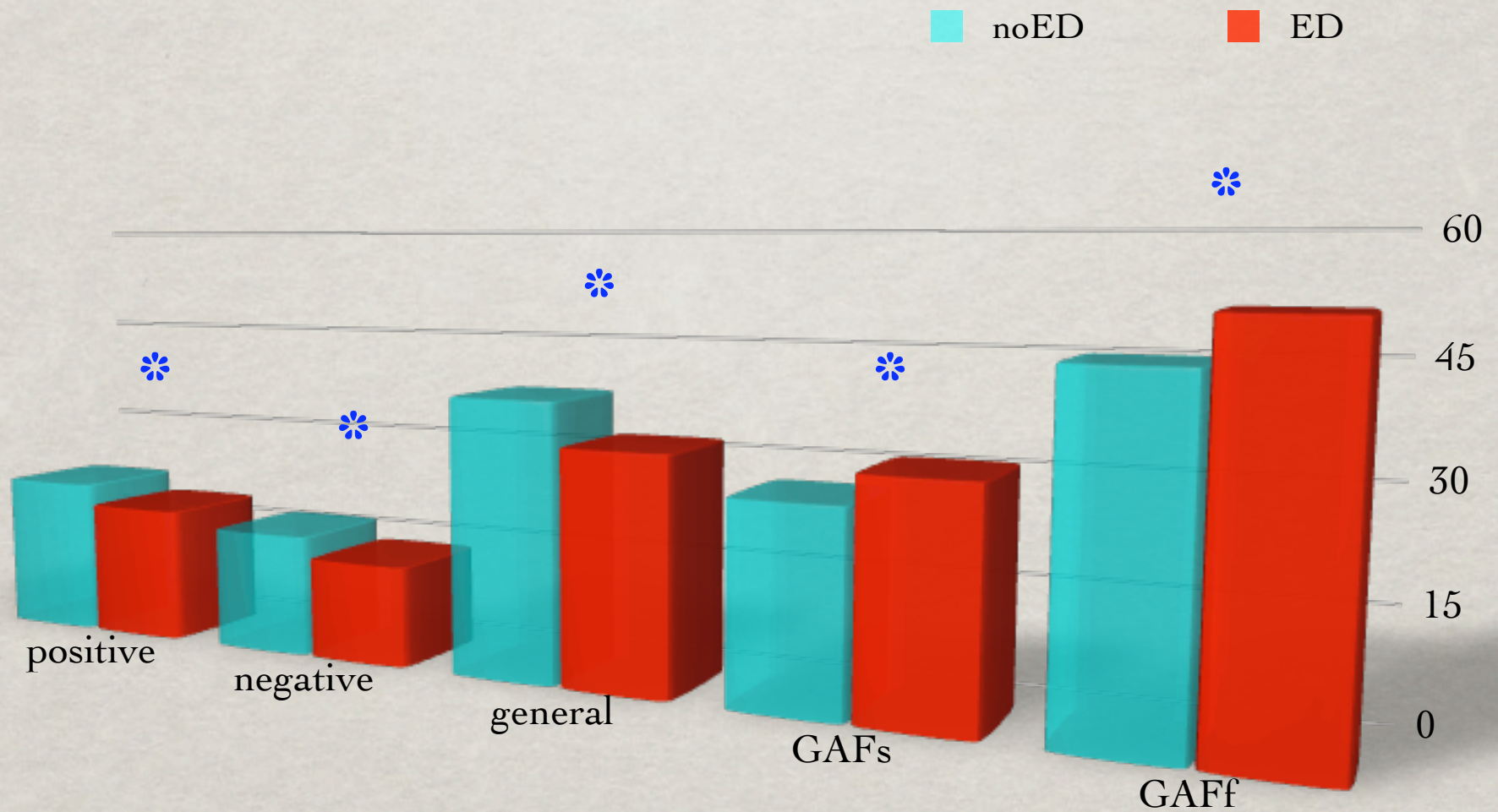
	N	%	N	%	χ^2	p ^b
Suicidal behavior^c						
Lifetime					11.98	<0.01
No suicidal ideation	61	44	86	61		
Suicidal thoughts	48	35	40	29		
Suicidal plans	8	6	7	5		
Suicidal attempts	22	16	7	5		
Month preceding first treatment contact					10.72	<0.01
No suicidal ideation	66	48	97	69		
Suicidal thoughts	49	35	37	26		
Suicidal plans	10	7	4	3		
Suicidal attempts	14	10	2	1		

^a Fisher's exact test.

^b Linear by linear association.

^c N=139 for subjects from communities with no early detection program; N=140 for subjects from early detection communities.

SYMPTOMS AT BASELINE



SUMMARY BASELINE

DUP is significantly shorter

ED patients are less symptomatic & have less suicidality

TIPS; 1 YEAR FOLLOW-UP

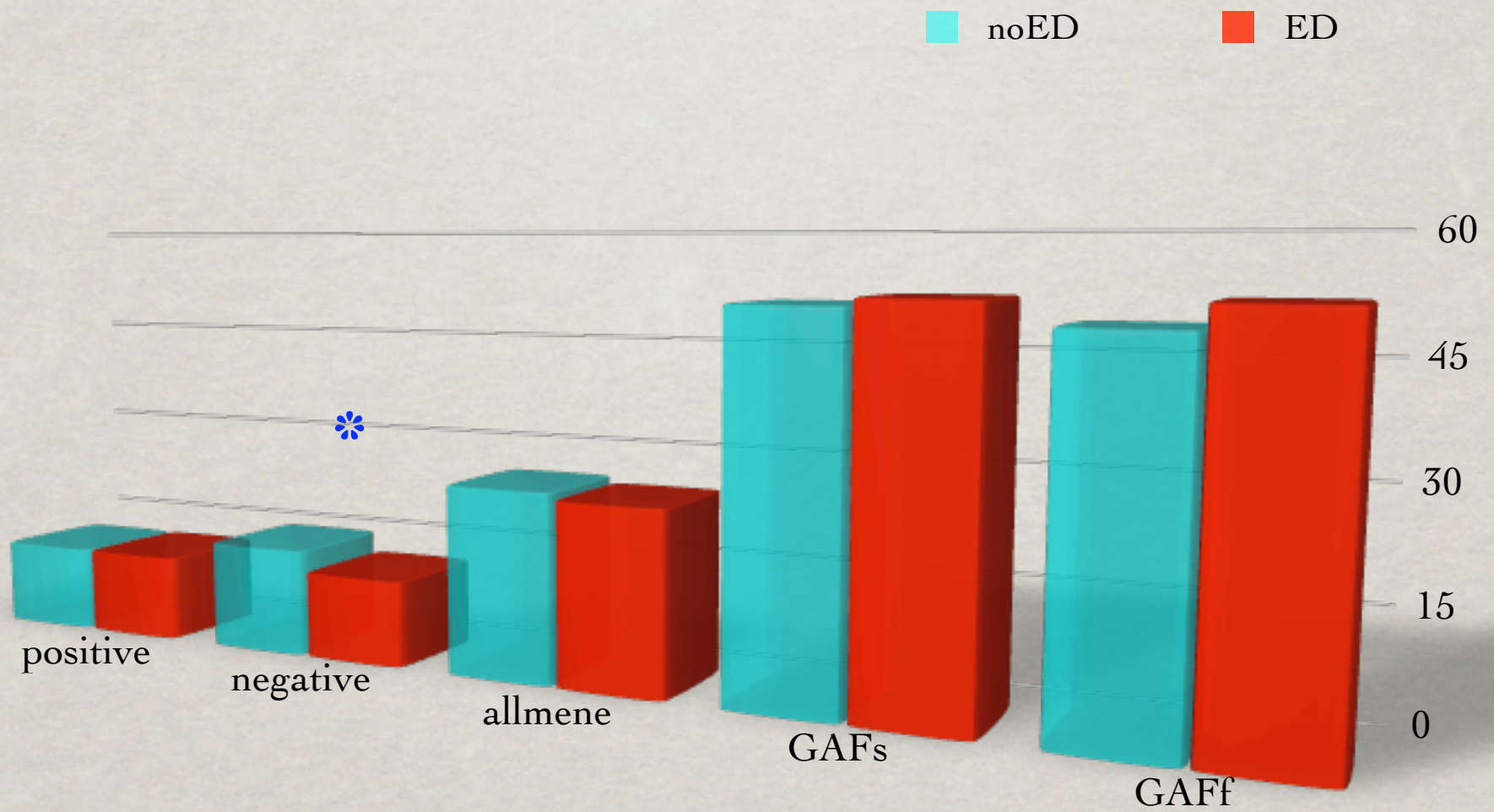
	noED	ED
remission	0,68	0,64
cont. psychotic	0,21	0,26
total duration of psychosis	44	22

MAIN FINDING

duration of first episode is reduced with 50%!

this equals the popular understanding of early treatment

SYMPTOMS AT 1 YEAR

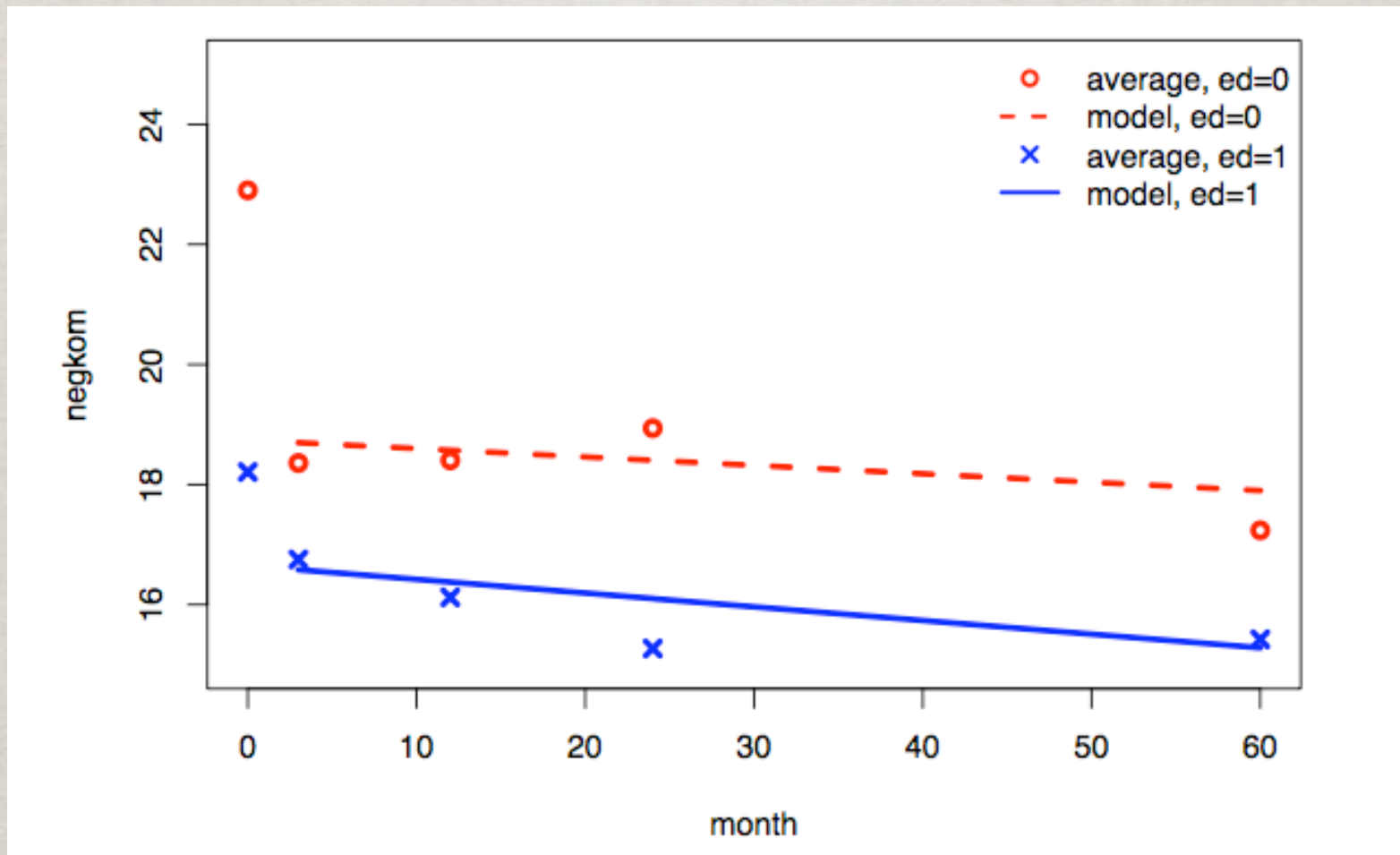


TIPS; 1 YEAR FOLLOW-UP

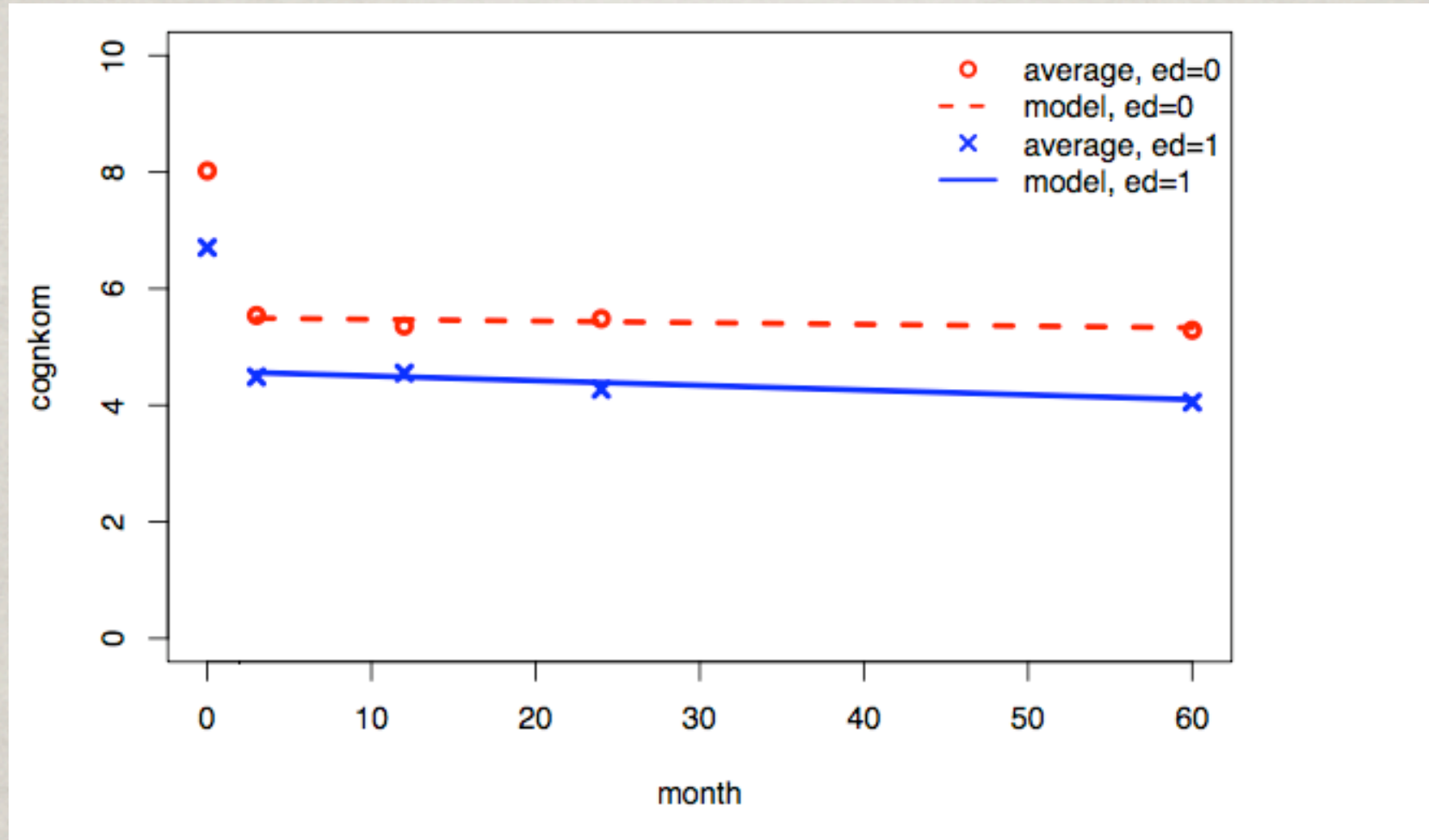
	noED	ED
QoL daily acitivity	4.2 (1.0)	4.6 (1.1)
QoL social activity	3.2 (1.0)	3.5 (1.0)

5 YEAR OUTCOME
UNPUBLISHED DATA...

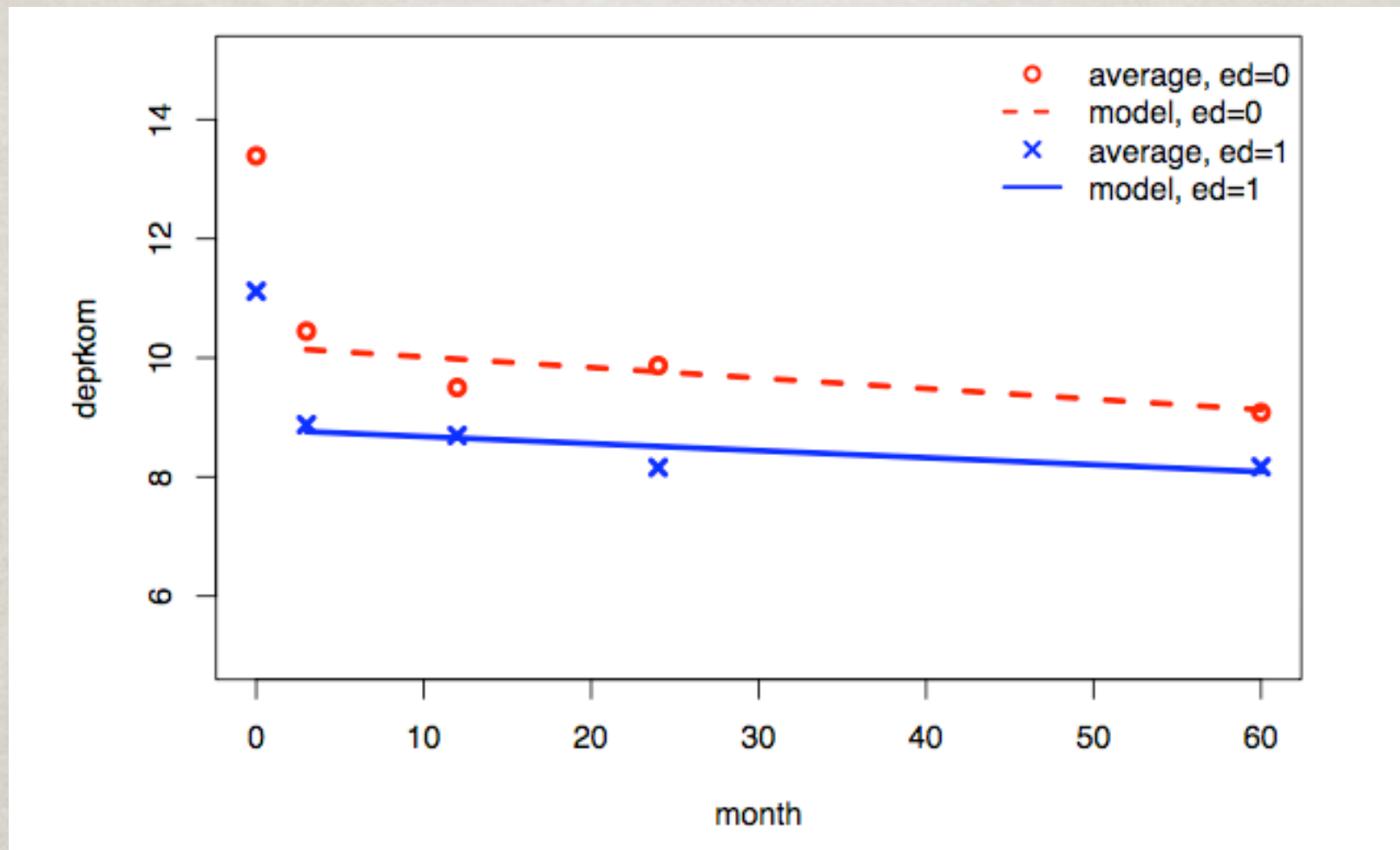
LME NEGATIVE SYMPTOMS



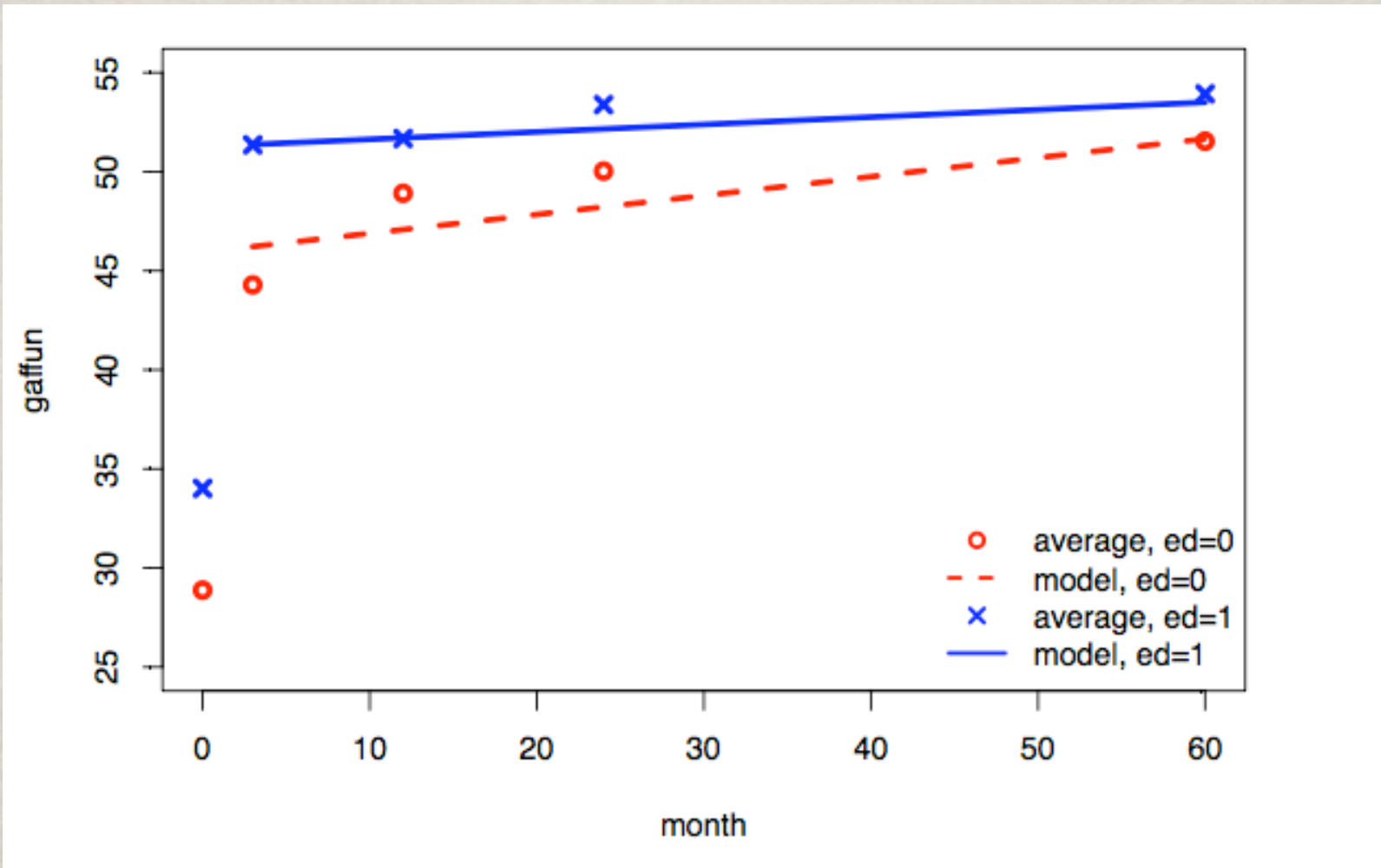
LME COGNITIVE SYMPTOMS



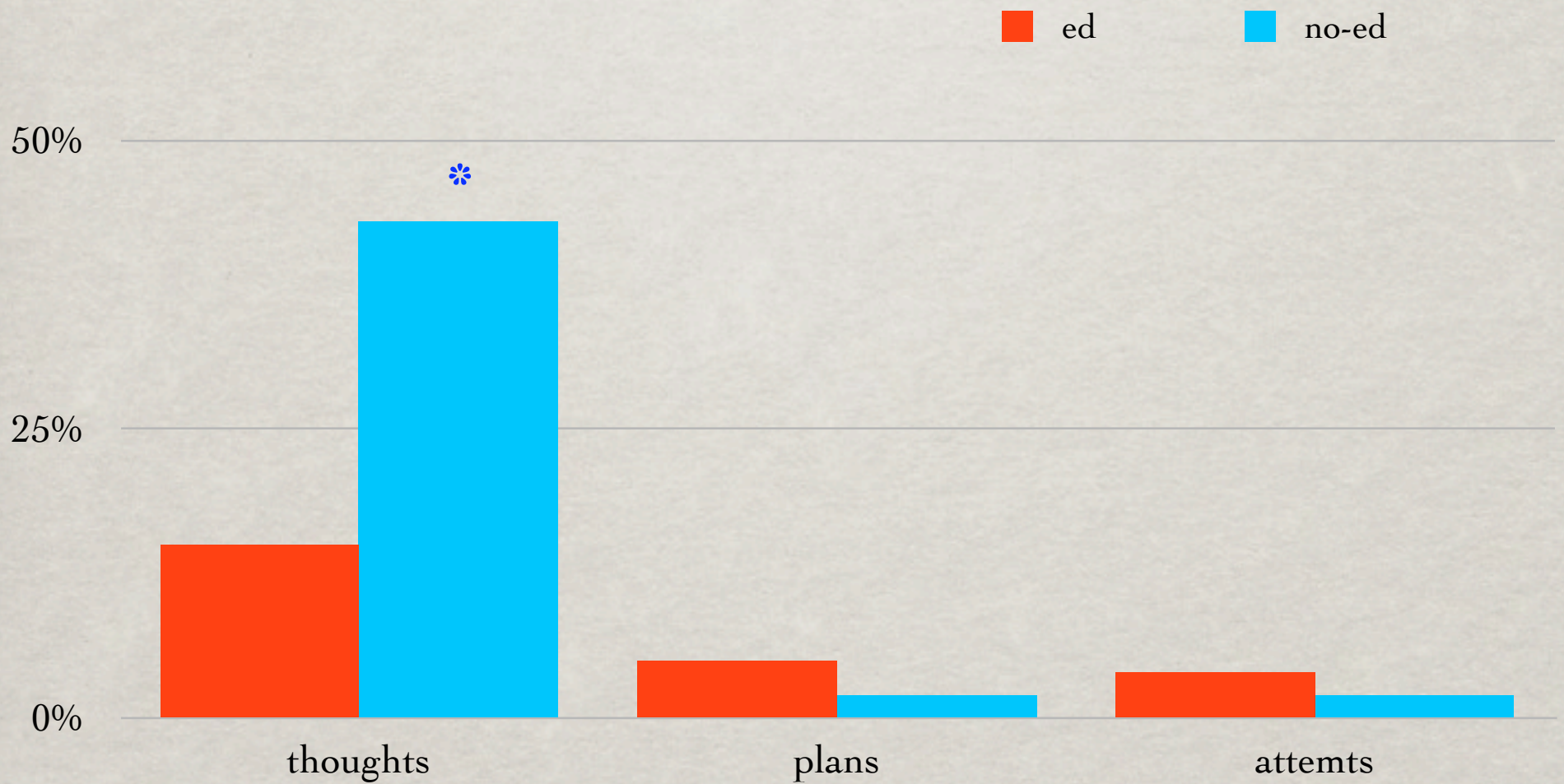
LME DEPRESSIVE SYMPTOMS



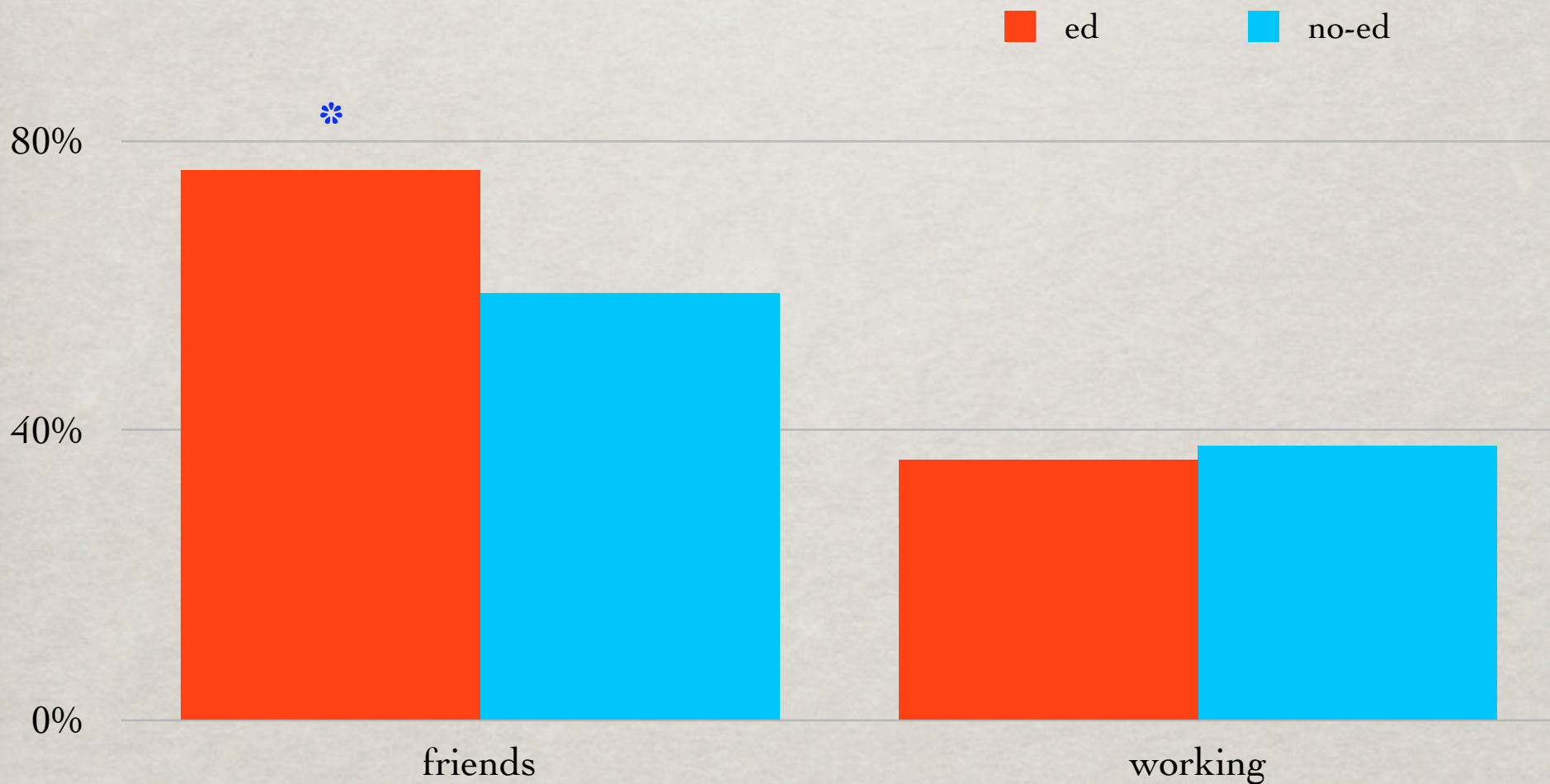
LME GAF SOCIAL FUNCTIONING



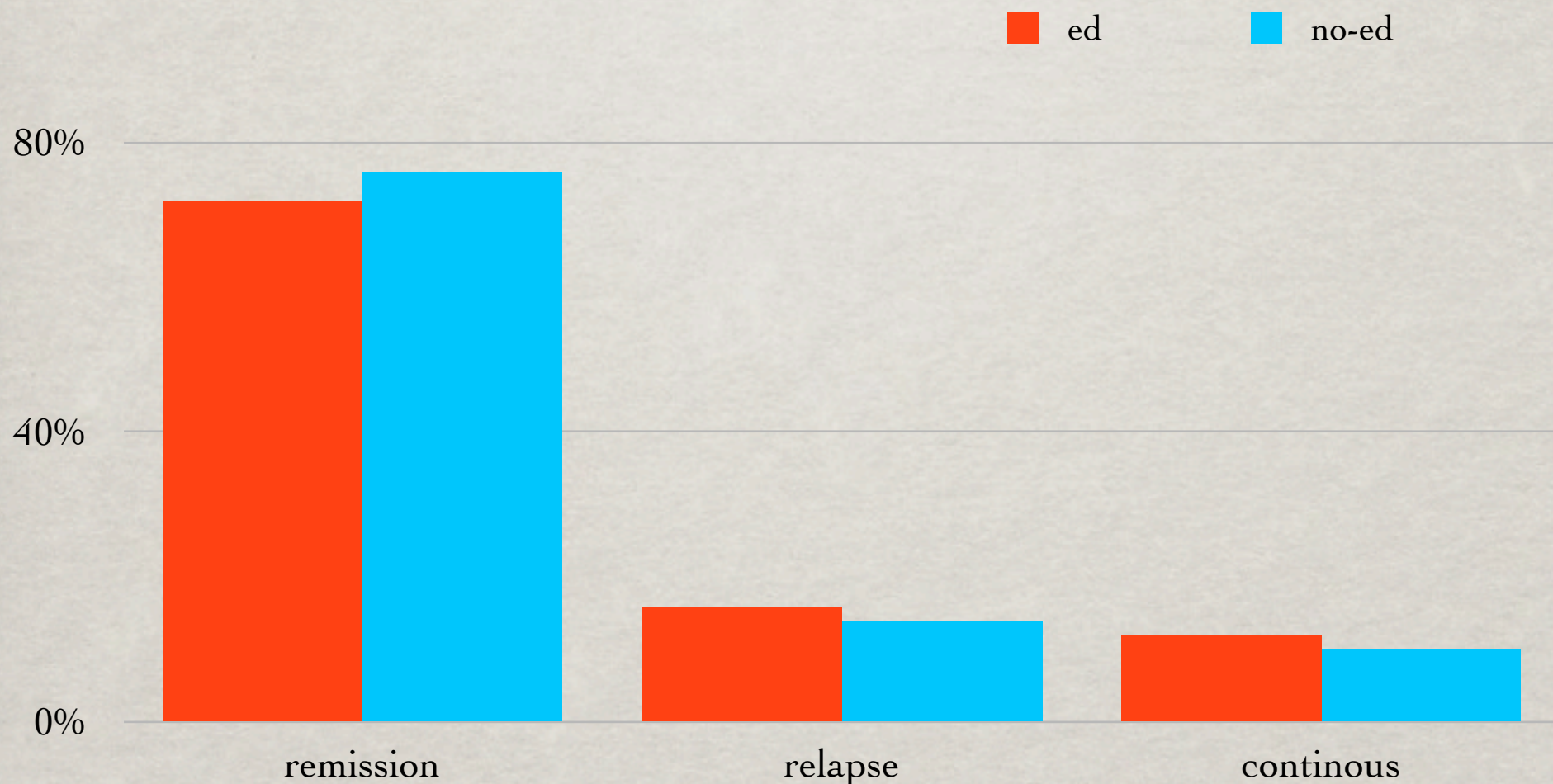
SUICIDALITY AT 5 YEARS



SOCIAL OUTCOME AT 5 YEARS



COURSE OF ILLNESS AT 5 YEARS

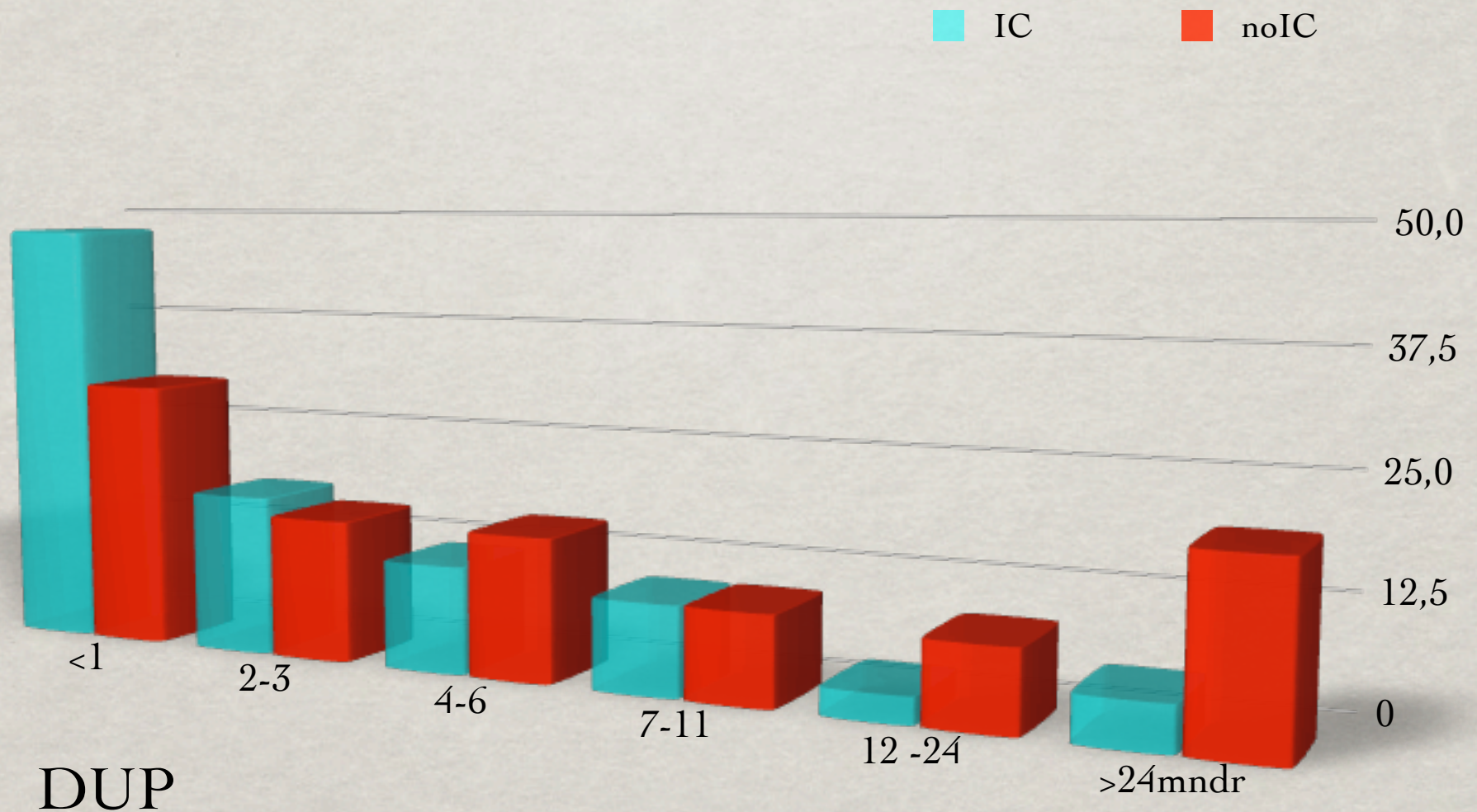


SUMMARY 5 YEAR FOLLOW-UP

ED-patients have better outcome during 5 years (LME) for negative, cognitive and depressive PANSS factors + better GAFf scores

a 10 year follow-up study will be carried out during 2008-2010

TIPS-II; WHAT IS THE EFFECT OF STOPPING THE INFORMATIONS WORK?



DUP

BASELINE SYMPTOMS WITH NO-IC

