**Story production in first episode psychosis: the role of verbal learning memory and verbal fluency**

HJ Stain,1 S Hodne,2 I Joa,2 JO Johannesen,2 BR Rund,3 W ten Velden Hegelstad,2 TK Larsen2
1Centre for Rural and Remote Mental Health, University of Newcastle, Orange, New South Wales, Australia, 2Stavanger University Hospital, Stavanger, 3Ulleval University Hospital, Oslo, Norway

**Introduction:** The focus of research on language in schizophrenia has overlooked a wide range of language parameters made possible by adopting linguistic theory. There is preliminary evidence for decreased use of verbs in response to the NMDA antagonist ketamine that is known to induce schizophrenia like symptoms and cognitive impairments.1. Given consistent findings for impaired verbal learning and fluency in schizophrenia now replicated in first episode psychosis (FEP) and ultra high risk (UHR) groups, this study aimed to investigate these verbal functions in relation to story production.

**Method:** Three groups of participants: FEP (N = 33), UHR (N = 9), healthy controls (HC, N = 21), completed measures of clinical status, social functioning, a series of neuropsychological tests targeting verbal functioning, and a story production task.

**Results:** FEP performed significantly poorer than HC on most indices of verbal learning and verbal fluency. Story results showed FEP produced significantly less words and corrections than HC (p < 0.01). Story production was positively associated with verbal learning memory for FEP (r = 0.43, p < 0.05) and with verbal fluency for both HC (r = 0.58, p < 0.01) and FEP (r = 0.40, p < 0.05).

**Discussion:** While groups did not differ in the time taken to complete a story, FEP produced significantly fewer words and less corrections per minute than HC. The FEP group showed significantly poorer performance on verbal learning memory and verbal fluency than HC. Results indicated a weak but positive relationship between verbal functioning and story production primarily for the FEP group. There was a trend for UHR scores across all domains to fall between the FEP and HC groups.

**Reference:**

**Symposium: TIPS – The Scandinavian Early Intervention Project. Five-Year Follow up, Preliminary Results**

**SP13 Symposium Overview**
The TIPS-study is a Scandinavian early intervention study, which included 301 patients at baseline. The study compares health care sectors with early detection (ED) with sectors without early detection (no-ED). This symposium presents the preliminary results at five-year follow-up, comparing ED with no-ED, predictors for outcome at 5 years, and the effect of early intervention on suicidality. The presenters will also give an overview over outcome for patients recruited into treatment via early detection teams (DTs), versus those recruited via ordinary pathways. Finally, we will present two-year follow-up for adolescent onset psychosis compared to adult onset psychosis.
Introduction: Early intervention in psychosis seems to improve short term outcome, however, little is known about the effect on long term.

Method: In order to study whether 5-year outcome will be better in a health care sector with early detection (ED) of psychosis compared to sectors with no early detection (no-ED) we have designed a quasiexperimental study with ED in two experimental sectors and no-ED in two control-sectors. ED was achieved through low-threshold ED-teams and information campaigns about psychosis for the public, schools, and primary health care providers. The TIPS (early Treatment and Intervention in PSychosis) has been able to reduce DUP down to 4.5 weeks. The ED and no-ED health care areas offered an equivalent assessment and treatment program during the first 2 years. 281 patients were included; during the first 5 years 15 patients died. Seventy-three% were reassessed after 5 years.

Results: Overall 3/4 of the patients were in remission at 5 year. The EDgroup had better outcome for the negative component in the PANSS-scale as was also seen at baseline and 1 year follow-up. The ED-group had more regular contact with friends; i.e. 57% vs 36% saw friends at least monthly. Early detection thus seem to have a long lasting effect on negative symptoms, this is an important finding for rehabilitation of the patients.
from four national health care sectors in Norway and Denmark received standardized treatment and were evaluated at baseline, 3 months (n = 280), one (n = 292), two (n = 280) and five (n = 212) years. Demographic, premorbid, baseline and clinical data were entered into multiple regression analyses to see the degree to which they predicted levels of symptoms and global functioning at 1, 2 and 5 years.

**Results:** Outcome: Substantial clinical and social improvement occurred within the first 3 months with only minor changes subsequently. At 5 year follow-up 72% of the patients were in remission, 17% were in relapse and 11% were continuously psychotic. Predictors: Overall, better outcome as measured by positive symptoms, negative symptoms and global functioning at 1, 2, and 5 years, was predicted at baseline by female gender and better premorbid academic functioning. Better negative symptom outcome at 5 years was also predicted by better negative symptom levels at 3 months.

**Conclusion:** Five year outcome in first episode psychosis changes little from 3 months. Better outcome is predicted by female gender and better premorbid academic functioning at baseline and by better outcome at 3 months.

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**SP13.3**

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

I Melle,1,2 JO Johannesen,3 U Haahr,4 S Friis,1,2 I Joa,3 TK Larsen,3,8 S Opjordsmoen,1,2 BR Rund,5 JI Røssberg,1,2 E Simonsen,4 P Vaglum,6

TH McGlashan7

1Ullevaal University Hospital, 2Institute of Psychiatry, University of Oslo, Oslo, 3Stavanger University Hospital, Psychiatric Clinic, Stavanger, Norway, 4Roskilde Psychiatric University Hospital Fjorden, Roskilde, Denmark, 5Institute of Psychology, University of Oslo, 6Department of Behavioral Sciences in Medicine, University of Oslo, Oslo, Norway, 7Yale University School of Medicine, New Haven, Connecticut, USA, 8Department of Clinical Medicine, Section Psychiatry, University of Bergen, Norway

**Objective:** The risk of suicide is high in early psychosis. Initial results from the TIPS study showed that early intervention reduced severe suicidality surrounding the start of first treatment.

**Method:** Five year follow-up of initial study participants.

**Results:** There were no differences between the ED and the No-ED sites in deaths (13/5%) and suicides (7/3%). For patients with suicidality data at 5-years (N = 186), there were no ED/noED differences in severe suicidality (plans and attempts). Rates of severe suicidality in the ED group fluctuated around 5–10% at all time points, while rates in the NoED group decreased from 20% before treatment started to the same levels as the ED group. Cluster analysis indicated four groups across samples and time-points: 1) a main group with no suicidal ideation at all; 2) one group with stable low levels; 3) one group with moderate levels of suicidality before treatment, no apparent suicidality during the two-year treatment, but subsequent symptom increase; and 4) one group with severe suicidality before treatment but low levels after that point. This group’s median duration of untreated psychosis (DUP) was over the combined samples’ median while...
the other were not (p = 0.03, median test).

**Conclusion:** Results indicate that suicidality is a significant, complex and treatment responsive problem; that before treatment severe suicidality with subsequent risks of psychological and physical sequelae is associated with longer DUP and that early intervention programs may prevent this complication to early psychosis.

**SP13.4**

**First-episode psychosis patients recruited into treatment via early detection teams versus ordinary pathways: course, and outcome during five year follow-up**

J Johannessen,1 I Joa,1 S Friis,2,3 U Haahr,4 TK Larsen,1,5 I Melle,2,3 S Opjordsmoen,2,3 BR Rund,6 E Simonsen,1 P Vaglum,7 T McGlashan8

1Stavanger University Hospital, Psychiatric Clinic, Stavanger, Norway
2Ullevaal University Hospital, Institute of Psychiatry, University of Oslo, Oslo, Norway
3Institute of Psychiatry, University of Oslo, Oslo, Norway
4Roskilde Psychiatric University Hospital Fjorden, Roskilde, Denmark
5Department of Clinical Medicine, Section Psychiatry, University of Bergen, Bergen
6Institute of Psychology, University of Oslo, Bergen
7Department of Behavioral Sciences in Medicine, University of Oslo, Oslo, Norway
8Yale University School of Medicine, New Haven, Connecticut, U.S.A.

**Aim:** Within an early detection sector, to compare the 5-year course and outcome of first-episode psychosis (FEP) patients recruited to the TIPS Study (1997–2000) coming into the treatment system via active outreach detection teams (DTs) versus those achieving help via ordinary referral channels (not-DT). The two groups had at 2 years a similar outcome. The DT group had at 2 year developed a more serious diagnostic pattern, ie, had more cases of schizophrenia, and DT patients were more frequently treated on an outpatient basis only.

**Methods:** Longitudinal, comparative study of two parallel consecutive samples using structured clinical interview for the DSM-IV, Positive and Negative Syndrome Scale Score, Global Assessment of Functioning Scale. The population in the ED sector was 380,000. In the study, 203 FEP patients were identified. Of these 42 refused to participate and 161 patients were included, 56 in the DT group, and 105 in the not-DT group.

**Results:** At 5 year there are no longer any diagnostic differences (65% schizophrenia in DT group versus 48% in not-DT) or symptom differences (PANSS positive 11.7 (5.0) (SD) in DT versus 11.19 (5.7) (SD) in not-DT, PANSS negative 12.0 (6.5) (SD) in the DT versus 11.8 (5.4) (SD) in the not-DT) 63% in the DT group were in remission versus 73% in the not-DT group. The DT group still was more frequently treated on an outpatient basis exclusively (50% in the DT group versus 25% in the not-DT group).

**Conclusions:** We have previously shown that the DTs recruited more chronic patients with poorer prognostic markers, but with fewer symptoms and better functioning at baseline. At 2 years the DT-patients did as well as the not-DT patients. At 5 years both groups have continued the recovery process and maintained a plateau of low symptom severity.

**References:**

Jan O. Johannessen, Svein Friis, Inge Joa, Ulrik Haahr, Tor K. Larsen, Ingrid Melle, Stein Opjordsmoen, Bjørn R. Rund, Erik Simonsen, Per Vaglum,
SP13.5

Adolescent onset psychosis compared to adult onset psychosis; evaluation of two year outcome results

J Langeveld,1,2 I Joa, I Melle,3,4 TK Larsen,1 U Haahr,6 S Fris,3,4 JO Johannesen,1 S Opjordsmoen,3,4 B Rund,7,8 E Simonsen,6,9 P Vaglum,10 T McGlashan11

3Department of Psychiatry, Ullevål University Hospital, 4Institute of Psychiatry, Faculty of Medicine, University of Oslo, Oslo, 1Division of Psychiatry, Stavanger University Hospital, Stavanger, 5Department of Clinical Medicine, Section Psychiatry, University of Bergen, Bergen, Norway, 6Psychiatric Research Unit, Zealnd Region Psychiatry, Roskilde, Denmark, 7Institute of Psychology, Faculty of Social Sciences, University of Oslo, Oslo, 8Asker and Bærum Hospital Trust, Sandvika, Norway, 9Institute of Psychiatry, University of Copenhagen, Denmark, 10Department of Behavioural Sciences in Medicine, University of Oslo, Oslo, Norway, 11Department of Psychiatry, Yale University, New Haven, CT, USA, 2Faculty of Psychology, Bergen University, Bergen, Norway

Objective: To compare two-year follow-up outcome in adolescent onset versus adult onset non-affective psychosis.

Methods: During a two-year follow-up period, we compared first-episode DSM-IV non-affective psychosis patients with onset before (N = 45) and after (N = 203) the age of 18 years on level of symptoms, suicidal behaviour, and functioning. Additionally, to detect the potential effects of confounding variables, treatment variables and drug abuse were monitored. All patients were recruited from an early detection area from the Scandinavian Early Intervention Study “TIPS”.

Results: There were no significant differences in baseline gender ratio, drug abuse and core schizophrenia diagnosis. However, compared to adult onset psychosis, adolescent onset psychosis patients displayed a significant longer duration of untreated psychosis, a lower level of functioning, and more depressive and cognitive symptoms assessed by the Positive and Negative Symptoms Scale. At two-year follow-up, no differences in symptoms, functioning and remission/relapse rates were found between the two groups. No differences in treatment variables (medication, admission to hospital, psychotherapy) between the two groups were found.

Conclusions: Although at baseline differences were found in duration of untreated psychosis, symptoms and functioning between the two groups, differences in symptoms and functioning were no longer found at two-year follow up.

Conclusion: Our findings did not support the position that adolescent onset non-affective psychosis is substantially different from adult onset psychosis.

Keywords: First-episode psychosis, Duration of Untreated psychosis, Adolescence.