Lessons learned from the TIPS project
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Background: It is well established that long duration of untreated psychosis DUP is related to poor outcome, but it remains controversial whether there is a causal relationship. The TIPS study has shown that an early detection (ED) program can reduce DUP, and reach patients with lower symptom levels than a NoED program. However, the ED/NoED differences are on a group level. Variability within groups is largely unstudied.

Objective: To explore the variability in baseline DUP and symptom levels among ED and NoED patients, and to examine predictors of non-remission at 3 months and 2 years, and dropout, symptomatic state and full recovery at 10 years.

Methods: For the ED/NoED comparison, we included 281 patients with a first-episode non-affective psychosis aged 18–65. They were re-evaluated at 3 months (n = 262), 1 year (n = 272), 2 years (n = 259), 5 years (n = 197) and 10 years (n = 173).

Results: There was considerable variability within both groups in DUP and symptom levels. Several ED patients had a long DUP, and/or high symptom levels. Given that patients with more negative symptoms seem to have preferentially dropped out at follow-up, this is probably an underestimate of the real percentage. Level of negative symptoms at baseline strongly predicted level of apathy at 10 years. Age, gender, diagnosis, premorbid functioning, positive symptoms and DUP at baseline gave no significant contribution to explained variance of the AES-S score at 10 years.

Conclusions: After 10 years, apathy is common, even among patients with a short DUP. Negative symptoms at baseline is the primary predictor.

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Recovery at 10 years in first-episode psychosis

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Background: During recent years, improved methods for defining and determining recovery from first-episode psychosis have been developed. Nevertheless, we still lack information about the frequency of recovery and about its predictors.

Objective: To estimate the frequency of symptomatic and full recovery at 10 years follow-up and its predictors in a large clinical epidemiologic sample of first-episode psychosis.

Method: Three hundred one patients (n = 301) with first-episode psychosis from four national health-care sectors in Norway and Denmark received standardized treatment and were evaluated at baseline, 3 months (n = 280), 1 year (n = 292), 2 years (n = 279), 5 years (n = 212) and 10 years (n = 185). At 10 years, recovery was evaluated using contemporary criteria. We explored the power of demographic, premorbid and baseline data to predict symptomatic and full recovery.

Results: At 10-year follow-up, 49.7% were in symptomatic recovery and 24.3% were in full recovery. Patients with symptomatic recovery had significantly shorter DUP, less drug abuse and a lower baseline PANSS positive component score. Patients with full recovery had lower baseline PANSS negative component scores. In logistic multiple regression analyses, baseline level of positive symptoms was the only significant predictor of symptomatic recovery, while baseline level of negative symptoms was the only significant predictor of full recovery.

Conclusion: Symptomatic recovery was found in about half of the patients with First-episode psychosis, and about one-quarter met the criteria of full recovery. Baseline levels of psychopathology are significantly associated with long-term recovery.

Material and methods: Seventy-three patients from NoED sites (59% of baseline sample) and 104 patients from ED sites (60%) completed the assessments. Symptoms were assessed using the PANSS, SCID and Calgary Depression in Schizophrenia Scale. Recovery was assessed combining WHO remission criteria with Strauss-Carpenter Level of Functioning Scale.

Results: There were no significant differences between sites on any symptom levels at 10-year follow up, but there was a selective dropout bias. In NoED-Sites, dropouts had significantly more negative symptoms at their last interview than patients completing 10-year follow-up (P = 0.03). Furthermore, dropouts in ED sites had significantly less negative symptoms at last observation than dropouts in NoED sites (P = 0.031). In spite of substantial attrition bias, ED sites had significantly more recovered patients (30% vs. 14%; P = 0.013 Fisher exact test).

Conclusions: Frequent and selective dropout makes it difficult to conclude about ED/NoED differences in symptom outcome. It does, however, indicate that patients with negative symptoms remain less accessible to mental health care in NoED sites. Superior recovery rates in ED-sites are probably a robust finding, as the NoED sites seem to have lost very few patients with a potential for recovery.

Background: The TIPS program is a quasi-experimental study of the effects of Early Detection (ED) on course and outcome in first-episode psychosis. Patients from ED-sites had significantly milder negative and cognitive symptoms than patients from usual detection sites (NoED) at 2 and 5 years follow-up.

Objective: To compare symptom outcome and recovery in ED and NoED sites at 10-year follow-up.

Method: Three hundred one patients (n = 301) with first-episode psychosis from four national health-care sectors in Norway and Denmark received standardized treatment and were evaluated at baseline, 3 months (n = 280), 1 year (n = 292), 2 years (n = 279), 5 years (n = 212) and 10 years (n = 185). At 10 years, recovery was evaluated using contemporary criteria. We explored the power of demographic, premorbid and baseline data to predict symptomatic and full recovery.

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What are the long-term impacts of an early intervention program? Results from the 10-year follow-up of the TIPS project
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Background: We have shown that an early detection (ED) program reduced duration of untreated psychosis (DUP) and mediated lower symptom levels and less suicidality at baseline.

Aims: To explore rates of recovery, levels of negative symptoms and apathy and ED/NoED differences at 10 years.

Material and methods: At baseline, we included 301 patients with a first-episode non-affective psychosis aged 15–65. Patients were re-evaluated after 3 months, 1, 2, 5 and 10 years. At 10 years, 30 patients were dead. Ten-year follow-up comprised 185 patients and included contemporary criteria for recovery and apathy.

Results: After 10 years, apathy is a prevalent symptom even among patients with a short DUP. Negative symptoms at baseline is a strong predictor. Symptomatic recovery was found in about half of the patients, and about onequarter met the criteria of full recovery. Baseline levels of psychopathology seem to be significant predictors of recovery. Patients with negative symptoms seem to be more adherent to mental health care in ED sites. Superior recovery rates in ED sites are probably a robust finding, as the NoED sites seem to have lost very few patients with the potential for recovery. The effect of ED programs seems to be related partly to reduction of DUP and partly to reduced severity of positive and negative symptoms at baseline.

Conclusions: Earlier detection and treatment in first psychosis appears to confer lasting advantages in first-episode psychosis, but rates of data attrition pose major threats to the validity of very long follow-ups.

Effects of information campaigns on duration of untreated psychosis
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The 'Early Treatment and Intervention in Psychosis' (TIPS) study used broadmass-media information campaigns combined with focused education of first-line treatment personnel and low-threshold assessment teams to recruit patients with first-episode psychosis (FEP) to earlier treatment. One part of the study compared FEP patients from two sectors with the early detection program (ED) to two sectors without (NoED), including a total of 281 patients (141 ED, 140 NoED), showing that at start of first treatment, patients from the ED area had a statistically significantly shorter duration of untreated psychosis (DUP) and statistically significantly lower symptom levels across all symptom dimensions (positive, negative, depressive, excitative, cognitive and suicidal symptoms) compared to NoED patients. The study also included a historical control, including FEP patients from the ED area before the start of the program (pre-ED) and FEP patients from the same area in a period of discontinuation of the mass-media information campaigns (post-IC). These studies show that the DUP in this area was on the same level as in other parts of the industrialized world before the introduction of the ED program. The introduction of the program was followed by a clear decline in both the DUP and in symptom levels. Discontinuation of the mass-media information campaigns while continuing focused education and low threshold detection teams was followed by a moderate increase in DUP and symptoms paralleling findings from the No-ED area. This indicates that massmedia information campaigns are essential parts of interventions to reduce DUP.
Information strategies to reduce the duration of untreated psychosis

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Service systems research indicates that effective health promotion programmes should include multi-level strategies comprising individuals, families, neighbourhoods, schools, work places and communities while media-alone interventions appear to have little impact on behaviour. The ‘Early Treatment and Intervention in Psychosis’ (TIPS) study used broad mass-media information campaigns combined with focused education of major target groups, i.e. the general public (including patients, families, and friends), healthcare professionals and schools (teachers and students). The information campaigns (IC) aimed to enhance the community’s knowledge of psychiatric disorders in general and early signs of severe mental disorders in particular while trying to change the help-seeking behaviours of the population by focusing on available help and positive outcomes and reducing stigma connected both to the disorders and to psychiatry. This was combined with easy access to clinical assessment and care through low-threshold detection teams (DT). Out of 1921 referrals to the DT, 54 met the inclusion criteria for the study (28% of all included patients); the remainder was included through the ordinary treatment system. The highest percent of contacts came through the family (31%) or were self-referrals (14%). The number of referrals to the DT fluctuated with the information campaigns. The content of the ICs developed over the course of the study period. Later developments have focused on the possibility to target patients at ultra high risk of developing psychosis.