

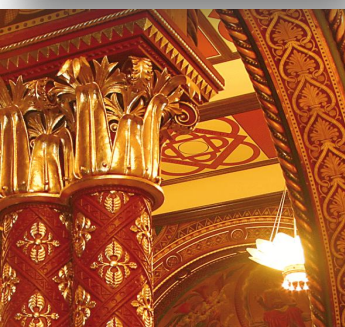
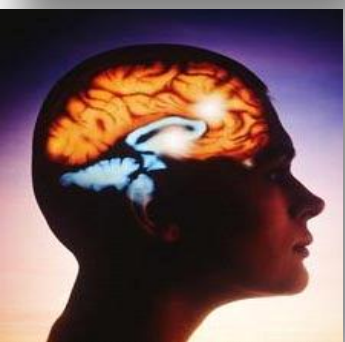
Relapse and recovery following first episode psychosis: findings from the AESOP 10-year follow-up study

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outline

AESOP-10 Methods

Descriptive Outcomes

Predictors of Symptomatic Outcomes

Predictors of Functional Outcomes

Clinical Implications

Aetiology and Ethnicity in Schizophrenia and Other Psychoses (ÆSOP)



Incident Cases
(mean age 30.5 yrs)
(men 59.1%)

London	352
Nottingham	205
Bristol	57
Total	614 (557)
Incidence	~ 35 per 100,000

objectives

To investigate the long-term course and outcome of psychosis, with a focus on:

clinical, neurodevelopmental and social predictors

variations (if any) by ethnic group

select review

13 studies of first episode, contact or admission cases followed for 8 or more years published since 1980

marked heterogeneity in course and outcome among studies

marked heterogeneity in method

- inclusion criteria (diagnostic group; entry point)

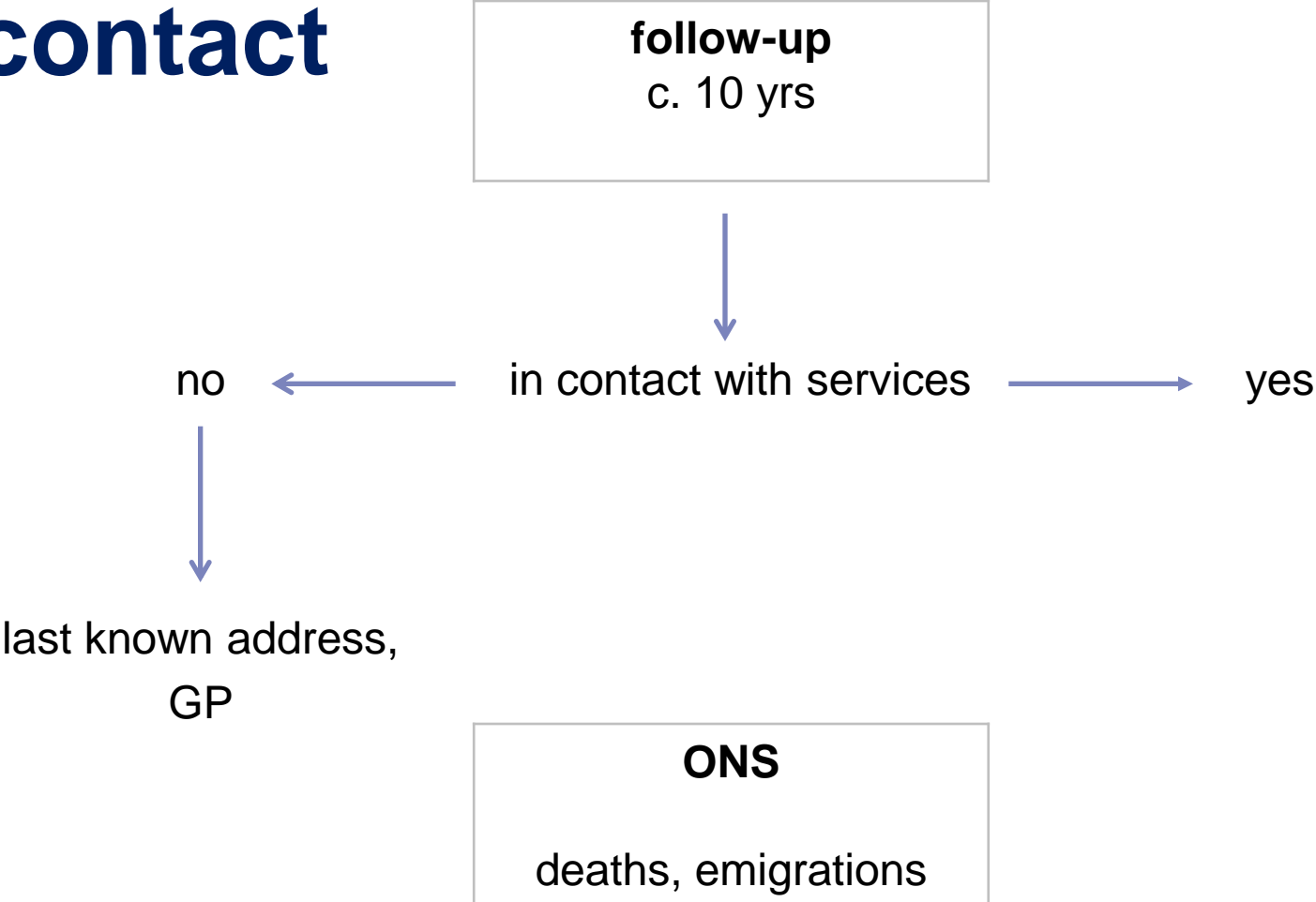
- length of follow up (range from 8 to 37 years)

- location

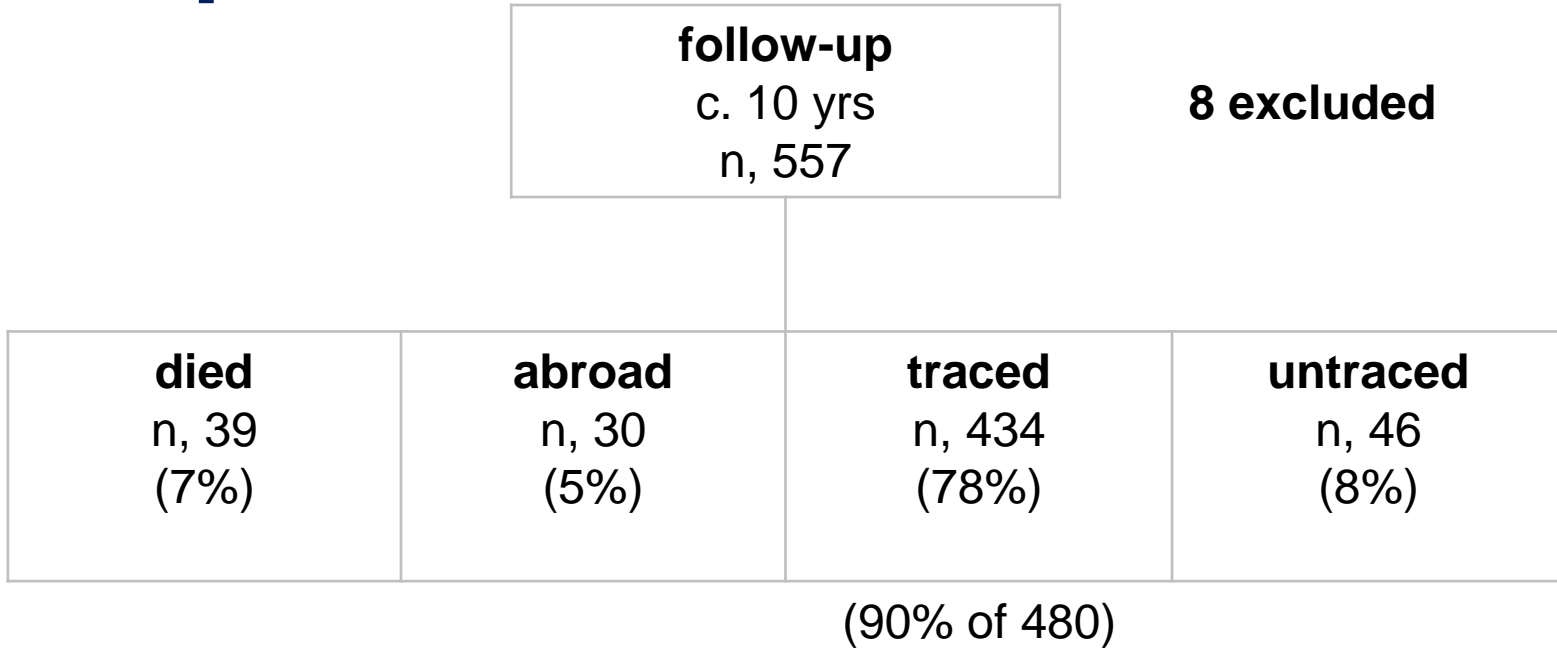
- definitions of course and outcome

only 3 studies of unselected first episode cases of all psychoses

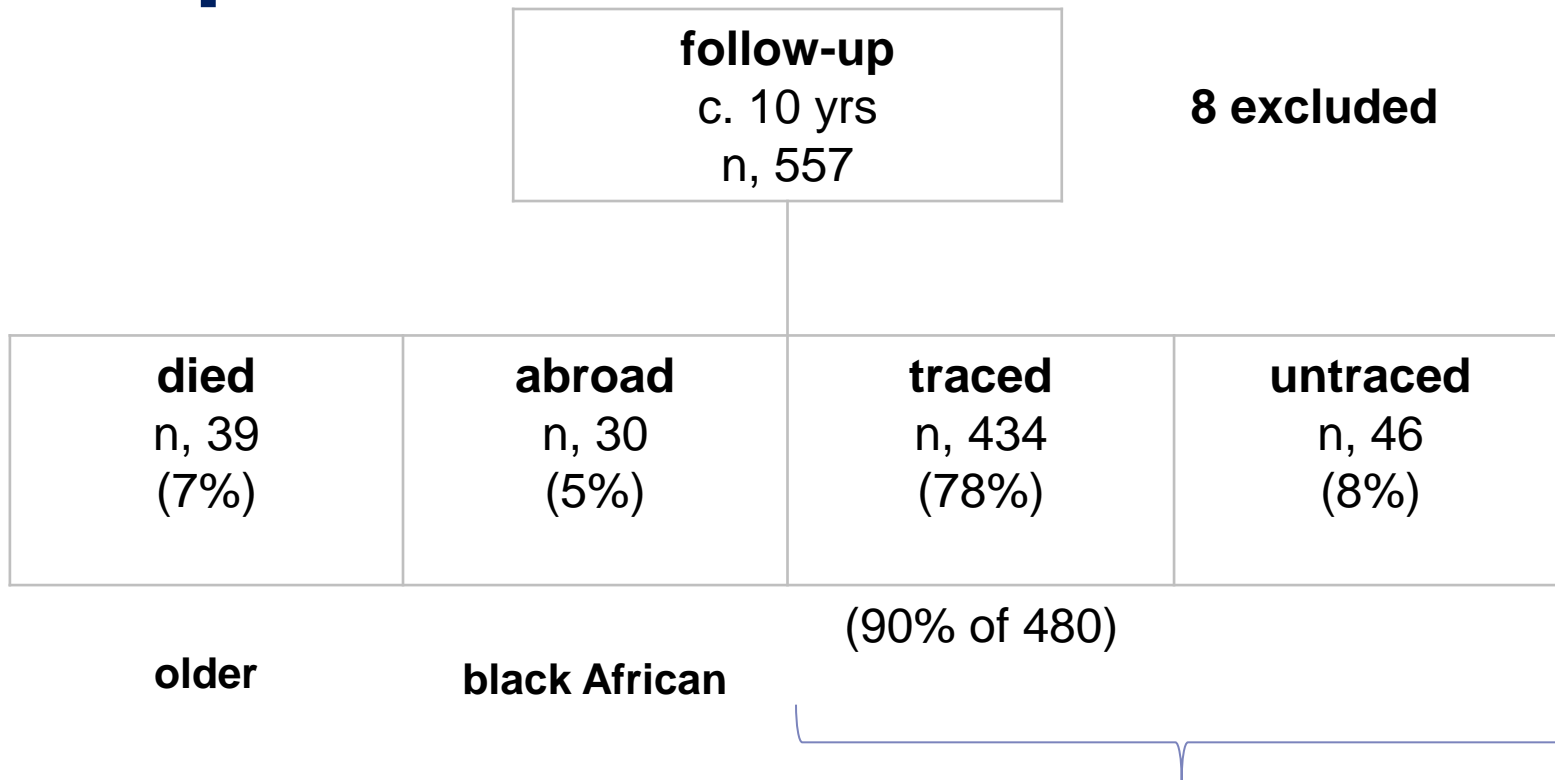
Methods: tracing and re-contact



sample



sample



Information for 8+ years on 394
(82% of 480)

data



Clinical

Social (function)

Service use

WHO Life Chart (Amended)

multiple sources: case records, re-interview, informant

consensus ratings



today's meeting will be endless, with a half-hour break for lunch

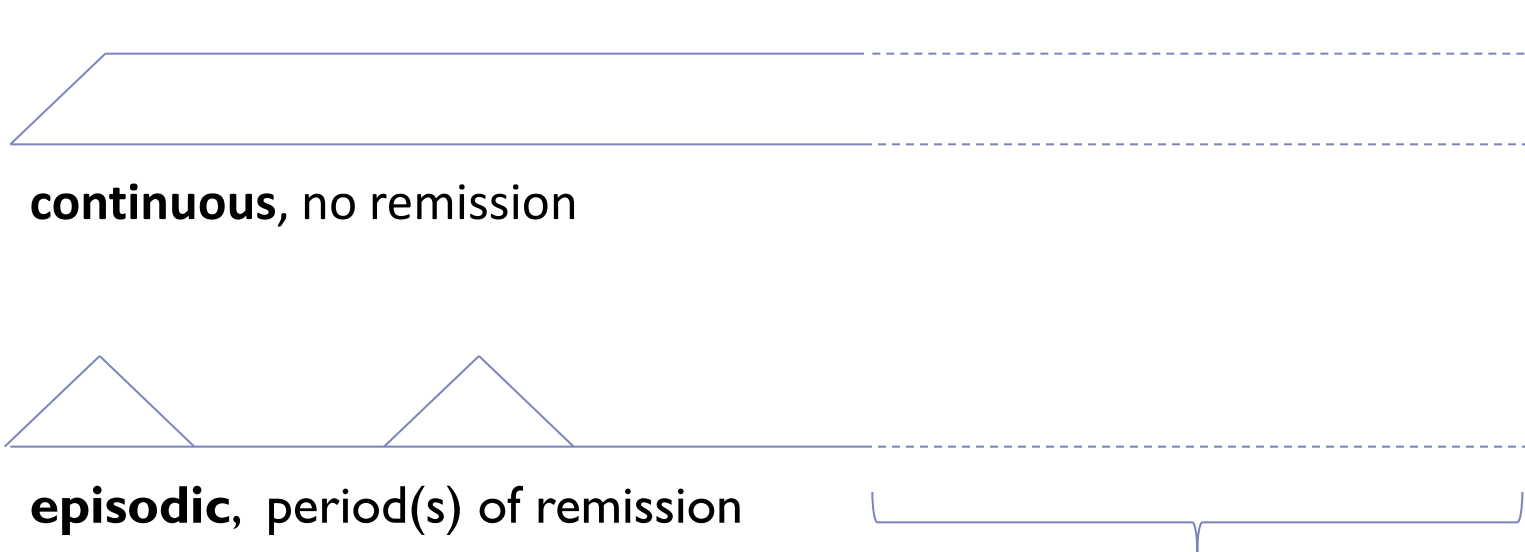


Core Sample Characteristics (n = 394)

	n	%
Nottingham	157	39.9
Men	220	55.8
Non-affective	284	72.1
	mean	sd
Length of FU	10.7	1.2

Descriptive Outcomes: definitions

@ follow up: in
remission vs not



continuous, no remission

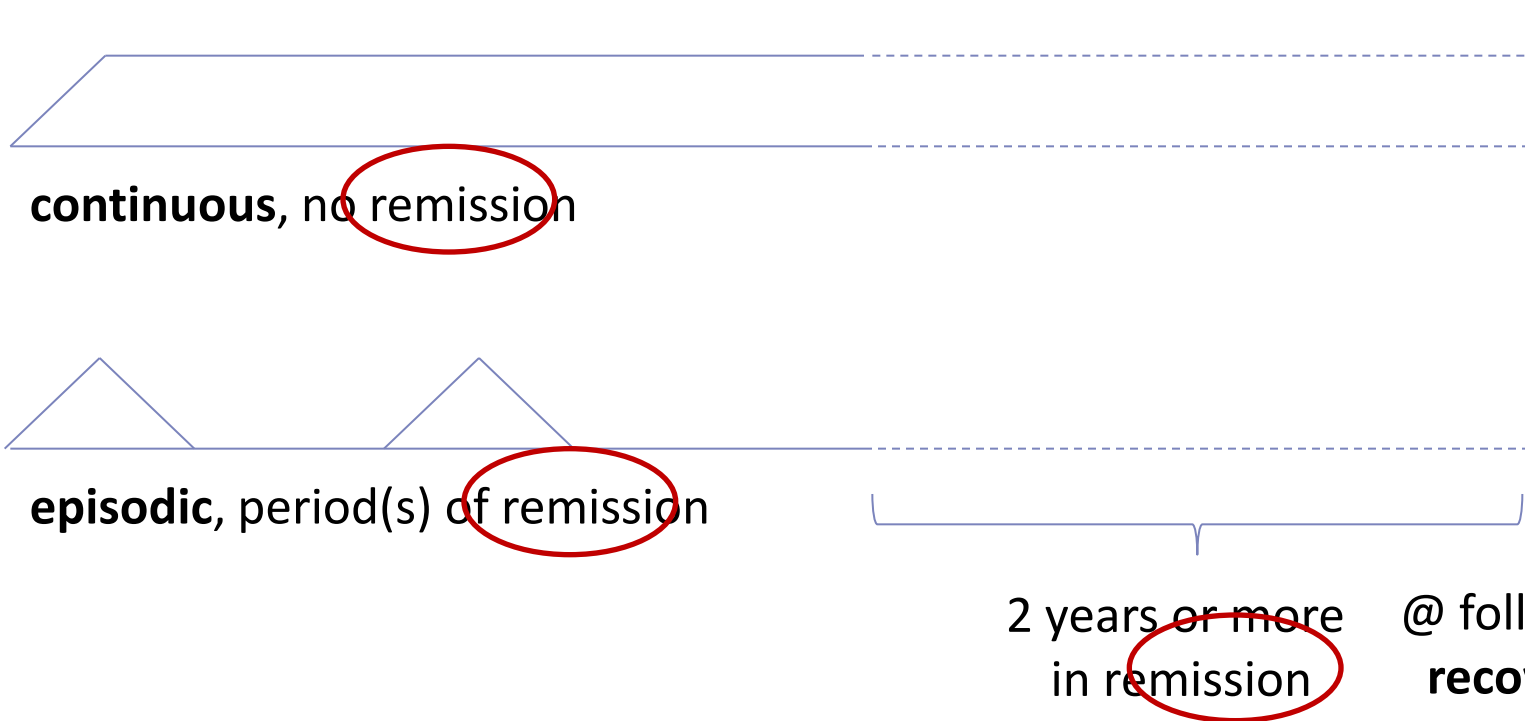
episodic, period(s) of remission

2 years or more
in remission

@ follow up:
recovered

Descriptive Outcomes: definitions

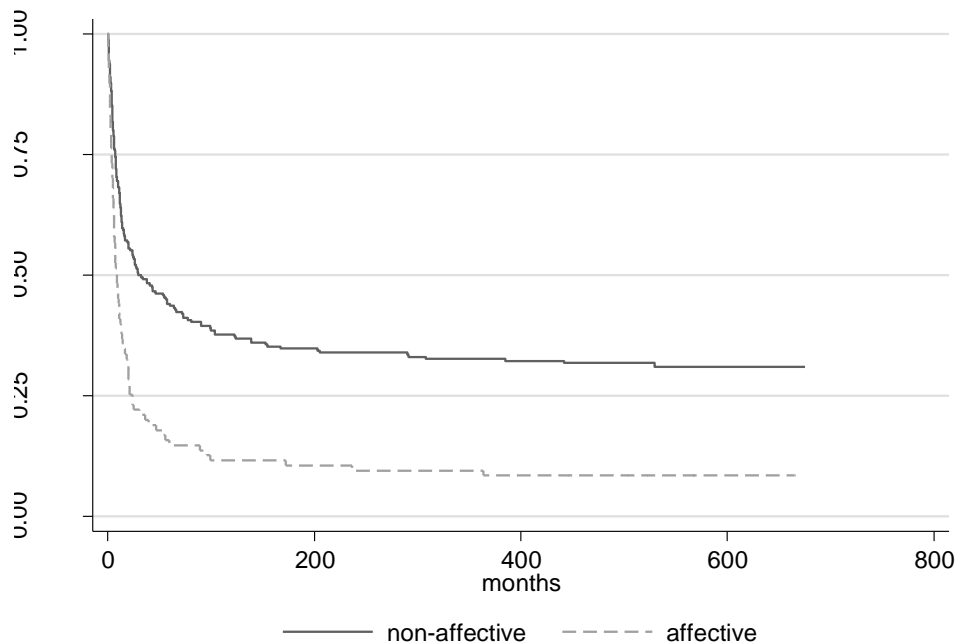
@ follow up: in remission vs not



*remission absence of symptoms at threshold level for 6 months

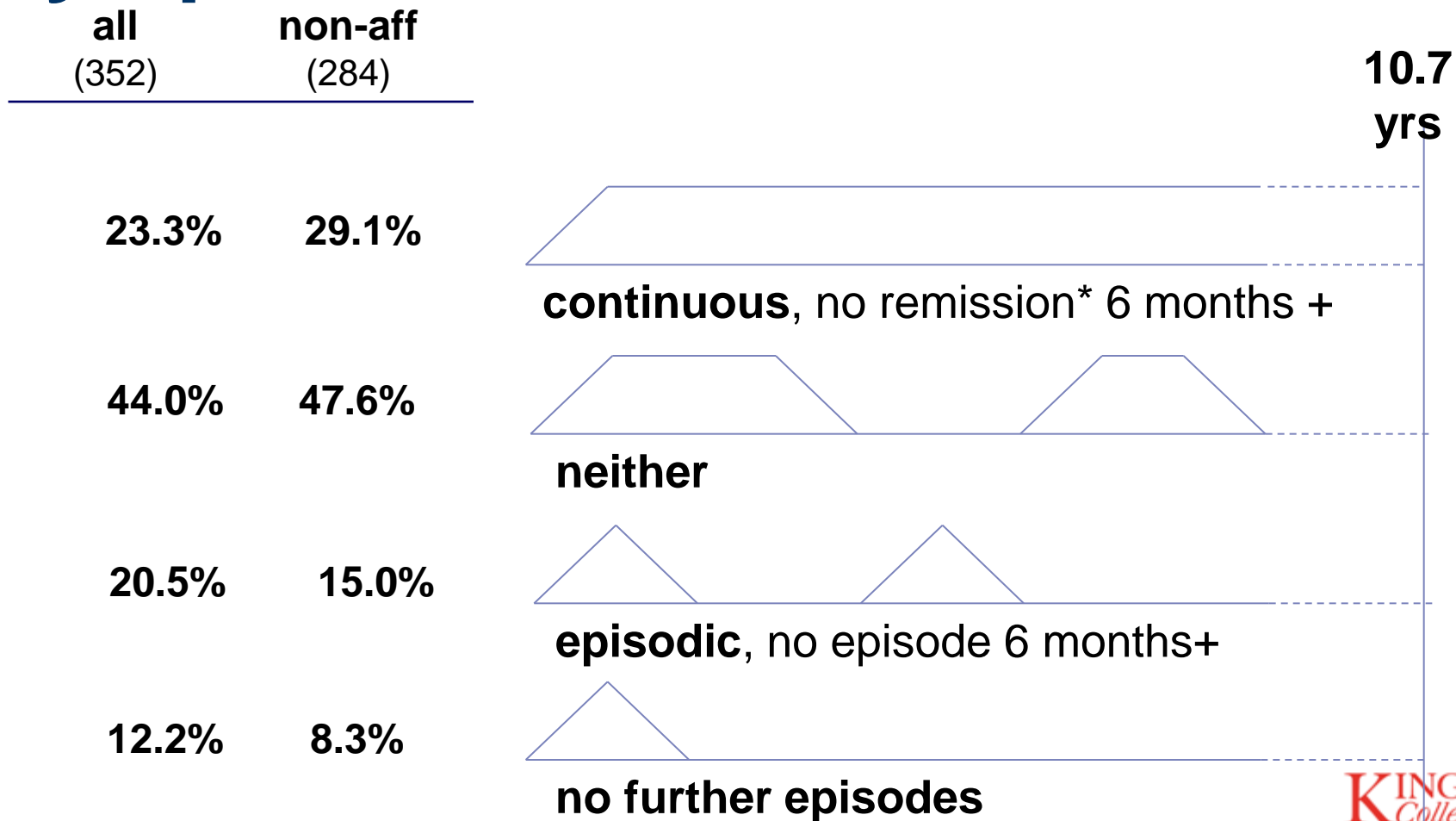
time to first remission

median weeks to first remission 19.6 (5.6-425.4)



non-affective	30.6	(7.1-496.2)
affective	7.7	(3.4-236.4)

symptomatic course



10.7
yrs

*remission absence of symptoms at threshold level

other clinical markers

	all	non-affective
in episode at follow-up*	115 (34.5%)	100 (41.8%)
symptom recovery*	142 (46.1%)	90 (39.8%)
negative symptoms*	96 (27.7%)	83 (33.1%)
suicide attempt(s)	63 (19.1%)	47 (19.8%)

social markers

	all	non-affective
employed at follow-up*	67 (22.3%)	35 (16.1%)
employed 75%+ of follow-up*	35 (11.8%)	17 (7.9%)
in relationship at follow-up*	96 (31.4%)	55 (25.0%)
in relationship most of follow-up	90 (28.8%)	52 (22.7%)

summary

1. High rate of mortality (7%)
2. 20% lost to follow up, with limited evidence of systematic bias
3. Marked heterogeneity of outcome, with:
 - Non-trivial minority with poor clinical outcomes (~ 30%)
 - Majority with poor social outcomes (~ 70%)
4. Challenge: Explaining this heterogeneity

Predictors of outcome

Symptomatic outcomes

Functional outcomes

what we know from the start

**Clinical
Service use**

**Socio-demographic
and function**

**Biological
Neurocognitive**

clinical, service use

Diagnosis (SCAN): Schizophrenia

Depression

Mania

Brief psychosis

Other

Symptom dimensions (SCAN): Manic

Depression

Disorganised

Negative

Mode of onset (PPHS): Acute vs. Insidious

Mode of contact (PPHS): Community

Voluntary in-patient

Involuntary in-patient

socio-demographic, function

Age

Gender

Education level:

University

Further

GCSEs

No qualifications

Social disadvantage index: Employment

Living alone

Being single

Accommodation

Having a close confidant

biological, neurocognitive

Neurological signs (Neurological Evaluation Scale):

Primary signs

Sensory Integrative signs

Motor Coordination signs

Motor Sequencing signs

Total score

Minor Physical Anomalies (Lane scale)

Premorbid IQ (National Adult Reading Test)

what predicts what ...

Factors that predict

symptom remission (6 months)

symptom recovery (3 years; 10 years)

functional recovery (3 years; 10 years)

Symptom Remission at 6 months

	Adj. OR	95% CI	p
Baseline Diagnosis			
Manic (vs. Sz/a spectrum)	19.2	4.3-85.4	<0.01
Depressive	1.9	0.8-4.3	0.11
Brief	3.4	0.8-13.8	0.08
Other	1.3	0.5-3.0	0.49
Mode of Onset			
Insidious (vs. Acute)	0.5	0.2-0.8	0.02
Social Disadvantage			
Score 2+ (vs. 0/1)	0.4	0.1-1.0	0.05
Centre			
Nottingham (vs. London)	1.8	0.9-3.3	0.08

Symptom Recovery at 3 years

	Adj. OR	95% CI	p
Baseline Diagnosis			
Manic (vs Sz/a spectrum)	2.9	1.2-6.7	0.01
Depressive	1.3	0.5-3.4	0.58
Brief	4.3	1.3-14.0	0.01
Other	0.5	0.1-1.5	0.20
Depressive Symptoms			
Yes (vs No)	2.0	1.0-3.9	0.04
Social Disadvantage			
Score 2+ (vs 0/1)	0.3	0.1-0.7	0.01
Sex			
Female (vs Male)	1.5	0.8-2.8	0.19
Age (continuous)	1.1	1.0-1.1	0.07

Symptom Recovery at 10 years

	Adj. OR	95% CI	p
Baseline Diagnosis			
Manic (vs Sz/a spectrum)	3.1	1.4-6.8	<0.01
Depressive	2.6	1.1-6.0	0.02
Brief	1.4	0.5-4.1	0.48
Other	1.0	0.4-2.1	0.99
Social Disadvantage			
Score 2+ (vs 0/1)	0.55	0.2-1.1	0.08

Functional Recovery at 3 years

	Adj. OR	95% CI	p
Baseline Diagnosis			
Manic (vs Sz/a spectrum)	3.9	1.4-10.5	<0.01
Depressive	2.4	0.8-6.6	0.09
Brief	5.7	1.3-23.4	0.02
Other	0.2	0.1-1.4	0.11
Negative Symptoms			
Yes (vs No)	0.4	0.2-0.9	0.03
Social Disadvantage			
Score 2+ (vs 0/1)	0.7	0.3-1.6	0.48
Mode of Contact			
Compulsory (vs Non-comp.)	0.3	0.1-0.7	<0.01
Education			
No qualifications (vs University)	0.4	0.1-0.8	<0.01

Functional Recovery at 10 years

	Adj. OR	95% CI	p
Baseline Diagnosis			
Manic (vs Sz/a spectrum)	4.4	1.7-11.3	<0.01
Depressive	2.7	0.9-7.3	0.06
Brief	1.7	0.4-6.3	0.43
Other	1.0	0.3-3.4	0.97
Mode of Onset			
Insidious (vs Acute)	0.5	0.2-1.1	0.07
Social Disadvantage			
Score 2+ (vs. 0/1)	0.3	0.1-0.6	<0.01
Age (continuous)	1.1	1.0-1.1	0.03

inferences about recovery

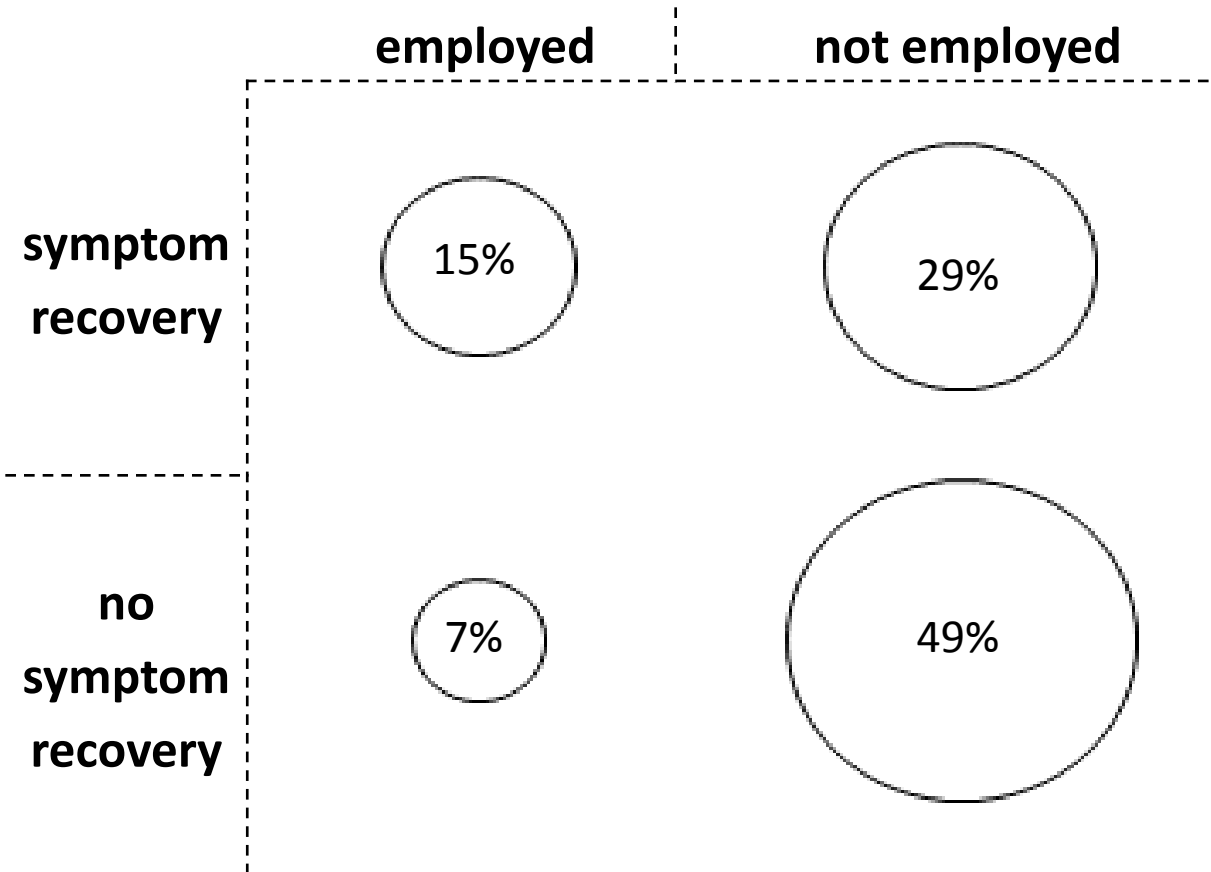
Predictors of both symptomatic and functional outcome:

Diagnosis of mania

Less social disadvantage

Biological and neurocognitive variables do ***not*** predict outcome

Recovery at 10 years



clinical implications (1)

Remission of symptoms at 6 months is not enough!

- relapse follows for many

remission at 6m - 57%

recovery at 3yrs - 30%

But don't give up!

- recovery continues to be achieved

10 year follow-up - 44%

By contrast, minimal change in functional recovery rates over time

3yrs - 23%

10 years - 22%

clinical implications (2)

Recovery in schizophrenia less often achieved

Merit in formulating diagnosis at early stage as prognostic indicator

- earlier intensive intervention in those with these predictors, such as

- adherence assistance
- medication switch if symptoms persist
- clozapine
- CBT/ family work

clinical implications (3)

High predictive value of social disadvantage index

Proposal: future interventions during EI should target these malleable predictors of outcome

- employment enablement
- buddying/befriending
- maintenance of existing relationships
- housing

acknowledgements

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...and many others!

hospital admissions

	all (n 345)	non-affective (n 284)
never	39 (11.3%)	28 (11.2%)
@ first contact only	61 (17.7%)	43 (17.1)
1+ during follow-up	244 (71.0%)	180 (71.7)

median number of admissions 2 (iqr 1-4)

10+ admissions = 21 (6%)

median length of admission 48 days (iqr 27-89)

compulsory admission 260 (69%)

objectives

To investigate the long-term course and outcome of psychosis, wvt

Identifying predictors of future outcome that have clinical utility

Characteristics of predictors:

- easily definable
- easy to evaluate in a clinical setting by health professionals
- reproducible
- helpful in the single patient