

Is the Prevalence of Psychosis in England Increasing?

Natalie Shoham^{1 2}; Claudia Cooper^{1 2}; Gemma Lewis¹; Paul Bebbington¹; Sally McManus³

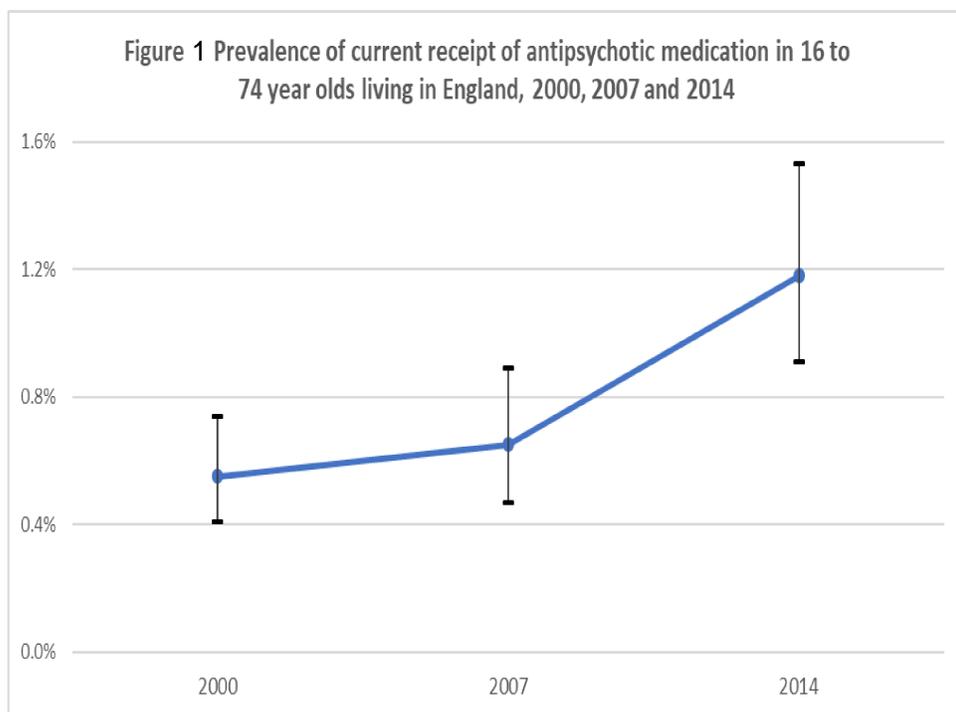
1 University College London; 2 Camden and Islington NHS Foundation Trust, 3 NatCen



Background

Antipsychotic medication use has increased in the last decade (Figure 1)

We investigated whether this is explained by changes in prescribing practices, or an increasing prevalence of psychosis.



Reproduced with permission from NHS Digital

Methods

We used data from the nationally representative Adult Psychiatric Morbidity Surveys 2000, 2007 and 2014 to:

- ❖ Test whether the prevalence of psychotic symptoms increased between 2000 and 2014
- ❖ Compare prevalence of psychotic symptoms to the prevalence of being prescribed antipsychotic medication

Results: Odds of Reporting Psychotic Symptoms and Antipsychotic Medication Use by Year

Year	Unadjusted Odds Ratio (OR) and 95% confidence intervals	P-value	OR adjusted for age, gender and ethnicity and 95% confidence intervals	P-value
------	---	---------	--	---------

Reporting psychotic symptoms on Psychosis Screening Questionnaire (PSQ)

N=1,255 out of 20,063

2000 (reference)	1		1	
2007	1.06 (0.91 to 1.24)	0.469	1.03 (0.88 to 1.21)	0.726
2014	1.22 (1.05 to 1.43)	0.012	1.20 (1.02 to 1.40)	0.026

Reporting Antipsychotic Medication Use

N=186 out of 20,060

2000 (reference)	1		1	
2007	1.15 (0.73 to 1.80)	0.550	1.18 (0.75 to 1.85)	0.447
2014	2.17 (1.47 to 3.20)	<0.001	2.22 (1.52 to 3.25)	<0.001

Discussion

We found a small increase in the prevalence of psychotic symptoms between 2000 and 2014 in England.

Reported antipsychotic medication use doubled over this period, which is consistent with national prescribing data. These increases appear to have occurred between 2007 and 2014.

It is not clear whether this pattern is due to increased duration of prescribing, increased detection and treatment of psychotic disorders, or use of antipsychotics for other indications.

Limitations of this study include the exclusion of people in institutions and potential for response bias, as well as the inability to find out the reasons for antipsychotic medication prescription. Strengths include the large sample size and ability to assess trends over time.

Conclusions

While the rates of antipsychotic prescription doubled between 2000 and 2014, the odds of having psychotic symptoms rose only slightly. The reasons for this warrant further investigation.