Patients' perspectives. Subjective experiences and attitudes of patients with recent onset schizophrenia

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Chapter 2.1.

Introduction

Based on:

*Het beloop van schizofrenie gedurende vijf jaar na een eerste opname in de westere wereld, een meta-analyse.*
De Haan L, Timmer T, Linszen DH, Wouters L, Lenior ME
Tijdschrift voor psychiatrie, 2001, 43: 559-565

*Neurobiologische hypothesen over de pathogenese van schizofrenie. Van degeneratie tot progressieve ontwikkelingsstoornis.*
Bakker JM, De Haan L
Tijdschrift voor Psychiatrie, 2001, 43: 21-29

*Duur onbehandelde psychose en beloop van schizofrenie.*
De Haan L, Bottelier M
Tijdschrift voor Psychiatrie, 1999, 41: 239-243
Summary

Objective and Method: Review of literature concerning: outcome of schizophrenia; pathogenetic hypothesis; and relationship between duration of untreated psychosis and outcome.

Results: - Outcome of schizophrenia during the years after the first admission is heterogeneous and for most patients not favourable.
- There are indications for a progressive pathogenetic process that takes place both before the first psychotic episode and after early childhood. Based on the illness course, some progression of this process can be assumed after the start of the first psychotic episode.
- Repeatedly, a relation has been found between duration of untreated psychosis and the course of schizophrenia in the short and long term. However, the extent of the role of confounding variables and of the beneficial effect of shortening the DUP cannot yet be determined.

Conclusion: Intervention to reduce duration of untreated psychosis carries the promise of ameliorating the prognosis of schizophrenia. However, more research is needed before specific intervention programmes can be recommended.
2.1.1. Outcome of schizophrenia

Literature concerning the outcome of schizophrenia shows a puzzling diversity of findings. Methodological factors cause part of this diversity. We therefore produced a meta-analysis of prospective studies concerning the 5-year outcome of schizophrenia after a first admission, in the western world. The results of this meta-analysis are: 2/3 firstly admitted patients with schizophrenia are rehospitalised during the first five years, 4/5 of the patients had a psychotic relapse during this period, 2/5 of the patients had psychotic symptoms at the end of the five-year follow-up, 2/3 had moderate to severe impairments at that time. More then 3% of these (young) patients died during the five years after first admission, most of them by suicide.

One may conclude that the outcome of schizophrenia during the years after the first admission is heterogeneous and for most patients not favourable. Because there is a substantial heterogeneity in course and outcome, predictors of outcome are needed to enable differential treatment planning. But above all effective interventions are needed to influence the outcome of schizophrenia.

2.1.2. Schizophrenia as a progressive developmental disorder: an argument for research into the impact of duration of untreated psychosis?

Research findings and clinical observations are compatible with a hypothesis that schizophrenia is a progressive developmental disorder. A number of findings that are usually mentioned as evidence for the model that assumes a developmental disorder limited to the early phase can also be regarded as evidence for the hypothesis that schizophrenia is caused by a progressive developmental disorder. In combination with the increased extracerebral volume (Woods, 1999) that has been found and the significant reduction of cortical tissue volume and increase of ventricle volume during adolescence of children with early onset schizophrenia in comparison to their peers (Rapoport et al., 1999), these findings provide indications for a progressive process that takes place both before the first psychotic episode and after early childhood. Based on the illness course, some progression may be assumed after the first psychotic episode. This may be regarded as an argument to aim for research on early intervention, after the occurrence of psychotic symptoms. This may turn out to be important in order to limit irreversible damage in schizophrenia as much as possible.
2.1.3. Relationship between duration of untreated psychosis and outcome

It is possible that early treatment of a first psychosis not only has a positive effect in the short term, but may also improve the outcome of schizophrenia in the long term. Finding corroboration for this hypothesis is vital because the Duration of Untreated Psychosis (DUP) can, in principle, be shortened. Repeatedly, a relation has been found between DUP and the course of schizophrenia in the short and long term (especially if the DUP is longer than a year). This relation was seen in groups of patients that varied in the extent to which other prognostically unfavourable factors were present. In view of the replications, it seems unlikely that this association is caused by chance. However several recent studies could not replicate the association between DUP and outcome. The strength of findings is also limited by the lack of accepted criteria concerning onset of psychotic symptoms and the start of an adequate treatment with antipsychotic medication. Moreover since long DUP patients tend to refuse study participation this introduces a confounder of schizophrenia study samples.

As the study results are contradictory, it is not yet clear to what extent DUP is independent of other prognostic factors that can not be influenced. The extent of the role of confounding variables and of the beneficial effect of shortening the DUP can not yet be determined.

Research up to now has focused primarily on the relation between DUP and psychopathological outcome. It is also important to investigate the connection between DUP and social functioning. Studies on this relation are dealt with in chapter 2.2 and chapter 2.3.

Moreover, while the impact of DUP is mainly relevant for the long term, most research results concern the relation between DUP and outcome in the short term. Chapter 2.3. describes research into the relation between DUP and outcome in the longer term.

DUP is often operationalized as the time between the beginning of psychotic symptoms and the start of treatment with antipsychotic medication. Another operationalization may be relevant as well, namely postponement of psychosocial intervention. Chapter 2.4. describes research that compares the two operationalizations.
References

2.1.1.
Helgason L (1990). Twenty years' follow-up of first psychiatric presentation for schizophrenia: what could have been prevented? Acta Psychiatrca Scandinavica, 81, 231-235.


2.1.2.


### 2.1.3.


Rappaport M, Hopkins HK, Hall K e.a. (1978). Are there schizophrenics for whom drugs may be unnecessary or contraindicated? *International Pharmacopsychiatry*, 13, 100-111.


