



The concurrent and predictive validity of symptomatic remission criteria in first-episode schizophrenia

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ABSTRACT

Background: Since the introduction of consensus criteria for symptomatic remission in 2005, most first-episode studies focused on cross-sectional relationship between remission status and functional outcome. Predictive validity of the proposed remission definition was under-studied. Relationship of remission with subjective quality of life (QoL) was inadequately addressed with inconsistent findings being observed.

Method: One hundred and four Hong Kong Chinese aged 18 to 55 years presenting with first-episode schizophrenia-spectrum disorder were studied. Socio-demographics, baseline clinical and functioning profiles were obtained. Psychopathological and functional reassessments were conducted at 6, 12 and 24 months. Subjective QoL was measured at 12 and 24 months. Symptomatic remission was operationally defined according to the consensus criteria developed by the Remission in Schizophrenia Working Group (RSWG), comprising both symptom-severity and 6-month duration components.

Results: At 12 months, 59.6% of patients achieved symptomatic remission. Remitted patients had significantly lower symptom severity, more favorable psychosocial functioning and better subjective QoL at 12 months than non-remitted counterparts. Attainment of remission at 12 months was significantly associated with fewer positive, negative, depressive and disorganization symptoms, higher levels of functioning and subjective QoL at 24 months. Linear regression analysis indicated that remission status independently predicted functional outcome even when the effects of educational level, baseline functioning and negative symptom scores were controlled for.

Conclusion: The operationally defined symptomatic remission formulated by the RSWG represented a clinically valid construct that was found to be closely related to both concurrent and longitudinal outcomes on psychopathology, functioning and subjective QoL in the early stage of schizophrenia.

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1. Introduction

Patients with schizophrenia exhibit substantial heterogeneity with regard to symptom severity and course of illness. Earlier research studying symptom remission in schizophrenia mostly focused on positive symptoms and cross-study comparison on treatment response was hampered by lack of standardized outcome criteria. In 2005, a consensus-derived definition of symptomatic remission was formulated by the Remission in Schizophrenia Working Group (RSWG) (Andreasen et al., 2005). The proposed operational criteria comprise two components: a symptom-based severity criterion encompassing three core symptom dimensions at low-mild symptom intensity including reality distortion, disorganization and negative symptoms, and a 6-month duration criterion. Since its introduction, the proposed remission definition has been adopted by an increasing number of outcome studies and clinical trials. Accumulating evidence suggested that operationally defined symptomatic remission represented an achievable treatment goal in a significant

proportion of patients with schizophrenia (Emsley et al., 2011; Lambert et al., 2010).

Thus far, the majority of studies examining the proposed remission criteria recruited patients with chronic illness (Lambert et al., 2010). Yet, studying the first-episode sample can ensure the cohort to be more homogeneous with regard to illness chronicity and treatment exposure, and allow the course of illness from its onset to be better elucidated. Table 1 summarizes first-episode studies that assessed symptomatic remission between 2005 and 2012. Only those reports that employed criteria for concurrent remission of positive and negative symptoms were included in the review. It is noted that there was a marked discrepancy in remission rate which ranged from 17% to 78% even though consensus-based criteria were applied by most studies.

These inconsistent findings may partly be attributable to methodological variations across studies. First, some studies applied remission criteria other than the consensus definition derived by the RSWG (Clarke et al., 2006; Crumlish et al., 2009; Saravanan et al., 2010; Chang et al., 2012). For those studies that used consensus criteria, half adopted a symptom-based severity criterion without taking into consideration the time component (Petersen et al., 2008; Boden et al., 2009; Menezes

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Table 1
Studies on symptomatic remission in patients presenting with first-episode psychosis* published from 2005 to 2012.

Study	Source of subjects	Diagnostic scope	N	Follow-up	Remission criteria	Scales	Remission rate	Other results
Emsley et al. (2006) and Oosthuizen et al. (2006)	First-contact-to-treatment sample	DSM-IV schizophrenia-spectrum disorder [†]	57	2 years	Full consensus remission criteria [‡]	PANSS	40% achieved full remission within 2 years 70% achieved cross-sectional remission at some point in 2 years (28 of 57 completed 2-year follow-up)	DUP < 1 year, early treatment response, marital status, educational status, baseline PANSS excited factor score, NES total score predicted full remission Remitters had more severe depressive symptoms at baseline than non-remitters whose depressive symptoms persisted during follow-up
Clarke et al. (2006)	First-contact-to-treatment sample	DSM-IV both affective and non-affective psychoses	129	4 years	Full remission with no score higher than 3 on any PANSS item for 1 month	PANSS	57.6% of the whole cohort achieved remission at 4 years 53.7% of patients with schizophrenia or schizophreniform disorder (82 of 129 subjects) achieved remission at 4 years	DUP was significantly associated with remission status in patients with schizophrenia or schizophreniform disorder
Ceskova et al. (2007)	First-admission sample	ICD-10 schizophrenia	93	1 year	Cross-sectional consensus remission criteria [#]	PANSS	78% achieved remission at 1 year	No differences between remitters and non-remitters in symptom ratings at baseline and upon discharge
Emsley et al. (2007)	Patients diagnosed as first-episode psychosis within 1 year before entry during which no more than 2 admissions for psychosis	DSM-IV schizophrenia-spectrum disorder	462	2–4 years	Full consensus remission criteria	PANSS	23.6% achieved full remission within follow-up period 70% achieved cross-sectional remission at some point during follow-up	Shorter DUP and early treatment response predicted full remission -Remission associated with better quality of life, more favorable attitude towards medication, lower relapse rate, lower antipsychotic dose and less parkinsonism side effects
Wunderink et al. (2007, 2009)	First-contact-to-treatment sample who achieved positive symptom remission within 1 year after treatment	DSM-IV non-affective psychosis	125	18 months	Full consensus remission criteria at baseline Consensus remission criteria with 9-month duration at 18 months	PANSS	48% achieved remission upon study entry 52% achieved remission at 18 months	Remission at entry predicted better social functioning and lower positive, negative and general symptom severity at 18 months Baseline social functioning associated with remission
Addington et al. (2008)	First-contact-to-treatment sample	DSM-IV non-affective psychosis	240	26.4 months (mean)	Full consensus remission criteria	PANSS	36.7% achieved remission within follow-up (163 of 240 completed 2-year follow-up)	Shorter DUP, lower baseline positive and negative symptoms, higher baseline functioning and better premorbid adjustment predicted remission
de Haan et al. (2008)	First-admission sample	DSM-IV non-affective psychosis	110	5 years	Enduring remission defined as fulfilling full consensus remission criteria at 6 months and 5 years	PANSS	28.8% achieved enduring remission at 5 years	Early improvement of subjective well-being at 6 weeks was associated with enduring remission
Petersen et al. (2008)	First-contact-to-treatment sample	DSM-IV non-affective psychosis, but also with 1% of sample as affective psychosis	369	2 years	Cross-sectional consensus remission criteria	SAPS and SANS	35.8% achieved remission at 2 years	-
Boden et al. (2009)	First-contact-to-treatment sample	DSM-IV schizophrenia-spectrum disorder	76	5 years	Cross-sectional consensus remission DSM-IV schizophrenia-DSM-IV schizophrenia-criteria	PANSS	52.6% achieved remission at 5 years	Remission associated with higher subjective satisfaction with life, better functioning and insight

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