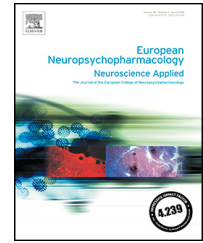




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The dynamic relationship between insight and suicidal behavior in first episode psychosis patients over 3-year follow-up

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Abstract

Studies have established the high risk of suicide in first episode psychosis (FEP). Between 15% and 26% of FEP patients attempt suicide at least once before their first contact with psychiatric services and 2-5% die from suicide. Also, many patients with schizophrenia spectrum disorders lack insight into having a mental disorder. However, the relationship between insight changes and suicidal behavior in FEP remains poorly understood. In the present study information about suicidal behavior over a 3 years period was available on a cohort of 397 FEP patients, of whom 270 were assessed in the three dimensions of insight (into mental illness, the need for

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treatment, and the social consequences) at baseline, 1 and 3 years after treatment initiation. Survival analyses examined time to suicidal behavior in relation to (i) insight at baseline, (ii) the closest insight measure to the suicide attempt, and (iii) changes in insight during the follow-up. No associations were found between baseline insight dimensions and time to suicidal behavior. However, poor insight at the evaluation closest to the suicide attempt was associated with an increased risk of suicide. Stability of insight did not affect the risk of suicidal behavior, while changes in either direction were linked with an increased risk of suicidal behavior, particularly worsening insight. Insight in psychosis is a dynamic concept and we demonstrated the relationship between insight and suicide risk to be equally dynamic. Poor insight seems to increase the risk, especially when insight levels change. Repeated insight assessment to detect change from early psychosis may play a role in suicide prevention.

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1. Introduction

Suicide is a major cause of death among patients with schizophrenia. Previous literature has confirmed the high risk of suicide in first episode psychosis (FEP) (Dutta et al., 2010; Pompili et al., 2007). Between 15% and 26% of FEP patients have attempted suicide at least once by their first treatment contact and from 2% to 11% of them attempt to end their lives over the first year of the illness (Melle et al., 2006). In a previous report from our group we found that at baseline 37% of FEP patients had made a suicide attempt and 20% of them did so within a 3-year follow-up (Ayesa-Arriola et al., 2015).

With regard to insight, it has been said that the majority of patients with schizophrenia deny having a mental disorder (Amador et al., 1994; David, 1990). Even with more nuanced assessments, lack of insight has been strongly associated with greater psychotic symptomatology, treatment non-compliance, increased involuntary hospital admissions, psychosocial functioning impairment and poorer outcome (David, 2004). Poor insight leads to negative attitudes towards treatment, which is particularly important in FEP patients (Coldham et al., 2002). Concerning the association between insight and suicide behavior, Foley et al. (2008) found that 47% of patients with a FEP reported suicidal ideation, and those who made a suicide attempt (9%) tended to have higher insight into having a mental illness than non-attempters.

Insight has been suggested to increase suicide risk via the so-called “demoralization syndrome”, described by Drake and Cotton (1986) in people with schizophrenia when they become aware of their illness and its consequences (i.e. higher insight, greater risk of suicide). Variables such as previous suicide attempts (i.e. prior to first presentation) (Lopez-Morinigo et al., 2014), depressive symptoms and negative beliefs about psychosis (Barrett et al., 2010), may confound/mediate such an association, which has been replicated by a recent cross-sectional study of patients with psychotic disorders (Massons et al., 2017). Hence, there is evidence that insight may be associated with both good and poor outcomes (Belvederi Murri et al., 2016; Mintz et al., 2003), the so-called “insight paradox”. Belvederi Murri et al. (2016) remarked that the association between insight and higher levels of depression and potentially suicidal behavior could be explained by potential confounders, such as the severity of psychotic symptoms, extrapyramidal symptoms, hopelessness, internalized stigma, self-esteem,

socio-economic status and service engagement. It has also been suggested that the effect of insight on suicidal behavior can go in opposite directions at different time-points, with insight at baseline increasing the risk and insight at follow-up decreasing it (Barrett et al., 2015). These authors also suggested that the relationship depends on changes in insight (e.g. while gaining insight during treatment could be associated with reduced risk for suicide, losing insight could have the opposite effect) i.e., the dynamics of insight (Ayesa-Arriola et al., 2014). To the best of our knowledge, there is only one previous longitudinal FEP study, from Norway, that has examined the dynamics of insight, reporting that gaining insight may decrease the risk of suicidal behavior (i.e. suicidal ideation and suicide attempts as a whole) (Barrett et al., 2015). However, longer term insight changes in FEP cohorts have not been investigated considering multiple insight dimensions and their associations with risk of suicidal behavior.

1.1. Aims and hypotheses

The aim of the present study was to explore the long-term (3-year follow-up) relationship between insight and suicidal behavior in a large cohort of FEP patients. We hypothesized that: (i) insight and its possible relationship with suicidal behavior may vary with the different phases of the illness; (ii) longitudinal insight changes are likely to affect suicide risk.

2. Experimental procedures

2.1. Study design and setting

This investigation was designed as an observational prospective cohort study. Data were obtained from an ongoing epidemiological and three-year longitudinal intervention program of first-episode psychosis (PAFIP) conducted at the outpatient clinic and the inpatient unit at the University Hospital Marques de Valdecilla, Spain (Pelayo-Teran et al., 2008). In accordance with international standards for research ethics, this program, which is fully publicly funded by the regional Mental Health Services, was approved by the local institutional review board. Patients meeting inclusion criteria and their families provided written informed consent.

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