

Predictors of symptomatic remission in patients with first-episode schizophrenia: A 16 years follow-up study

Carlo Marchesi^{a,b,*}, Andrea Affaticati^b, Alberto Monici^b, Chiara De Panfilis^{a,b},
Paolo Ossola^a, Matteo Tonna^b

^a*Department of Neuroscience, Unit of Psychiatry, University of Parma, Italy*

^b*Mental Health Department, Local Health Agency, Parma, Italy*

Abstract

Objective: Recent views on schizophrenia outcome and treatment suggest that symptomatic remission is possible, and a definition of remission has been proposed by the Remission in Schizophrenia Working Group (RSWG).

This study evaluated whether patients who achieved remission after several years of illness (R) showed psychopathological differences at the onset of their disorder compared to non-remitted (NR) patients.

Method: Forty-eight patients with first-episode schizophrenia were evaluated with the Positive and Negative Symptoms Scale (PANSS) both at the onset of illness and after a mean period of 16 years. Patients were defined as R or NR according to the RSWG criteria.

Results: Eighteen patients (37.5%) were classified as R at follow-up. At onset, R patients showed a lower illness severity, less severe negative and general psychopathology symptoms compared to NR. Furthermore, they underwent fewer psychotic episodes than NR over the course of follow-up. Remission was predicted by lower severity of negative and general psychopathology symptoms at onset and by lesser number of psychotic episodes during follow-up.

Conclusions: The symptomatic remission may be a viable outcome in schizophrenia, particularly for patients with a mild illness and less severe negative symptoms at onset and with few psychotic episodes over time.

© 2014 Elsevier Inc. All rights reserved.

1. Introduction

Since the description of “dementia praecox” by Kraepelin [1], schizophrenia has been conceptualized as a chronic illness leading to mental deterioration, lack of volition and social incompetence with no hope for sustained remission or recovery [2]. Initially, diagnosis and prognosis were essentially the same [3] and any dramatic improvement or recovery during the course of the illness was viewed as signs of earlier misdiagnosis [4]. More recently, long-term follow-up studies have shown that the course of schizophrenia is highly heterogeneous [5,6]; outcome in schizophrenia is a complex and multi-determinate phenomenon and the ability of this diagnosis

to specifically predict a poor outcome has often been overstated [7]. For decades, the lack of generally accepted definition of treatment response, remission or recovery, which were considered largely impossible, represented a major problem for schizophrenia research [8]. Thus, the comparability of the research findings was limited by the variability of the criteria used in different studies [9]. In clinical practice the so-called “rule of thirds” became popular: in a group of schizophrenic patients one-third improves, one third deteriorates and one third has an intermediate course. But “the rule of thirds” did not have an empirical basis [10]. In order to improve the understanding of schizophrenia and its treatment options, the Remission in Schizophrenia Working Group (RSWG) [11] posited that “symptomatic remission is a definable concept and an achievable stage in the treatment of schizophrenia”, since “psychosocial therapies and rehabilitation are most effective when positive and negative symptoms are adequately controlled”. The RSWG proposed specific criteria for symptomatic remission with the

* Corresponding author at: Università di Parma, Dipartimento di Neuroscienze, Unità di Psichiatria, Ospedale-Padiglione Braga, Via Gramsci 14, 43125 Parma, Italy. Tel.: +39 0521 903594; fax: +39 0521 347047.

E-mail address: carlo.marchesi@unipr.it (C. Marchesi).

aim to facilitate comparisons of effectiveness across the range of available therapeutic options and to support a positive, longer-term approach regarding outcome for patients with schizophrenia. Standardized RSWG consensus criteria for remission are based on severity of core psychopathological symptoms as assessed by the PANSS (symptomatic remission) which is sustained over a minimum of 6 months (time criterion) [11]. According to these criteria, a percentage of patients ranging from 45% to 70% were defined as remitters at some point during the course of their illness [12]. Concerning the identification of early predictors of symptomatic remission, a shorter duration of untreated psychosis (DUP), a better premorbid adjustment, lower illness severity at baseline, early symptomatic improvement, medication adherence and remitted substance abuse are thought to increase the likelihood for remission [12]. However, some of the existing studies failed to fully apply the RSWG criteria, for example by omitting the time criterion or by using different measures of symptom severity [12]. In addition, most of the available studies assessed the remission rate over a short time period, while only few studies employed a follow-up longer than 2 years. Thus, as claimed by Lambert [12], “comparability in terms of validity of criteria as well as frequencies and predictors of remission is limited”, and further research is warranted in this area.

Patients achieving RSWG remission criteria are likely to be highly heterogeneous in terms of their psychopathological features. Specifically, they could show at the onset peculiar patterns and varying severity of the negative, disorganized and psychoticism (or reality distortion) dimensions, which represent related but distinguishable components of the schizophrenia process [11,13,14]. Previous studies reported that more severe negative symptoms at baseline robustly predict poor outcome [2,15–18]. However, the role of any specific psychopathological pattern in predicting long-term remission is still far to be established: while one study [19] confirmed that higher PANSS negative symptom scores at baseline predicted a lower likelihood of remission at 6-year follow-up, another study [20] did not report any psychopathological differences at the early stage of illness between remitted and non-remitted patients at a 7-year follow-up. Such conflicting findings may be partly due to the different phases of illness in which patients were evaluated, i.e., first-episode [20] versus chronic schizophrenia [19]. Assessing symptom severity at different time points during the course of the illness may be critical for the evaluation of the course and stability of psychopathological dimensions.

Therefore, the present study aimed to investigate whether the severity of positive, disorganized and negative symptoms assessed at onset in first-episode patients with schizophrenia predicted remission (RSWG criteria) after several years (16 on average) of illness. In addition, a secondary aim was to evaluate how these three psychopathological dimensions changed over time.

2. Materials and method

2.1. Sample

The study participants were recruited from patients who were consecutively admitted to the Psychiatric Clinic of the University of Parma, from January 1995 to December 1999 for a first psychotic episode. This study is a part of a more extensive evaluation of long-term outcome in patients with a first psychotic episode approved by the Local Ethic Committee.

Patients were included in the study if: 1) they were aged over 17 years; 2) they were hospitalized for the first time in a psychiatric unit for a first psychotic episode; 3) they were discharged with a diagnosis of schizophrenia, according to the DSM-IV; 4) they gave a written informed consent.

Patients were excluded from the study if: 1) they were affected by drug abuse or drug dependence, delirium, mental retardation or organic mental disorders; 2) they had been previously treated with psychotropic medication; 3) they did not assure treatment adherence or they discontinued the treatment program for more than two consecutive visits (see follow-up evaluation).

2.2. Assessment

The period of enrolment lasted from January 1995 to December 1999. Patients were evaluated at two points in time, i.e., during the index hospital admission and then in 2010.

2.2.1. Baseline assessment

The baseline evaluation was carried out within the first week of the index hospitalization. Socio-demographic variables recorded at baseline were: age, gender, years of education, marital and employment status, housing situation, age at onset of schizophrenia and the time passed from the onset of first psychotic symptoms or behavioural changes to the hospitalization where patients received treatment for the first time (see exclusion criteria).

To formulate the diagnosis, we used the information obtained from the Structured Clinical Interview for DSM-IV, carried out by trained psychiatrists, together with the information collected from family members, medical records and primary treating physicians.

The severity of symptoms was measured with the Positive and Negative Symptoms Scale (PANSS) [21]. According to the PANSS criteria, patients were defined as affected by positive schizophrenia (if they reported a score equal or higher than four in at least three items of positive scale and in less than three items of negative scale), negative schizophrenia (if they reported a score equal or higher than four in at least three items of negative scale and in less than three items of positive scale) or mixed schizophrenia (if they reported a score equal or higher than four in at least three items of positive and negative scales).

Download English Version:

<https://daneshyari.com/en/article/317415>

Download Persian Version:

<https://daneshyari.com/article/317415>

[Daneshyari.com](https://daneshyari.com)