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Original article

Childhood abuse in the etiological continuum underlying psychosis from first-episode psychosis to psychotic experiences

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ABSTRACT

Goal: The present study aimed to examine the prevalence of child abuse across the continuum of psychosis.
Patients and methods: The sample consisted of 198 individuals divided in three groups: (1) 48 FEP patients, (2) 77 individuals scoring high in Community Assessment of Psychic Experiences (CAPE), classified as "High CAPE" group and (3) 73 individuals scoring low, classified as "Low CAPE" group. Childhood abuse was assessed using self-report instruments. Chi^2 tests and logistic regression models controlling by sex, age and cannabis were used to perform three comparisons: (i) FEP vs. Low CAPE; (ii) FEP vs. High CAPE and (iii) High CAPE vs. Low CAPE.
Results: The frequency of individuals exposed to childhood abuse for FEP, High CAPE and Low CAPE groups were 52.1%, 41.6% and 11%, respectively. FEP and High CAPE group presented significantly higher rates of childhood abuse compared to Low CAPE group, however, no significant differences were found between FEP and High CAPE groups regarding the frequency of childhood abuse.
Conclusion: There is an increasing frequency of childhood abuse from low subclinical psychosis to FEP patients. However, childhood abuse is equally common in FEP and at risk individuals.

1. Introduction

Psychological stress such as childhood trauma has been related to the expression of psychotic symptoms in psychotic patients, primary care patients and individuals from the general population [1,2,27,42]. Indeed, a recent meta-analysis pointed out that patients with psychosis were 2.72 times more likely to have been exposed to childhood adversity compared with controls [43]. The presence of childhood trauma is linked with negative effects on the course and outcome of the psychotic disorder [5,19,34,36]. In this regard, a growing body of research is examining the role of childhood traumatic experiences in first-episode psychosis (FEP) [7,9,32,35,37,40,44,45]. This constitutes a relevant issue since a history of childhood trauma is predictive of a worsened course of psychotic disorders, including poorer social outcomes [10] and greater positive and dissociative symptoms at first episode [32,40]. Interestingly, a recent study reported that the frequency of childhood trauma was higher in FEP patients compared to controls but FEP patients and individuals with ultra high risk for psychosis did not significantly differ for the exposure to childhood trauma [35]. However, from a dimensional perspective, considering psychosis as a continuous phenotype, we may expect that the risk factor, childhood trauma, would be also distributed in a continuum of frequency, intensity or severity showing an increasing of its presence from at risk individuals to full-blown psychosis cases. The present study aimed to test whether there is a continuum of frequency of childhood trauma underlying a continuum of severity of expression of psychosis. For this purpose we examined childhood trauma occurrence from individuals presenting low rates of subclinical psychosis to individuals presenting a FEP also including individuals scoring high for subclinical psychosis.

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In this regard, as above mentioned, psychosis can be defined as a continuous phenotype the distribution of which extends into the general population [21]. This is consistent with the evidence indicating that psychotic symptoms are experienced not just by patients but also by individuals from the general population [24,29,41]. In the absence of illness or need for treatment, these milder forms of psychotic symptoms are referred to as subclinical psychotic symptoms or psychotic experiences (PEs) [23]. The occurrence of PEs has been reported to be predictive of later development of clinical psychotic disorders [11,22,31]. Furthermore, PEs has been used to characterize individuals at risk for psychosis illness [22,23].

Considering these evidences, the present study aimed to extend the literature on childhood trauma and psychosis examining the effect and frequency rates of childhood abuse in:

- several clinical aspects of FEP cases and;
- across the continuum of psychosis, from subclinical psychosis to first episode of psychosis.

We expected that childhood abuse would be more frequent among FEP individuals compared to both at risk (individuals presenting high rates of subclinical psychosis) and control subjects (individuals presenting low rates of subclinical psychosis) but that at risk subjects would also report a higher rate of childhood abuse events than controls.

2. Subjects and methods

2.1. Participants

The patient group consisted of 48 patients included in the first episode psychosis program of Cantabria, Spain (PAFIP) from January 2005 to December 2010. Referrals to the PAFIP come from the inpatient unit and emergency room at the University Hospital of Marqués de Valdecilla, community mental health services and other community health care workers in the entire region of Cantabria. The patients met the following criteria:

- 15–60 years of age;
- living in the catchment area;
- experiencing their first episode of psychosis;
- no prior treatment with antipsychotic medication or, if previously treated, a total life time of adequate antipsychotic treatment of less than 6 weeks and;
- DSM-IV criteria for brief psychotic disorder, schizophreniform disorder, schizophrenia, not otherwise specified (NOS) psychosis or schizoaffective disorder.

The diagnoses were confirmed by the Structured Clinical Interview for DSM-IV (SCID-I) [12] conducted by an experienced psychiatrist, 6 months on from the baseline visit. Further details about this sample can be found elsewhere [30].

The non-clinical samples were drawn from a larger sample consisting of 533 of individuals from the general population who were recruited from the campus of Jaume I University in Castelló (Spain) and from university offices and community technical schools from the metropolitan area of Barcelona (Spain). At the assessment 77% of the participants were students. The exclusion criteria for the general population sample included the presence of any major medical illness affecting brain function, neurological conditions, current substance abuse (alcohol or any illicit drug), history of head injury and personal history of past or present major psychiatric disorder. These aspects were screened by means of a short interview designed ad hoc for this study on the basis of selected items of structured scales such as SCID-I [12]. Further details about this sample can be found elsewhere [1]. One hundred and fifty individuals were selected from this sample based on their scores of subclinical psychosis (See Measures).

Thus, the current study included three groups of subjects:

- 48 patients (mean age = 29.1; SD = 8.4; 47% males) with a FEP;
- 77 individuals (mean age = 22.7; SD = 5.4; 40% males) presenting high subclinical psychosis and;
- 73 individuals (mean age = 22.5; SD = 3.7; 36% males) presenting low subclinical psychosis, which constitutes the control group of the study.

Ethical approval was obtained from local research ethics committees. All participants provided written informed consent before inclusion in the study. All procedures were carried out according to the Helsinki Declaration.

2.2. Instruments

In the FEP group, age at onset of psychosis was defined as the age when the emergence of the first continuous (present most of the time) psychotic symptoms occurred. Duration of untreated illness (DUI) was defined as the time from the first unspecific symptoms related to psychosis (for such a symptom to be considered, there should be no return to previous stable level of functioning) to initiation of adequate antipsychotic drug treatment. Duration of untreated psychosis (DUP) was defined as the time from the first continuous (present most of the time) psychotic symptom to initiation of adequate antipsychotic drug treatment. Clinical symptoms of psychosis at study entry were assessed by means of the Scale for the Assessment of Positive Symptoms (SAPS; [4]) and the Scale for the Assessment of Negative Symptoms (SANS; [3]). The SAPS and SANS scores were used in generating dimensions of positive (scores for hallucinations and delusions), disorganized (scores for formal thought disorder, bizarre behaviour and inappropriate affect) and negative (scores for alogia, affective fattening, apathy and anhedonia) symptoms [15].

Subclincial psychosis was assessed by means of the positive and negative dimensions of the Community Assessment of Psychic Experiences (CAPE; [38]). This self-report questionnaire measures the lifetime prevalence of PEs on a frequency scale ranging from 'never' to 'nearly always'. The positive dimension of the CAPE includes items mainly referring to subclinical expressions of positive psychotic symptoms (hallucinations and delusions) such as 'do you ever feel as if things in magazines or TV were written especially for you?'. Similarly, the negative dimension of CAPE includes items assessing subclinical expressions of negative psychotic symptoms such as alogia, avolition, anhedonia and lack of interest in social relationships. An example of item is 'do you ever feel that you experience few or no emotions at important events?'. The CAPE provides a total continuous score per dimension ranging from 20 to 80 in the positive dimension and from 14 to 56 in the negative dimension. The CAPE has been shown to have good reliability and validity [25]. According to their CAPE scores, 150 individuals were selected for the current study. Seventy-seven individuals scoring above the 75th percentile for both positive and negative dimensions were classified as the "High CAPE" group and seventy-three individuals scoring below the 25th were classified as the "Low CAPE" group, which was used as baseline or control group. This classification has been used in previous studies [25,28].

Childhood abuse was assessed using an adapted version of the Scale of stressful events during childhood-adolescence [20] and the Stressful life events screening questionnaire-Revised [13] in the FEP sample. Two items were used to assess physical abuse and two