

Are We Really Impacting Duration of Untreated Psychosis and Does It Matter?

Longitudinal Perspectives on Early Intervention from the Irish Public Health Services



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KEYWORDS

- Duration of untreated psychosis • Outcome • Early intervention • Prodromal phase
- Public health service

KEY POINTS

- Early-intervention services are predicated on the assumption that the period of untreated psychosis can be reduced and effective interventions introduced earlier in the illness course.
- Despite nearly 3 decades in development, the evidence base supporting early intervention is not as extensive as might be expected.
- Although more is understood about the origins of prepsychotic and psychotic symptoms, the timing and constituents of optimal interventions in the prepsychotic phase is not clear.
- Methodological differences between studies hamper interpretation of the evidence and the construction of future research directions.
- These considerations may extend beyond psychotic illness to other domains of serious mental illness.

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Although in many branches of medicine it is considered axiomatic that the longer an illness remains untreated the worse is long-term outcome, the concept that such a relationship might similarly apply to major mental illness has proved more challenging. The proposition that untreated psychosis has adverse consequences for brain function through some unknown pathobiological and/or psychopathological mechanism(s),¹ and the subsequent “research front” that longer duration of untreated psychosis (DUP) results in a poorer prognosis, has prompted the establishment of early-intervention (EI) services for the treatment of first-episode psychosis on a global basis, particularly in Australasia, Europe, and the United States.^{2–4} It was opined that reducing DUP through early detection and the implementation of phase-specific treatments would result in improved outcomes for those traversing the emergence of psychotic illness.⁵

As clinical outcome in psychotic illness has not improved materially over recent generations, this development represented a potentially exciting step forward in the field of psychiatry. Over the past 2 decades, this proposition, that effective treatment earlier in the course of illness can improve both short-term and long-term outcome for individuals with psychosis, has been evaluated by a variety of EI services with somewhat mixed results, such that debate and indeed controversy continues as to whether these services are an effective use of resources. A key assumption underlying the implementation of EI services is that the period of untreated psychosis can be accurately identified in sufficient numbers of people so as to reduce delays to treatment, facilitate effective interventions at an earlier stage of illness, and thereby improve outcome. Although an intuitive and seemingly simple proposition, the actuality has proved more complex, with opinion ranging from doubt, through agnosticism, to proselytism.^{6,7}

THE CONCEPT OF DURATION OF UNTREATED PSYCHOSIS AND ITS RELATIONSHIP TO OUTCOME

Concept of Duration of Untreated Psychosis

The concept of DUP (Fig. 1) refers to the period of time from the emergence of psychotic symptoms to initiation of treatment, and has been defined as the “time from manifestation of the first psychotic symptom to initiation of adequate antipsychotic treatment”²; thus, DUP refers to the period of active psychotic symptoms antedating initial treatment. As a concept, DUP is distinguishable from duration of untreated illness (DUI), which has the same endpoint as DUP but refers to the emergence of the first noticeable symptom.⁸ The period of time between emergence of the first

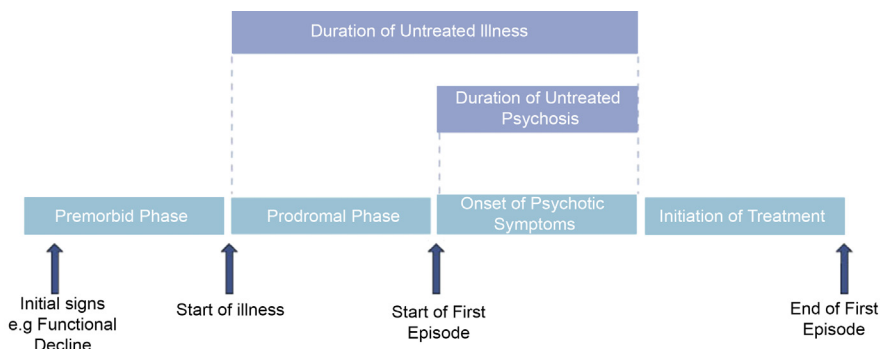


Fig. 1. Early stages of psychosis: DUI and DUP.

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