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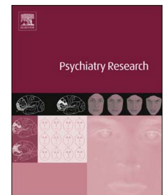

Depressive symptoms and suicidal behavior after first-episode psychosis: A comprehensive systematic review

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ABSTRACT

Depressive symptoms and suicidal behavior are common among patients that suffered a first-episode psychosis. We searched Web of Knowledge℠ and Pubmed® for English and Portuguese original articles investigating prevalence of depressive symptoms and/or suicidal behavior and associated factors after first-episode psychosis. We included 19 studies from 12 countries, 7 studied depressive symptoms and 12 suicidal behavior. The findings confirm that depressive symptoms and suicidal behavior have high rates in the years after first-episode psychosis. Factors identified as being associated with depressive symptoms after first-episode psychosis were anomalies of psychosocial development, poor premorbid childhood adjustment, greater insight, loss, shame, low level of continuing positive symptoms and longer duration of untreated psychosis. Suicidal behavior was associated with previous suicide attempt, sexual abuse, comorbid polysubstance use, lower baseline functioning, longer time in treatment, recent negative events, older patients, longer duration of untreated psychosis, higher positive and negative psychotic symptoms, family history of severe mental disorder, substance use, depressive symptoms and cannabis use. Data also indicate that treatment and early intervention programs reduce depressive symptoms and suicidal behavior after first-episode psychosis. Future research should overcome some methodological discrepancies that exist between studies and limit generalization of current findings.

1. Introduction

Depressive symptoms and suicidal behavior are common among patients that suffered a first-episode psychosis. Published studies revealed that depressive symptoms in patients with first-episode psychosis have prevalence from 17% to 83% (Addington et al., 1998; Bottlender et al., 2000; Romm et al., 2010). Depressive symptoms could occur in different phases of psychosis, including post-psychotic period (Birchwood et al., 2005). Depression is a well-known risk factor for suicidal behavior in psychosis with data showing that occurrence of depression in psychosis have significant correlation with suicide risk (Upthegrove et al., 2010). Suicide remains an important cause of premature death in patients with psychotic disorders (Healy et al., 2012; Laursen, 2011). In long-term follow-up studies suicide accounts for 2–5% of deaths in first-episode psychosis (Dutta et al., 2011, 2010; Palmer et al., 2005). The rate of attempted suicide in psychotic patients ranges from op10% to 50% (Aleman and Denys, 2014; Castelein et al., 2015). Individuals with first-episode psychosis have a greater risk of suicidal behavior compared with the normal population and chronic disorders (Bertelsen et al., 2007). First admissions have three times higher suicide rate than chronic schizophrenia (Palmer et al., 2005). As suicide risk peaks in the early years of psychotic disorders much attention has been given to this phase of the disorder (Palmer et al., 2005). Previous studies have been published in order to identify predictors of suicide in patients with psychotic disorders. Identifying factors associated to depressive symptoms and suicidal behavior will permit the development of preventive and treatment interventions. However, despite its prevalence, limited evidence exists regarding factors associated and interventions to reduce suicide risk among young people with first-episode psychosis.

Our aim was to perform a systematic review of the current evidence in this field of knowledge. The main objectives were (1) to assess rate of depressive symptoms and suicidal behavior (including suicidal ideation, suicide plans, suicide attempts and suicide) after first-episode psychosis and (2) to search for the most relevant demographic and clinical factors associated.

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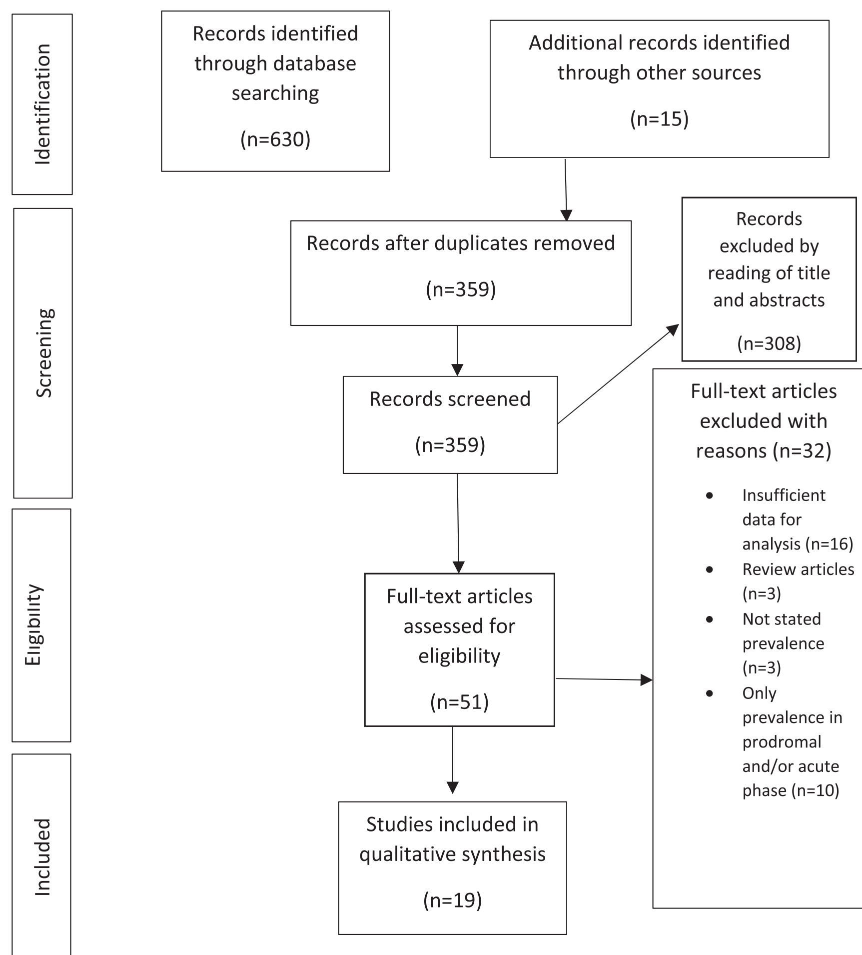

Fig. 1. Flow Chart of systematic identification of papers following PRISMA Guidance.

2. Methods

2.1. Selection procedures and data collection

2.1.1. Search strategy

A systematic literature search as described by the PRISMA statement was conducted using Web of Knowledge^{SM} and Pubmed® databases to find studies that reported the prevalence and associated factors of depressive symptoms and suicidal behavior among patients that suffered a first-episode psychosis. Articles published until May 2016 and in English and Portuguese languages were considered. Search terms used to find relevant articles were 'depression' OR 'depressive' OR 'suicidal' AND 'first-episode psychosis' OR 'first-episode schizophrenia'. A secondary search was performed by reviewing reference lists of sources identified as relevant in initial search to find additional articles to the review. The articles surviving selection were fully download (PDFs) and evaluated for eligibility after full-text reading.

2.1.2. Inclusion criteria

Articles were included for the systematic rweview: (a) included affective and/or non-affective first-episode psychosis patients defined according to international standard definitions (International Classification of Diseases, Diagnostic and Statistical Manual of Mental Disorders); (b) clearly stated prevalence of depressive symptoms and/or suicidal behavior in the period after first-episode psychosis; (c) were original articles and written in English or Portuguese language.

2.1.3. Exclusion criteria

We excluded from the review: (a) duplicated reports; (b) report data on non-first episode psychosis patients; (c) did not refer clearly the prevalence of depressive symptoms and/or suicidal behavior; (d) papers with insufficient data for analysis, meta-analysis or reviews; (e) articles that studied depressive symptoms and/or suicidal behavior only in prodromal and/or acute psychotic phases; (f) articles in languages other than English or Portuguese. In case of multiple publications deriving from the same study population, we selected the articles reporting the largest or the most recent data. In case of conflict between these two last criteria, the sample size was the priority.

2.1.4. Recorded variables

We recorded the following variables from each article: authors, year of publication, country, epidemiological data of patient sample (sample size, mean age, proportion of males), clinical variables (instruments used, diagnoses included), type of study, follow-up time, main aim, prevalence of depressive symptoms and/or suicidal behavior and relevant findings.

2.2. Quality assessment

We assessed the internal validity of the included studies using the tool developed by Thomas et al. from the Effective Public Health Practice Project (EPHPP) (Thomas et al., 2004). The Cochrane Collaboration for non-randomized studies recommends this tool (Higgins and Green, 2011). It includes six components: selection bias, design,

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