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History of offending behavior in first episode psychosis patients: A marker of specific clinical needs and a call for early detection strategies among young offenders

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ABSTRACT

Objectives: Previous literature suggests that early psychosis (EP) patients with a history of offending behavior (HOB) have specific clinical needs. The aims of this study were to assess: (1) the prevalence of HOB in a representative sample of EP; (2) the premorbid and baseline characteristics of patients with HOB, and (3) the potential differences in short-term outcome of such patients when compared to patients without HOB.

Methods: The Early Psychosis Prevention and Intervention Centre (EPPIC) admitted 786 EP patients between 1998 and 2000. Data were collected from patients' files using a standardized questionnaire. Data of 647 patients could be analyzed.

Results: HOB patients (29% of the sample) were more likely to be male with lower level of premorbid functioning and education, have used illicit substances and have attempted suicide. They presented with a more complex clinical picture and had poorer 18-month outcome. Most importantly, they had a significantly longer duration of untreated psychosis.

Conclusions: On the basis of the high prevalence and specific features of EP patients with HOB, our study confirms a need for additional research in this domain and for the development of specific treatment strategies. Most importantly, it suggests a need for the promotion of early detection strategies among the populations of young offenders, considering that some of them may be going through the early phases of a psychotic disorder and that reduction of treatment delay and provision of well adapted interventions may have a significant impact at numerous levels in such patients.

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1. Introduction

While reduction of delay between illness onset and treatment initiation is one of the key objectives of specialized early psychosis (EP) programs, the development of tailor cut interventions needed for certain symptomatic targets (Conus and McGorry, 2002; Conus et al., 2006; Gleeson et al., 2013; Lambert et al., 2003; Power et al., 2003) or patients subgroups (Bonsack et al., 2011; Edwards et al., 2002; Macneil et al., 2012) is also an important part of such strategies. The recent literature, reviewed below, suggest that EP patients with history of offending behavior (HOB) may deserve specific attention.

Prevalence of offending behavior has been reported to be higher among patients with psychosis compared to the general population (Fazel et al., 2009). Further, in clinical samples of patients with schizophrenia, rates of criminal conviction range between 14% and 30% and occur mainly before first episode (Humphreys et al., 1992; Modestin and Ammann, 1996; Munkner et al., 2003, 2009; Prince et al., 2007). Only three papers (Munkner et al., 2009; Ramsay et al., 2011; Hodgins et al., 2011) have explored HOB in EP patients. In the first, a multicenter EP study with 477 patients, Munkner et al. (2009) found that HOB was present in 30% of them and was correlated with gender (40% in male vs 11% in female), lower social status, lower school performance, and substance abuse. They also reported that certain forms of positive symptoms (persecutory delusions or delusional jealousy with hallucination) or a predominance of positive over negative symptoms, increased the odds to have HOB (OR = 1.9, resp. 2.3). In the second based on a sample of 102 EP patients, Ramsay et al. (2011) reported very high rates of

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history of arrest and incarceration (71% and 58% respectively) and found that HOB patients had significantly poorer premorbid level of functioning, lower education, higher rate of social problems, started using cannabis at an earlier age, were more likely to abuse cannabis and alcohol and had higher levels of psychotic symptoms. Finally, in the third paper, based on a sample of 301 EP patients, Hodgins et al. (2011) reported a HOB rate of 24%. In this sample, HOB was correlated with gender (34% in male vs 10% in female), lower premorbid and current intelligence quotient score, and poorer academic achievement; in addition, African-Caribbean ethnic background was associated with a threefold increase in the odds of offending. These studies suffer however limitations, ranging from a focus on severe crimes only (Ramsay et al., 2011), to exclusive focus on patients with schizophrenia (Munkner et al., 2009), lower level of education (Ramsay et al., 2011), specific ethnic origin (Hodgins et al., 2011; Ramsay et al., 2011) or higher illness intensity in studies based on hospitalized samples (Ramsay et al., 2011). In addition, all three studies were cross-sectional and did not provide information regarding outcome after treatment.

Considering these limitations, we explore HOB in an epidemiological treated sample of EP patients in order to assess: (1) prevalence of HOB in a representative sample of EP; (2) premorbid and baseline characteristics of HOB patients, and (3) the differences in short-term outcome of such patients when compared to patients who had no HOB. In addition, we wanted (4) to see if patients who committed offenses involving harm to others had specific characteristics compared to those who committed exclusively victimless offenses.

2. Methods

2.1. Patient sample

This study is based on a file-audit study (FEPOS; First Episode Psychosis Outcome Study) (Conus et al., 2007, 2010a,b,c; Lambert et al., 2005; Schimmelmann et al., 2005, 2008) conducted in a cohort of 786 EP patients consecutively treated at the Early Psychosis Prevention and Intervention Centre (EPPIC) in Melbourne between 1998 and 2000. EPPIC provides treatment for 18 months, and has a mandate to treat all EP patients aged 15–29 in the catchment area; as such, the study sample represents an epidemiological treated cohort.

Of the 786 files, 82 (10%) sent to other services at patient's discharge weren't available, 43 were excluded because of a non-psychotic diagnosis at endpoint and 14 due to the absence of information regarding HOB, leaving 647 files for analysis. A local ethics committee granted approval for this study.

2.2. Procedure

Information on pre-treatment, baseline and outcome characteristics had been documented by clinicians, for each patient involved in the study, in one single file during the entire duration of treatment at EPPIC. Patients were treated according to the Australian Guidelines for Early Psychosis (2010) (Edwards et al., 2002) and clinical assessment was based on the Royal-Park Multi-diagnostic Instrument for Psychosis (McGorry et al., 1990a,b). The FEPOS study is based on data extracted from the files by 2 researchers (ML and PC) who had extensive clinical experience as psychiatrist and had worked at EPPIC. In order to do so, they developed a specific file-audit tool (EPFQ; Conus et al., 2007) and coded the files on this basis.

2.3. Diagnostic assessment

Clinical diagnoses were based on DSM-IV criteria (APA, 1994) on the basis of the entire file content. It is therefore the final diagnosis that could be defined at the end of the 18 month treatment period. Validity of FEPOS diagnoses was determined against the Structured Clinical Interview for DSM-IV (SCID/P; Ventura et al., 1998) for 115 patients of

the cohort who had been involved in studies. The calculated kappa values revealed a very good concordance both for psychosis diagnoses ($\kappa = 0.80$) and co-morbid substance use disorder diagnoses ($\kappa = 0.74$) (Conus et al., 2007; Schimmelmann et al., 2005).

2.4. Assessment of HOB

Assessment of the presence of HOB was assessed on the base of case notes in the files and on official documents collected in the file. Whenever any type of offense was mentioned, either by case manager, psychologist or psychiatrist, it was reported in the relevant section of the EPFQ where any type of offending behavior can be recorded as follows: offense against property, motor traffic offense, drug related offense (meaning conviction for selling or detaining illicit substances), offenses against persons (physical aggression), and sexual offenses (sexual abuse of other person).

2.5. Pre-treatment, baseline and outcome characteristics

2.5.1. Pre-treatment characteristics

Premorbid functioning was assessed with the Global Assessment of Functioning Scale (GAF; APA, 1994), as recommended by the Early Psychosis Association (Yung et al., 1998). Age at onset was defined as the age when first sustained positive psychotic symptoms occurred, according to the Duration of Untreated Psychosis scale (McGorry et al., 1990a, b), as detailed elsewhere (Schimmelmann et al., 2008). Past psychiatric diagnoses were defined according to DSM-IV criteria and past suicide attempts according to ICD-10 classification (Dilling and Dittmann, 1990). Past exposure to trauma was documented according to sub-type of trauma as detailed elsewhere (Conus et al., 2010b,c).

2.5.2. Baseline and outcome characteristics

Severity of illness at baseline and discharge was assessed with the Clinical Global Impressions scale (CGI; Guy, 1976), and functioning level with the GAF. Insight into illness was assessed on the basis of one item with anchors ranging from absent to partial and full insight (Conus et al., 2007). Patients were rated as "involved in regular activity" on the basis of the Modified Vocational Status Index (MVCI; Tohen et al., 2000) if they fulfilled the following criteria: having a job (full-time or part-time) or being a student at school or university for at least the previous 4 weeks. "Medication non-adherence" was defined as failure to take medication for 1 week or longer in accordance with Robinson et al. (2002). Patients were also dichotomized according to the evolution of substance use disorder during treatment period as follows: (a) absence of substance use disorder (b) decrease or interruption of substance use disorder over treatment period and (c) persistence, increase or commencement of substance use disorder over treatment period (Lambert et al., 2005). Inter-rater reliability (between ML and PC who assessed all files) was established for CGI-S ($ICC_{2,1} = 0.87$), GAF ($ICC_{2,1} = 0.88$), PAS ($ICC_{2,1} = 0.82$), and insight score ($\kappa = 0.89$).

3. Data analysis

Descriptive statistics (means and standard deviations) are provided for scale data, and counts and frequencies for categorical variables. A series of logistic regression analyses were conducted with HOB as the dependent variable and the individual premorbid and service entry variables as predictors. This approach was used to derive a standard effect size statistic (viz., odds ratios, OR) depicting the degree of association between HOB and the clinical variables. From these analyses, odds ratios (OR) and the 95% confidence intervals (CI) of the ORs were derived. The Wald statistic (z) was used to determine significance of predictors. For treatment and discharge variables, adjusted ORs and 95% CI of the adjusted ORs were reported, controlling for entry characteristics and time in service. These statistical analyses were also used to determine differences between patients with exclusively victimless

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