



Prodromal psychosis detection in a counseling center population in China: An epidemiological and clinical study

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ABSTRACT

Background: To investigate through a two-stage clinic-based screening, the frequency and clinical features of risk for psychosis syndromes in a Chinese help-seeking sample.

Method: 2101 consecutive new patients ages 15–45 were recruited at their first visit to the Shanghai Mental Health Center (SMHC) and screened with the Prodromal Questionnaire–Brief version (PQ-B) and questions about genetic risk. The Structured Interview for Prodromal Syndromes (SIPS) was administered to a sub-sample to estimate rates of psychosis and clinical high risk (CHR) for psychosis syndromes.

Results: The frequency estimate of CHR syndromes in the total sample was 4.2%. Among 89 CHR patients, more than two-thirds met the criteria for Attenuated Positive Symptom Syndrome (APSS); and nearly a quarter met the criteria for Genetic Risk and Deterioration Syndrome (GRDS). The frequency of CHR syndromes peaked between the ages of 16 and 21 years old and declined with subsequent age. The mean total and distress scores on the PQ-B in subjects with APSS and psychosis were significantly higher than in individuals with GRDS and patients without psychosis or CHR. High frequencies and strong correlations were found among some positive and non-specific symptoms in SIPS interviews. Among the 53 CHR participants who were followed-up for two years, 14 (26.4%) converted to psychosis. Of the non-converters, 53.8% were diagnosed with Axis I disorders.

Conclusions: This two stage screening method can enhance detection of Chinese CHR patients in clinical settings. The validity of the procedures for detecting CHR is supported by rates of transition to psychosis and of non-converter Axis I disorders that are comparable to those reported in meta-analyses.

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1. Introduction

In order to predict the occurrence of schizophrenia and other related psychotic disorders, many studies in the past two decades have explored potential clinical features (Yung et al., 1998; Klosterkotter et al., 2001; Yung et al., 2005; Schultz-Lutter et al., 2010), and laboratory markers (Borgwardt et al., 2007; Bramon et al., 2008; Brockhaus-Dumke et al., 2008; Seidman et al., 2010; van Rijn et al., 2011; Fusar-Poli et al., 2012; Giuliano et al., 2012) of the period just preceding or associated with the onset of psychosis. Biomarkers to date, whether considered individually or in combination, are insufficient predictors of psychosis (Klosterkotter et al., 2011). However, clinical criteria and instruments have been designed to identify young people likely to be in the

prodromal psychosis stage, also known as ultra-high risk (UHR), clinical high risk (CHR) or in an at risk mental state (ARMS). Positive symptoms in the prodromal stage often manifest as an attenuated or transient form in which some reality testing is preserved. Nevertheless, they provide a reliable indicator of increased risk for later conversion to psychosis. Researchers in Melbourne, Australia, were the first to translate the clinical symptoms of the prodromal phase of psychosis into UHR criteria (Yung et al., 1996). In early studies up to 50% of subjects meeting these criteria developed psychosis within 2.5 years (Mason et al., 2004; Yung et al., 2004, 2006, 2008; Woods et al., 2009) although recent rates are more modest (Fusar-Poli et al., 2013a,b), closer to 35% over three years. Subsequently, Miller et al. (1999, 2002) in the United States developed a structured interview based on very similar criteria for predicting the development of psychosis. Thus, trained clinicians are able to identify the help-seeking individuals who are at high risk of developing a psychotic disorder based on attenuated (lack of conviction in the reality of the symptom) or transient psychotic symptoms or a combination of genetic risk and functional deterioration.

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Identifying CHR subjects in time is crucial for preventing or delaying the development of psychosis. Both pharmacological and psychological treatments (Miller et al., 2003b; Morrison et al., 2004; Ruhrmann et al., 2005; Morrison et al., 2007; Phillips et al., 2007) have demonstrated promise in improving symptoms in CHR subjects in recent years. A meta-analysis suggests that rates of transition to psychosis can be reduced significantly in CHR youth with specialized interventions (Preti and Cella, 2010). However, the criteria for formal diagnosis of prodromal psychosis are still unavailable for clinicians (Raballo and Laroí, 2011). Identification of individuals in the prodromal stage of psychosis remains largely reliant on research communities, criteria, and assessment methods worldwide. The predictive validity of the current criteria in different cultures and contexts needs to be better characterized before standardized criteria and treatment guidelines for this population can be developed and disseminated. Clinical characteristics and patterns of help-seeking may vary by cultural context and clinical setting. Given the limited social support and the pressure of social discrimination, psychological counseling may be an important channel for CHR subjects in China to talk about the distress caused by their symptoms. Thus, this setting may be particularly relevant for evaluating CHR criteria in China.

No doubt, much of the extant focus has been on establishing the percentage of CHR individuals participating in specialized research programs who end up developing psychosis over the course of follow-up. Yet, there is a lack of epidemiologic data regarding the prevalence and clinical features of CHR syndromes in people seeking help in general outpatient mental health clinics. Most putatively prodromal samples have been referred to researchers by clinicians. The question remains as to the number of CHR subjects in the broader clinic population from which these were selected. Furthermore, what was the clinical status of these individuals at initial contact with clinical services? These findings will be helpful to policy makers in planning early detection and intervention strategies. An epidemiological study on prodromal psychosis based on a clinical population is taken as the first step for both research and implementation of the new criteria of a high risk for psychosis syndrome. It will also highlight to Chinese clinicians the importance of the psychosis prodrome, a concept that may currently be relatively unfamiliar to psychiatrists in many regions of China.

The goal of the present study is to examine the presence of possibly prodromal symptoms of psychosis in a representative sample of individuals seeking psychological help for a broad range of psychopathology. The primary aim is to report the frequency of CHR syndromes in patients arriving for their first visit to a busy Chinese outpatient clinic. The second aim is to profile the clinical features of prodromal psychosis in Chinese clinical practice. We explore the relationship between positive symptoms and other non-specific symptoms. Finally, we report on the validity of the identified syndrome by comparing rates of transition to psychosis and presence of Axis I disorders to those of comparable samples worldwide. Findings are expected to inform the potential of implementing diagnostic criteria and assessment of prodromal psychosis in both clinical and research communities, and broader early intervention strategies for CHR subjects.

2. Method

2.1. Participants

The Research Ethics Committee at the Shanghai Mental Health Centre (SMHC) approved the study in 2011. The study sample comprised of patients attending their initial outpatient assessment in the SMHC, the largest mental health clinic in Shanghai, China. Inclusion criteria were: (i) age of 15–45 years old; (ii) individuals younger than 18 years old had to be accompanied by either a parent or legal guardian; (iii) capacity to provide informed consent or assent if under 18; and (iv) must have completed at least six years of primary education. Exclusion criteria were: (i) severe somatic diseases, for example, pneumonia, cancer or heart failure, (ii) mental retardation, or (iii) dementia.

Subjects approached were a consecutive series of those seeking an initial appointment at the psychological counseling service center according to the hospital register form.

2.2. Setting

The Shanghai Psychotherapy and Psychological Counseling Center (SPCC) at SMHC is the largest outpatient mental health clinic offering medication management and psychotherapy in China. The outpatients are from different parts of the country. The SPCC serves over 300 outpatients of all ages per day. There are approximately 1000 professional staff who provide care for the patients at the center. Among them, 258 are psychiatrists and psychologists and 541 are psychiatric nurses, along with other support staff. The SPCC provides comprehensive clinical services, including psychological assessment and counseling as well as medical management. Patients come seeking help for issues ranging from general psychological problems (e.g., interpersonal adaptation, marriage and learning difficulties) to more severe psychological disorders and mental illnesses (e.g., schizophrenia and bipolar disorder).

2.3. Measures

2.3.1. Screening

The Prodromal Questionnaire—Brief version (PQ-B, Loewy et al., 2011) is a 21-item self-report measure derived from the 92-item Prodromal Questionnaire (Loewy et al., 2005). The PQ-B is designed to screen for possible prodromal symptoms. Respondents indicate the presence or absence of each symptom item with a “Yes/No”. The total score is the number of items marked “Yes”. For each symptom endorsed, the respondent indicates whether the symptom causes distress on a 5-point Likert scale (strongly disagree, disagree, neutral, agree, strongly agree). Loewy et al. (2011) found the PQ-B to be an effective, efficient self-report screening instrument for putatively prodromal syndromes in help-seeking populations with high sensitivity (89%) and medium specificity (58%) (a total score of 3 or more endorsed in PQ-B items, with the specificity of 68% and sensitivity of 88% while the distress score of 6 or more endorsed). The English version of the PQ-B was translated by the first and second authors (Zhang and Li), under the supervision of the corresponding authors (Wang and Xiao).

Genetic risk information was assessed with one question about family history of mental disorders and questions probing DSM-IV schizotypal personality disorder (SPD). Subjects listed family members with mental disorders in response to an item querying a history of mental disorders in family members. Nine items were selected from the SPD subscale in PDQ-4+ (personality diagnostic questionnaire 4th edition plus) (Yang et al., 2002). Subjects were asked to think about their behavioral patterns in the last 2 years and check the “Yes/No” checkbox.

2.3.2. CHR and psychosis assessment

The Structured Interview for Prodromal Syndromes (SIPS) and Scale of Prodromal Syndromes (SOPS, thus SIPS/SOPS, Miller et al., 2003a) were used to determine whether subjects met the criteria for a putatively prodromal syndrome (CHR status) or the Presence of a Psychotic Syndrome (POPS). The SIPS consists of 19 items assessing four symptom domains: positive symptoms (scales P1–P5, unusual thought content, suspiciousness, grandiosity, perceptual abnormalities, and disorganized communication), negative symptoms (scales N1–N6), disorganized symptoms (scales D1–D4), and general symptoms (scales G1–G4). The Criteria of Prodrome Syndromes (COPS) outline three syndromes: Brief Intermittent Psychotic Syndrome (BIPS), Attenuated Positive Symptom Syndrome (APSS), and Genetic Risk and Deterioration Syndrome (GRDS). Each item is rated on a 1–6 scale with 6 indicating “severe and psychotic” and 3–5 indicating a prodromal range symptom. POPS is determined by the presence of a 6 level P symptom that is either 1) dangerous or disorganizing or 2) occurring at least an hour a day on average four days a week for at least a month. BIPS is indicated by the

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