

Abstract

Severe psychotic disorders are associated with substantially increased risk of poor symptom, functional and somatic outcomes. Early detection and intervention can improve chances of better outcomes. The TIPS long-term follow-up study presents the one of few opportunities to assess long-term outcome in a large, representative cohort.

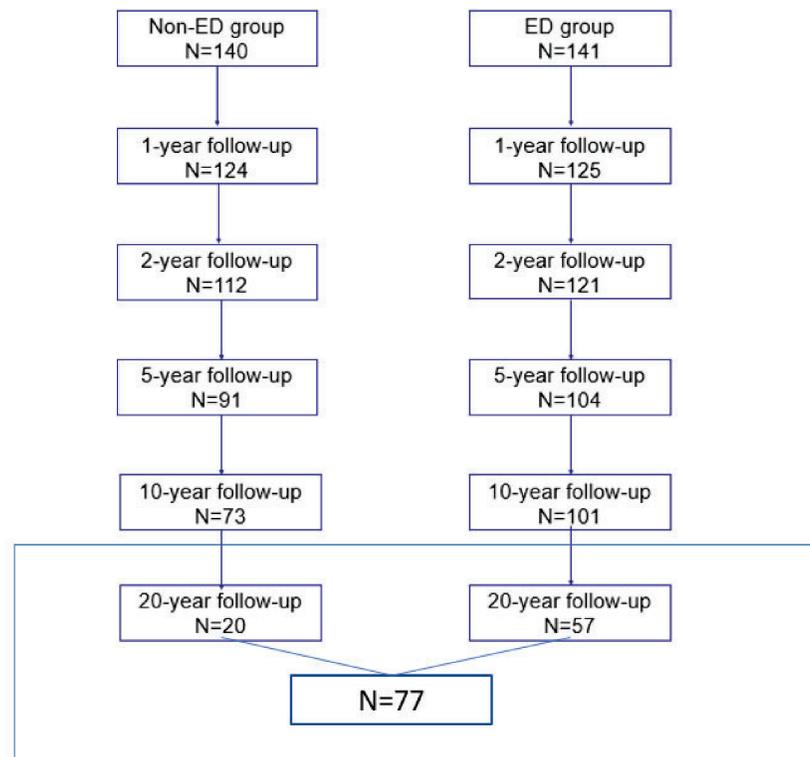
TIPS (The early Detection and Intervention in Psychosis) have collected data on an epidemiological catchment area based sample of individuals with first episode psychosis at 1, 2, 5,10 and now 20 years after inclusion applying a quasi-experimental design. Rogaland applied extensive information campaigns to increase early intervention, and sectors in Denmark and Oslo, Norway served as control sectors.

Objectives

To investigate symptoms, recovery and somatic health after 20 years between regional health care sectors with and without a comprehensive program for the early detection of psychosis.

Methods

The authors assessed 281 patients 18 to 65 years old with a first episode of non-affective psychosis at baseline, included between 1997 and 2001. 38 patients had died since inclusion and 43% of live, eligible participants were assessed. There were no differences in DUP, employment status, diagnosis or baseline symptom levels.



Results

	N=77	
Age, gender	mean	SD
Mean age	48	7.9
	N	%
Gender (%m)	47	61
Diagnoses and remission		
Sz spectrum	53	68.8*
Affective psychosis	12	15.6
Other	7	9.1
Remission*	48	62.3
Full recovery n(%)	24	31.2
Currently in psychosis %(n)	16	20.8
Continuously psychotic 20 years % (n)	9	11.7

*62.3% at baseline

	N=77	%
One antipsychotic	33	42.8
Two antipsychotics	11	14.2
Three antipsychotics	1	1.2
Antidepressants	13	16.8
Mood stabilisers incl Lithium	9	11.6
Benzodiazepines and hypnotics	7	9.1

4 patients were on Clozapine, 8 (10.4%) had previously tried. 32 (41.6%) patients were not taking any psychopharmacological medications. 57 (74%) lived independently and 30 (39%) were in paid work or studying – most of these (23 and 22 resp) worked more than 50% and were in non-supported work. 16 (20.8%) had not had any substance use in the last 6 months. 15 (19.4%) had cardiovascular disease, 6 (7.7%) had diabetes. The mean BMI was 30.1 (median 28.7, range 20.1-48.9), mean abd circumference was 100.3 (med 95; range 69-142).

Conclusions

Stable remission was achieved in 62.3% of the total sample, rising from 50.2% at 10 year follow-up, 31.2% were fully recovered for at least 12 months, seeing friends weekly, living independently and working or studying full time. 58.2% were taking antipsychotics.

There is a high level of somatic comorbidities as well as high BMIs in our patient sample.

Early detection of first-episode psychosis appears to increase the chances of stable remission across long time spans. Findings over 20 years indicate that improvements are sustained across decades.