

Early and later remission from clinical high risk of psychosis.

A latent class and predictor analysis - Predictors of remission in CHR-P

Jone Bjørnstad,^{1, 2, 3} Tore Tjora,^{1, 2} Inge Joa,^{2, 4} Jan Olav Johannessen,^{2, 4} Sjur Skjærshammer Sætre,² Wenche ten Velden Hegelstad,²

BACKGROUND

Symptomatic and functional remission is the desired outcome from a clinical high-risk psychosis state. The study aims to investigate sub-groups of remission in individuals classified as clinically high-risk for psychosis (CHR-P) and associated predictors and functional outcomes.

METHODS

The study is a 2-year prospective follow-up study of 104 CHR-P participants recruited in Norway using systematic early detection strategies. The Structural Interview for Prodromal Syndromes (SIPS) was used to assess CHR-P. Participants were classified as remitted or non-remitted based on their SIPS scores. A latent class analysis was performed on the dichotomous data to identify latent classes of remission. T-tests and chi-square were used to assess the association between class affiliations, predictors, and outcomes.

RESULTS

The latent class analysis showed moderate fit and divided the participants into three remission classes: "poor chance of remission" (16.7%), "later remission" (34.3%), and "early remission" (49.0%). The "early remission" class had the highest probability of fast and stable remission and had better premorbid, baseline-, and 2-year global functioning than the "later remission" class. Baseline predictors such as age, SIPS symptoms, drug use, years in school, and gender were not significantly associated with remission class.

DISCUSSION

The study's main finding is the division of CHR-P remission into "early remission" and "later remission" and predictors of class affiliation. The monthly follow-up during the first six months allowed for the detection of this division. Findings highlight the importance of considering functioning in models of remission from CHR-P.

Table 1: Descriptive statistics, total n = 104

	n	%			
Gender	Male	47	47%		
	Female	53	53%		
	Mean	SD	Min	Max	n
Age	16.9	3.75	13	39	100
YEARS IN SCHOOL					
sum positive symptoms	10.46	2.09	6	21	95
sym negative symptoms	9.81	4.30	0	18	104
sum disorganization	10.15	6.45	0	23	104
SIPS AT BASELINE					
symptoms	2.94	2.48	0	11	104
sum general symptoms	8.38	4.23	0	16	104
overall sips sum	31.28	13.80	0	56	104
Global Assessment of Functioning (GAF) - Function	48.05	11.47	30	85	94
Global Assessment of Functioning (GAF) - Symptom	45.68	8.39	30	70	94
AUDIT sum-score at baseline	5.49	4.48	1	21	43
DUDIT sum-score at baseline	1.73	5.62	0	31	96

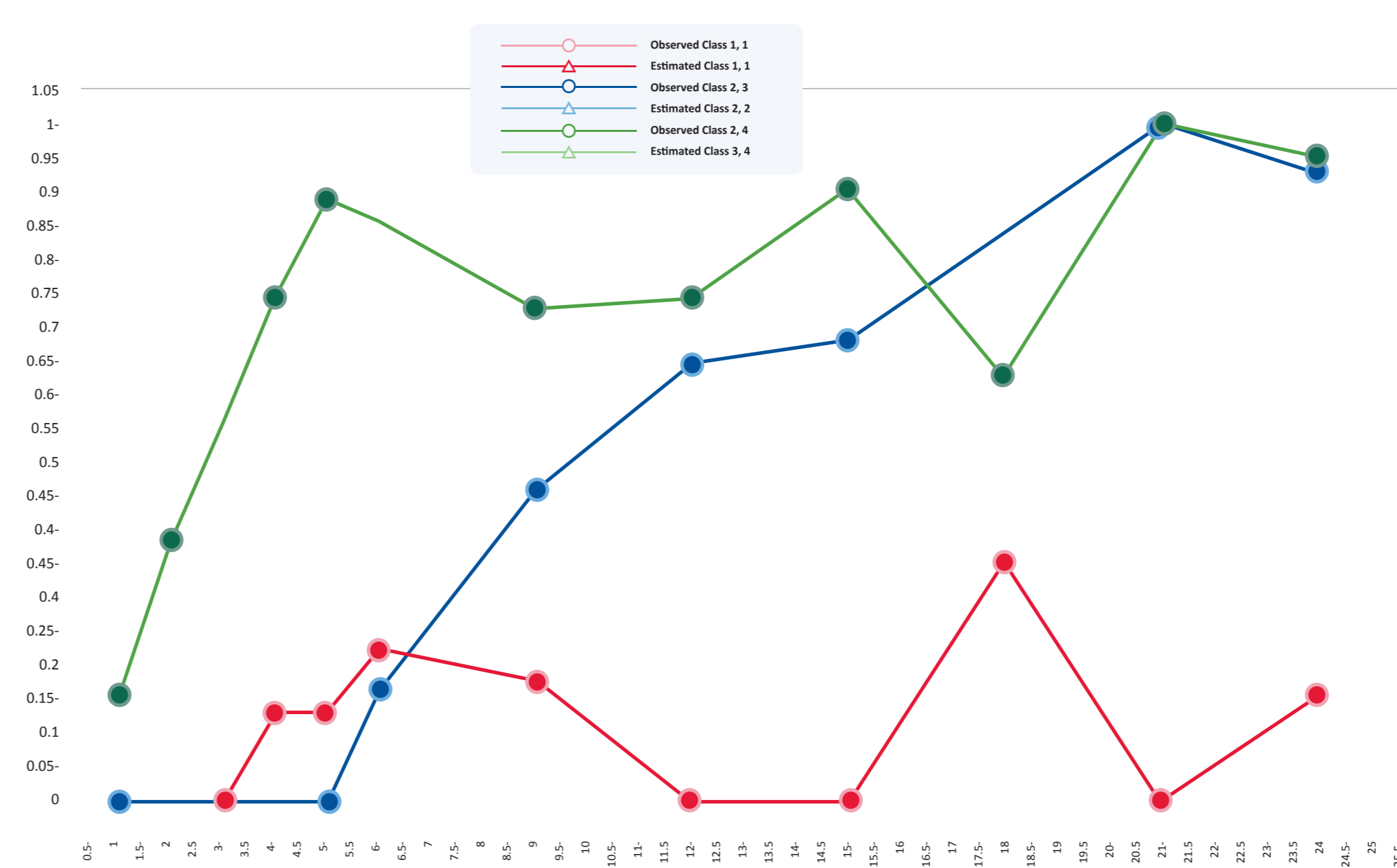


Table 2: Baseline predictors and 24-month outcome across early vs. late remission

Cross-tabulation		Male	Female			
Early remission		24 (52.2 %)	22 (47.8 %)	38	$\chi^2 = 0.85, df = 1, p = 0.358$	
Late remission		16 (42.1 %)	22 (57.9 %)	46		
T-tests		n	mean	sd	diff	p
AGE	Early remission	46	16.89	4.18	-0.21	0.40
	Late remission	38	17.11	3.82		
YEARS IN SCHOOL	Early remission	45	10.44	2.50	-0.11	0.41
	Late remission	38	10.55	1.70		
PAS ITEM: SCHOOL IN CHILDHOOD	Early remission	45	2.2	1.58	-0.23	0.26
	Late remission	37	2.43	1.61		
PAS ITEM: SCHOOL IN EARLY ADOLESCENCE	Early remission	45	2.69	1.52	-0.12	0.36
	Late remission	37	2.81	1.43		
PAS ITEM: SCHOOL IN LATE ADOLESCENCE	Early remission	26	2.23	1.58	-1.12	<0.01
	Late remission	23	3.35	1.53		
PAS ITEM: PEERS IN CHILDHOOD	Early remission	45	1.4	1.27	0.07	0.60
	Late remission	36	1.33	1.20		
PAS ITEM: PEERS IN EARLY ADOLESCENCE	Early remission	45	1.71	1.31	0.09	0.63
	Late remission	37	1.62	1.06		
PAS ITEM: PEERS IN LATE ADOLESCENCE	Early remission	26	2	1.6	0.26	0.75
	Late remission	23	1.74	1.01		
AUDIT SUM-SCORE	Early remission	18	6.44	5.59	1.50	0.84
	Late remission	19	4.95	3.37		
DUDIT SUM-SCORE	Early remission	46	1.83	6.34	-0.15	0.46
	Late remission	38	1.97	5.57		
GAF F	Early remission	45	48.91	10.29	4.49	<0.05
	Late remission	33	44.42	9.69		
OUTCOME AFTER 24 MONTHS		Male	Female			
GAF F 24 MONTH	Early remission	22	76.68	12.06	10.97	<0.05
	Late remission	14	65.71	15.17		

¹Department of Social Studies, Faculty of Social Sciences, University of Stavanger, Stavanger, Norway. ²TIPS - Centre for Clinical Research in Psychosis, Stavanger University Hospital, Stavanger, Norway. ³Department of Psychiatry, District General Hospital of Førde, Førde, Norway. ⁴Faculty of Health, Network for Medical Sciences, University of Stavanger, Stavanger, Norway.

Corresponding author
Professor of clinical psychology, Jone Bjørnstad, Department of Social Studies, Faculty of Social Sciences, University of Stavanger, PO Box 8600 FORUS, 4036 Stavanger, Norway. Phone: +47 97141599, email: jone.r.bjornstad@uis.no

