How is duration of untreated psychosis (DUP) related to outcomes?

DUP is generally determined as the time from the onset of psychotic symptoms to the initiation of treatment or first clinical presentation, when a diagnosis of first-episode psychosis may be given. This diagnosis is distinct from first-episode schizophrenia, which requires a spectrum of symptoms to be present for some time. Longer DUP has been associated with poorer prognosis and is thought to be a predictor of the likelihood and extent of recovery. As such, understanding the effects of DUP is particularly important because it is potentially modifiable.

What is the evidence for DUP and outcomes?

High quality evidence indicates longer DUP is associated with more social disability for up to 1 year, and moderate quality evidence suggests poorer social functioning in the longer-term (2+ years). Moderate to high quality evidence indicates longer DUP is associated with increased negative symptoms for up to 8 years. Longer DUP may also be associated with more positive and general symptoms for over 2 years.

Moderate quality evidence suggests longer DUP is associated with more depression and anxiety, poorer overall functioning, quality of life, and response to treatment, and reduced likelihood of remission. Moderate to low quality evidence suggests brain structural anomalies in people with first-episode psychosis are not consistently associated with length of DUP.

For more information see the technical table.