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?

Moderate to high quality evidence indicates longer DUP, particularly over 9 months, is associated with more severe symptoms, including symptoms of depression and anxiety, and poor social and overall functioning, quality of life, and low response to treatment. Moderate quality evidence also suggests less likelihood of remission with a longer DUP. Effect sizes were all small to medium-sized.

Moderate quality evidence finds a large effect of increased risk of homicide, and a small effect of increased risk of deliberate self-harm with longer DUP.

Moderate quality evidence finds brain structural anomalies in people with first-episode psychosis are not consistently associated with length of DUP.

For more information see the technical table.

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