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SCHIZOPHRENIA Factsheet

August 2020

What are outcomes of first-episode psychosis?

After being identified as having high-risk mental states, or after an initial diagnosis of psychosis, relevant outcomes over the years following include symptom severity, recovery and remission, relapse, employment, functioning, relationships, and quality of life. Investigating these outcomes and the factors influencing them provides insight into early treatment strategies.

What is the evidence for outcomes after a first episode of psychosis?

Moderate quality evidence suggests up to 80% of people have good or intermediate outcomes following a first episode of psychosis (follow-up was for 3 years). Positive outcomes include lack of relapse or rehospitalisation, more employment, more insight and clarity, and improved relationships with family and friends. Predictors of good outcomes include being treated with a combination of pharmacotherapy and psychosocial therapy, and being from a developing rather than a developed country. Predictors of poor outcome include being treatment-naive, being medicated with first generation rather than second generation antipsychotics, and having depressive symptoms.

For people with first-episode psychosis or schizophrenia and a current substance use disorder, moderate to high quality evidence suggests worse positive and depressive symptoms, and worse global functioning compared to people with first-episode psychosis or schizophrenia and a former, or no history of a substance use disorder. Moderate quality evidence also suggests an increased risk of relapse, re-hospitalisation, and treatment non-adherence, particularly if using cocaine, opiates, or ecstasy.

Moderate quality evidence indicates the average risk of transition to full psychotic episode in people at high clinical risk of psychosis is ~24-29%. Studies assessing psychosocial treatments or antipsychotics reported lower transition rates than studies assessing standard care or no antipsychotics. People with brief, limited or intermittent psychotic symptoms have higher transition rates to full psychosis than people with attenuated or milder psychotic symptoms, who in turn have higher transition rates than people with genetic vulnerability and a marked decline in functioning. Neurocognitive deficits, negative and disorganisation subclinical symptoms, but not positive subclinical symptoms, are associated with poor functioning in people with high-risk mental states.

For more information see the technical table

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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at **neura.edu.au/donate/schizophrenia**.

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