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# SCHIZOPHRENIA Factsheet

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## What are high-risk groups?

The primary aims of early intervention are to prevent or delay future transition to psychosis in high-risk individuals with early symptoms, and to reduce symptom severity in individuals following a first episode of psychosis. A key target of early intervention is "indicated prevention", for individuals at high risk of psychosis who have been identified with detectable signs of possible disorder, but do not meet any diagnostic criteria for disorder. There are two key approaches for identifying patients with early signs that may suggest an ultra-high risk (UHR) of developing psychosis. The first approach is based on Huber's Basic Symptoms (BS), which focuses on a detailed way of describing phenomenological (subjective) disturbances in the domains of perception, cognition, language, motor function, will, initiative and level of energy, and stress tolerance. Because the basic symptoms refer only to subtle subjectively experienced abnormalities, they may reflect an earlier phase in the disease process than the second approach, which identifies at-risk mental states as a combination of: a Family History (FH) of psychosis plus non-specific symptoms and recent decline in functioning; recent onset Attenuated Psychotic Symptoms (APS) with decline in functioning; and Brief Limited Intermittent Psychotic Symptoms (BLIPS). Whichever approach is utilised to identify those at UHR, a benefit of early intervention - should a transition to psychosis occur - is that the patient is already established in a treatment regime thus reducing the duration of untreated psychosis, which has been associated with increased illness severity.

## What is the evidence for treatments for high-risk groups?

Moderate to high quality evidence shows a medium-sized effect of reduced risk of psychosis for up to one year with any focused treatment for ultra-high risk groups, and a small effect for up to four years.

Moderate quality evidence finds a medium-sized effect of cognitive behavioural therapies, either alone or combined with antipsychotic medication, for delaying transition to psychosis for up to two years.

Moderate to low quality evidence finds some benefit of needs focused intervention plus amisulpride over needs focused intervention alone for improving functioning and reducing symptom severity in the short term, although there may be more weight gain with amisulpride.

**For further 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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