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SCHIZOPHRENIA Factsheet

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What are high-risk groups?

A key target of early intervention is "indicated prevention" for individuals at high risk of psychosis who have been identified with early signs of the disorder, but do not meet any diagnostic criteria. There are two key approaches for identifying people with early signs. The first approach is based on Huber's Basic Symptoms, 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. The second approach identifies at-risk mental states as a combination of a family history of psychosis plus non-specific symptoms and recent decline in functioning, recent onset attenuated psychotic symptoms with a decline in functioning, and brief, limited, intermittent psychotic symptoms.

Early intervention treatments for people identified at a high risk of psychosis often comprise both pharmaceutical and psychosocial therapies, consequently this table presents the evidence for both.

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

Moderate quality evidence suggests cognitive behavioural therapy (CBT) may reduce the risk of transition to psychosis for up to two years when compared to monitoring or supportive therapy, with no differences between these interventions in symptoms, functioning, study retention or quality of life. There were some advantages of ziprasidone plus needs-based interventions for improving attenuated psychotic symptoms when compared to needs-based interventions alone, CBT plus needs-based interventions, or risperidone plus CBT and needs-based interventions.

There were no differences in rates of transitioning to psychosis between needs-based interventions with or without additional components (aripiprazole, olanzapine, ziprasidone, risperidone, glycine or D-serine, omega-3, CBT, integrated therapies, or family therapies). There were no differences between CBT, omega-3, or cognitive remediation and various control conditions for social functioning, and no differences between NMDAR (glutamate) modulators, CBT, omega-3, risperidone, family therapies, or cognitive remediation and control conditions for negative symptoms.

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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