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SCHIZOPHRENIA Factsheet

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What is first-episode psychosis?

People with a first episode of psychosis experience distressing symptoms such as unusual beliefs or abnormal behaviour (positive symptoms) and/or withdrawal or loss of interest in work or school (negative symptoms). Early intervention programs for schizophrenia and psychosis often combine many elements comprising both pharmaceutical and psychosocial therapies, and may involve enriched therapies that are tailored to an individual's needs. The conclusions presented here are based on group data, and as such individual treatment programs need to be tailored by trained clinicians. Individual response to treatment can vary in terms of both symptoms and adverse effects.

What is the evidence for treatments for first-episode psychosis?

High quality evidence suggests multi-element first-episode psychosis programs involving both antipsychotic medication and psychosocial treatments may provide a small reduction in the risk of relapse and symptoms after a first episode of psychosis compared to treatment as usual. Moderate quality evidence suggests these programs may also improve social function, quality of life, treatment adherence, and treatment satisfaction. The addition of Cognitive Behavioural Therapy or Relapse Prevention Therapy to these programs does not further reduce the rate of relapse or suicide, but may further improve negative symptoms, social function, and quality of life. High quality evidence shows second generation antipsychotics may be associated with fewer side effects than first generation antipsychotics in first-episode patients, with no differences in symptoms. Moderate quality evidence suggests olanzapine may result in better clinical improvement and treatment adherence than haloperidol, and olanzapine and risperidone may result in fewer side effects. Chlorpromazine, haloperidol, risperidone, and olanzapine may be more effective than placebo from the first week of treatment, and are most effective in the first two weeks of treatment. Moderate quality evidence suggests no differences in long-term outcomes when medication is delayed for a short period of time and psychosocial treatments are provided in a research setting when compared to immediate commencement of medication without psychosocial treatment. Moderate to low quality evidence suggests no significant benefit of group therapy over individual therapy for negative symptoms, functioning and quality of life, but some benefit for improving psychotic symptoms, treatment adherence and treatment satisfaction.

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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