Review: early intervention services can be clinically beneficial for people with early psychosis

Are benefits to early intervention as an approach to people with early psychosis? It is important to examine these subcomponents. In order to refine and improve intervention services, this would actually make a positive difference in terms of short and long-term outcomes. For funders and policy makers, although there may be pressure to reduce the complex mix of services to early intervention services, this would actually result in only a short-term financial benefit. The evidence shows that the long-term benefits of reduced symptoms (through CBT) and reduced relapse and readmission (through family therapy) include greater levels of employment and social inclusion and subsequent reduced burden on welfare and services.

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REFERENCES

QUESTIONS
Question: How effective are early intervention services, cognitive-behavioural therapy (CBT) and family interventions for people with early psychosis?

Outcome: Duration of untreated psychosis, hospital admissions, psychotic relapse, mean positive and negative symptoms (measurement scales: Positive and Negative Syndrome Scale, Scale for Assessment of Positive Symptoms, Scale for Assessment of Negative Symptoms, Brief Psychiatric Rating Scale).

Methods
Design: Systematic review and meta-analysis.

Data sources: CINAHL, CENTRAL, EMBASE, MEDLINE and PsycINFO searched from database inception to September 2009; some hand searching and backwards citation checking.

Study selection and analysis: Inclusion criteria: Patients with diagnosis of early psychosis (clinical diagnosis within 5 years of first presentation or episode). Exclusion criteria: Interventions targeted at prepyschotic or prodromal patients, or those in high-risk groups; trials that did not clearly report randomisation; trials with fewer than 10 participants. The Scottish Intercollegiate Guidelines Network checklist was used to assess eligibility. Two authors extracted study details, and three extracted outcome data. One author checked for accuracy.

MAIN RESULTS
Four trials (n=800) were included in meta-analysis of the effects of early intervention services. Early intervention services reduced likelihood of relapse compared with standard care (2 randomised controlled trials (RCTs), RR 0.66, 95% CI 0.47 to 0.94) and reduced hospital admissions (3 RCTs, RR 0.67, 95% CI 0.54 to 0.83). Psychosis symptoms were also reduced (positive symptoms: 2 RCTs, standardised mean difference (SMD) −0.21, 95% CI −0.42 to −0.01; negative symptoms: 2 RCTs, SMD −0.39, 95% CI −0.57 to −0.20).

Three trials (n=288) of family interventions were identified. The intervention reduced risk of relapse and hospital admission combined compared with standard care (composite RR 0.50, 95% CI 0.32 to 0.80), but this effect was not observed with relapse and hospital admission as single end points.

Four trials (n=620) of CBT-based interventions found a reduction in positive symptoms compared with usual care after 2-year post-treatment follow-up (SMD −0.60, 95% CI −0.79 to −0.41) but not at end of treatment. Negative symptoms also showed an improvement at 2-year follow-up only (SMD −0.45, 95% CI −0.80 to −0.09). There was no difference in rates of hospital admission or relapse between patients undergoing CBT and those receiving usual care.

CONCLUSIONS
Early intervention services, family intervention and CBT all showed some benefits for treatment for early psychosis when compared with standard care. Early intervention services seem to give the widest range of benefits by improving symptoms and reducing risk of hospital admission and relapse. These effects were observable by the end of treatment.

ABSTRACTED FROM

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