THE IMPACT STUDY: HOW KNOWLEDGE ABOUT PHYSICAL HEALTH CAN BE USED IN THE DEVELOPMENT OF AN INTEGRATED HEALTH PROMOTION INTERVENTION

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People with psychosis have a 20% shorter life expectancy, are 5 times more likely to have diabetes and twice as likely to die of cardiovascular disease than the general population. Life style choices and medication impact on physical health which in turn impacts on self esteem, relationships and engagement with interventions. The IMPACT study aims to improve physical health in psychosis. Study 1 is a prospective study of physical, mental and substance use outcomes in 200 people with first episode psychosis assessed at 0, 3, 6 and 12 months. Study 2 comprises a delphi consultation to develop the manualised health promotion intervention (HPI). Service users, mental health workers and experts in motivational interviewing, cognitive behaviour therapy, psychosis and substance use took part in an iterative process involving pilot training, pilot interventions and 3 rounds of feedback. In study 3, the final manualised HPI formed the basis of a RCT to investigate effectiveness and cost-effectiveness. Outcomes from study 1 and 2 are discussed here. Study 1 reveals that even at the early stages of first episode psychosis differences are present in the metabolic status of those with psychosis compared to healthy controls. Study 2 presents the development of a flexible, user friendly intervention, which indicates why, when and how to intervene; addresses physical and mental health; and provides information and resources for services, clinicians and service users. The emphasis is clearly placed on the importance of intervening early with metabolic risk factors and on tailoring the HPI for first episode psychosis.

Early Intervention for Stigma Prevention: Talking to young children about Severe Mental Illness

Poster B75, Friday, October 12, 12:00 - 1:45 pm, Pacific Concourse

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Stigma is a major factor influencing help-seeking behaviour and social inclusion in severe mental illness (SMI). Anti-stigma campaigns, focused on challenging stigma, target adolescents and adults. An alternative approach might involve shaping mental illness schema as they develop. This project comprised 3 studies investigating (i) children's responses to mental illness and (ii) whether we can positiviely influence children's attitudes before stigma develops. Focus groups were conducted with 7-11 year olds who watched cartoons representing psychosis and other mental health conditions and discussed these. Second, children aged 7-11 completed questionnaires assessing knowledge, attitudes, behaviour and intergroup anxiety in relation to SMI. Finally, a pilot RCT in 7-8 year olds investigated whether a story-based indirect contact and education intervention led to more positive attitudes one week later. Themes in children's responses to mental illness included: attitudes; considerations for friendship; making sense of others; and desire for certainty. Stigma emerged when children did not understand behaviour. Questionnaire data revealed that schema were largely positive, influenced by knowledge, contact & intergroup anxiety. Stigma developed in a staged way, first in girls, and then boys and closely linked to inter-group anxiety. The RCT revealed highly significant effects for the intervention. Positive attitudes and intended behaviour were partially mediated by increased knowledge. Children as young as 7, are forming mental illness schema. More positive schema are associated with more knowledge. Stigma emerged when intergroup anxiety was raised. An indirect contact and education intervention shows promise for promoting positive mental illness schema in this young age group.

Topic Area: Psychosocial Interventions

ASSESSING AND MANAGING RISKS OF VIOLENCE IN A YOUTH MENTAL HEALTH SERVICE: SERVICE DESCRIPTION, PILOT EVALUATION AND CASE CONTROL COMPARISON

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Aims: There is an association between severe mental illness, particularly psychosis, and violent or offending behaviour. Most violence among those with psychosis occurs during the first episode of illness, prior to the initiation of treatment. Reducing the risks of violence in this population is clearly desirable, however guidance is limited. This presentation describes and evaluates a pilot forensic outreach program established to reduce risks of violence among patients identified as being at high risk of, or already demonstrating, violence and offending. It will also present case control comparison data. Method: A pilot forensic satellite clinic was embedded within a youth mental health service providing early intervention to clients with emerging psychosis, mood disorders and/or personality disorders. Clients were initially invited to attend a primary consultation with their case manager and forensic specialist. Alternatively a secondary consultation was arranged. In all cases, management of the client and their risk resided with the case manager and treating team within the youth service. Results: The majority of referred clients were male (72%) and the key presenting issues were incidents of violent behavior (44%) and violent/homicidal thoughts (26%). Most consultations were primary (72%) suggesting that clients found this model acceptable. Discussion: This model aims to build the capacity of an existing clinical workforce to better assess and manage clients' risks, via consultation-liaison with forensic specialists. This early intervention approach is argued to be cost-effective, acceptable to a youth population and applicable to a broad range of mental health services.

A naturalistic exploration of first prescribed antipsychotic attrition rates

Poster C17, Saturday, October 13, 11:45 am - 1:30 pm, Pacific Concourse

Gail Kavanagh[1], Alice Bennett[1], Kristina Antonova[1], Richard Whale[1,2];[1]Sussex Partnership NHS Foundation Trust, UK, [2]Brighton and Sussex Medical School, UK

Comparative studies of antipsychotics in first episode psychosis have overall demonstrated no efficacy differences between drugs but clear differences in tolerability. All cause discontinuation rates from antipsychotics have often been used as a coarse indicator of effectiveness of drugs. We explored discontinuation rates in a naturalistic first episode psychosis setting. Large independent naturalistic comparative studies have an important place alongside randomised efficacy trials. We conducted a naturalistic retrospective review of medication records of patients managed by the Brighton first episode psychosis service, from 2006. Included patients had illness severity of at least CAARMS threshold for psychotic episode. Only 112 complete medication records were available, due to the transient population this service covers. 4 patients had declined any medication. Amisulpride was used in one case so excluded from further analysis. Olanzapine was most frequently first used (51% of cases and most biased to acute service initiation) then similar rates of use of aripiprazole, quetiapine and risperidone. All deviated little from the mean pattern of attrition of 91, 75, 53, 38 and 20% remaining on 1st drug at 1 week, 1 month, 3 months, 6 months and 1 year respectively. For comparisons of means of all cause time to discontinuation within 1 year of initiation, no significant differences were observed between any pair of drugs (all $p>0.1$). The lack of significant difference in attrition rates between drugs was remarkable, although sample sizes were small. This along with evidence of equal efficacy should guide clinicians to avoid prescribing metabolically harmful drugs first line.

Topic Area: Psychopharmacology

Do specific attenuated psychotic symptoms predict development of psychosis in ultra high-risk (UHR) patients?

Poster C78, Saturday, October 13, 11:45 am - 1:30 pm, Pacific Concourse

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Background: Studies that have attempted to identify additional factors within the Ultra High Risk (UHR) for psychosis group to classify those at the highest risk often neglect clinical symptom types as risk factors. We aimed to investigate the relationship between specific baseline clinical symptoms and subsequent transition to a psychotic disorder in a UHR sample. Method: A retrospective “case-control” methodology was used. We identified all individuals from a UHR clinic who had subsequently developed a psychotic disorder (cases) and compared them to a random sample of individuals from the clinic who were known to have not become psychotic at follow-up (controls). An audit tool was used to identify clinical symptoms reported at entry to the clinic (baseline) using the clinical file. Transition to psychosis was defined using CAARMS criteria; diagnosis at transition was assessed using the OPCRIT computer program. The relationship between transition to a psychotic disorder and baseline symptoms was explored using survival analysis. Results: The sample consisted of 120 patients. Presence of thought disorder, any delusions and elevated mood significantly predicted transition to psychosis. When other symptoms were adjusted for, only the presence of elevated mood significantly predicted subsequent transition (Hazards Ratio, 2.69, p=0.009). Thought disorder was a predictor of transition to a schizophrenia-like psychosis (Hazards Ratio, 3.69, p=0.008). Conclusions: Few individual clinical symptoms appear to be predictive of transition to psychosis in the UHR group. Clinicians should be cautious about the use of clinical profile alone to determine who is at highest risk for developing psychosis.

Topic Area: Ultra High Risk / Prodromal Research

Systematic review of randomised interventions for patients at high risk of developing psychosis: 2012 update

Poster C101, Saturday, October 13, 11:45 am - 1:30 pm, Pacific Concourse

Mihaela Bucur[1,2], Richard Whale[1,2];[1]Sussex Partnership NHS Foundation Trust, UK, [2]Brighton and Sussex Medical School, UK

Evidence for efficacy of interventions in patients identified as ‘at risk of psychosis’ is developing. This review explores overall effect of such interventions. Search strategy: Electronic databases and reference lists. Study selection: Randomised controlled trials of interventions for patients with Yung (1996) defined ‘at risk mental state’ and recording switch to operationally defined psychosis. Data extraction: Dichotomous rates of transition to psychosis at 6 and 12 months following treatment onset. Results: Six published studies met inclusion criteria: McGorry 2002 (low dose risperidone + CBT + needs based intervention for 6 months vs needs based intervention alone), Morrison 2004 (CBT+monitoring for 6 months vs monitoring alone), Mc Glashan 2006 (olanzapine for 1 year vs placebo), Amminger 2010 (omega 3 fatty acids for 12 weeks vs placebo), Yung 2010 (cognitive therapy + risperidone vs. cognitive therapy + placebo vs supportive therapy + placebo; all over 12 months), Addington 2011 (cognitive behavioural therapy vs supportive therapy for 6 months). The pooled Peto fixed effect odds ratios for dichotomous switch to psychosis at 6 and 12 months were 0.24 (95% CI 0.13–0.43) and 0.33 (0.19–0.56) respectively. Corresponding NNTs were 5 and 6. Study heterogeneity was remarkably low (I2= 0% on both occasions). Interventions for ‘at risk mental state’ appear more effective than control in reducing switch to psychosis at both 6 and 12 months later. Diversely different interventions have remarkably similar beneficial effects vs control which warrants further exploration. Further trial results are awaited to clarify this finding and examine between treatment differences.

Topic Area: Ultra High Risk / Prodromal Research