

The clinical significance of the duration of untreated psychosis

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Over the last two decades the idea that the duration of untreated psychosis is a major modifiable factor influencing outcome in psychotic disorders has had considerable influence on the field, leading to wholesale re-design of mental health services in many countries, and several thousand research articles. This raises a key question for the field: what is the strength of evidence that DUP is linked to clinical outcomes?

This talk will present a systematic appraisal covering thirteen meta-analyses coupled with new analysis to address two questions. Firstly, what is the relationship between DUP and clinical measures at first presentation? Secondly, what is the relationship between DUP and clinical outcomes following treatment?

The talk will appraise current evidence and present new analyses that address limitations of previous meta-analyses. Evidence shows that DUP is linked to more severe negative symptoms and poorer quality of life at first presentation, but, strikingly, is not linked to more severe psychotic symptoms. Importantly, longer DUP is also associated with an increased risk of deliberate self-harm. The relationship between DUP and negative symptoms is also seen in outcomes following treatment. In addition, longer DUP is associated with more severe positive symptoms and lower chance of remission following treatment, as well as poorer functional and vocational outcomes. The strength of the evidence for these associations will be considered, as well as methodological issues that bedevil the field. Finally, the research and clinical implications of these new findings will be discussed.