

Long-term rates of remission and late psychotic transition of patients at risk for psychosis

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Introduction

Research on early detection of psychosis in patients with an at-risk mental state (ARMS) usually focuses on the transition to frank psychosis. However, the majority of ARMS patients does not go on to develop frank psychosis in the 2- to 3-year follow-up period applied by most studies, and reported transition rates are declining.⁽¹⁾ Little is known about the long-term outcome of these non-transitioned patients (ARMS-NT).⁽²⁾

The aim of this study was to investigate the long-term outcome of ARMS-NT patients with respect to persistence of ARMS signs and symptoms and the rates of late psychotic transition.

Methods

We performed long-term follow-up assessments in ARMS patients that were originally identified as being at risk for psychosis in the Früherkennung von Psychosen (FePsy) project⁽³⁾ and the Bruderholz study⁽⁴⁾, but did not develop frank psychosis during the initial follow-up periods of these research projects. In the FePsy study, patients were recruited between 2000 and 2014 and followed for up to 5 years, whereas in the Bruderholz study, patients were recruited between 2004 and 2006 and followed for up to 2 years.

Patients were categorized into three groups: 1) Patients with a late transition to psychosis, 2) Patients who had remitted from their ARMS and 3) Patients who were still at risk for psychosis. Transition was defined according to the criteria of Yung et al. and remission as the absence of attenuated psychotic symptoms or brief limited intermittent psychotic symptoms for at least 12 consecutive months preceding the latest follow-up assessment. Additionally, the dates of remission or transition were assessed.

Cumulative incidence plots, which are the competing risks analog of Kaplan-Meier survival curves, were created to show estimated rates of transition and remission over the whole long-term follow-up period.

Results

Of the 206 patients that had not developed psychosis during the initial follow-ups, 70 (34.0%) participated in the long-term follow-up assessments. 109 (52.9%) could not be reached and 26 (12.6%) refused to participate. From those participating, 9 (12.9%) had made a late transition to psychosis, 52 (74.3%) had remitted from their ARMS and 9 (12.9%) were still at risk for psychosis. Late transitions in this sample occurred up to 11 years after baseline (Table 1).

Conclusions

The considerable rates of ARMS persistence and late transition to psychosis indicate that longer follow-up durations than commonly recommended should be considered in ARMS patients. Additionally, there is a need for research on potential predictors of favorable long-term clinical outcomes such as remission.

Figure 1: Cumulative incidence plot

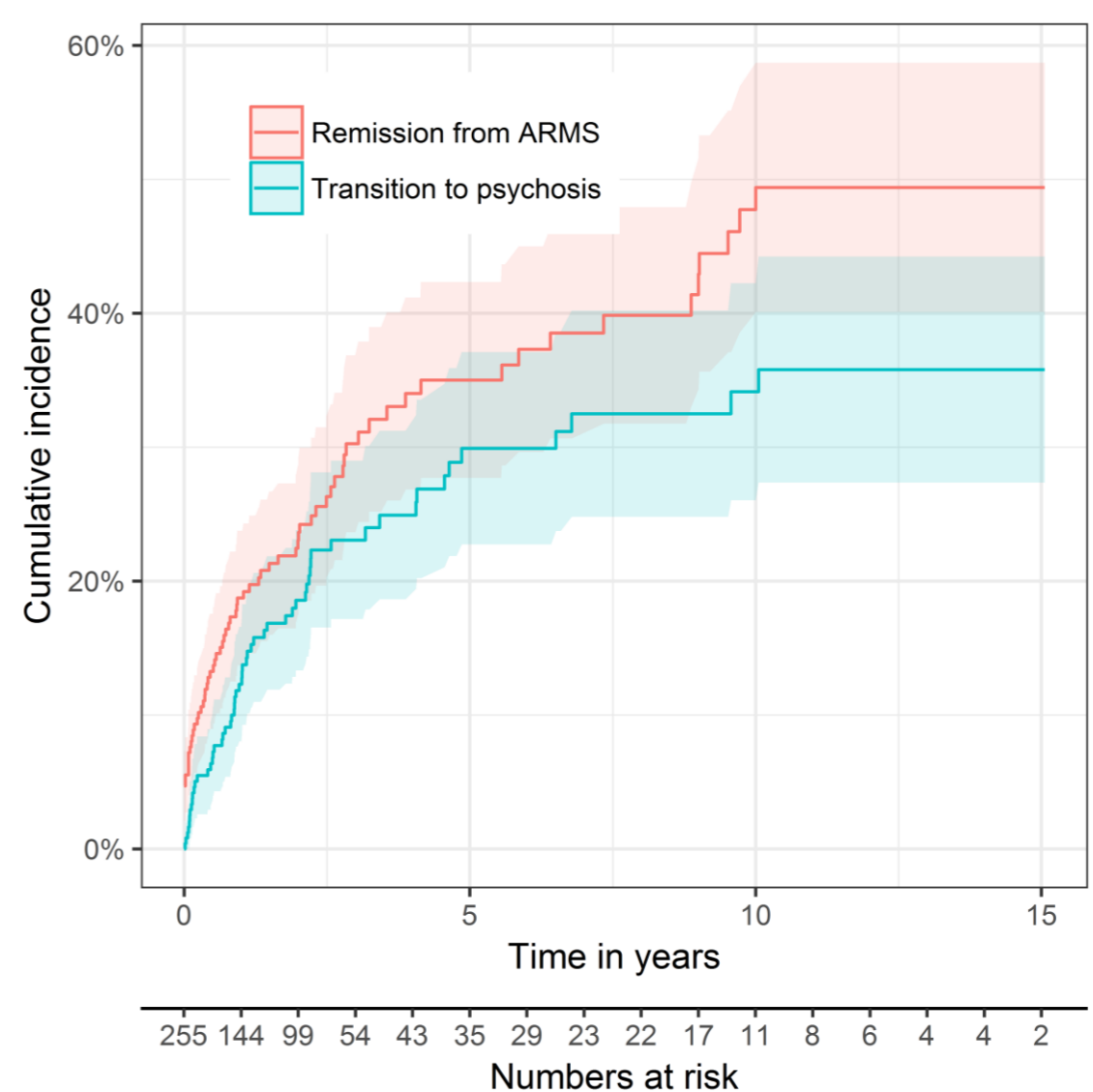


Table 1: Events per time period

Interval	Transitions	Remissions
0 - 1 years	28	44
1 - 2 years	12	8
2 - 3 years	7	10
3 - 5 years	7	5
5 - 7 years	2	3
7 - 9 years	0	3
9 - 11 years	2	4

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Disclosure Information

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