AFFECTIVE AND NON-AFFECTIVE FIRST EPISODE PSYCHOSIS: DUP, SUBSTANCE ABUSE AND CLINICAL OUTCOME

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INTRODUCTION

Schizophrenia is a chronic, disabling disorder for most affected individuals. Some studies have addressed the importance of characteristics of illness onset in predicting outcome in schizophrenia (1).
Sometimes there is an overlap between psychotic and affective symptoms at the onset of disease; this issue could implicate relevant differences in treatment and prognosis of these patients. For example, DUP has been shown to be shorter for subjects with psychotic affective disorder than non – affective psychosis, and this fact suggests that these patients could have a better prognosis (2) (3).

AIMS

Understand which baseline characteristics (DUP, substance use) and clinical outcomes differ between affective and non – affective FEP patients.

METHODS

175 FEP patients were consecutively admitted to Hospital del Mar since January 2008 to September 2014 and entered the first episode programme of the institution. The included evaluation were, among others: sociodemographic data, duration of untreated psychosis (DUP), diagnosis, substance use, the Positive and Negative Symptoms Scale (PANSS) and the global assessment functioning scale (GAF) at baseline and 1 year follow – up.
We studied differences in age, gender, DUP, substance use, GAF scores at baseline and 1 year follow – up and PANSS subscale scores at base and 1 year follow – up between patients with affective and non – affective first – episode psychosis. We used the Chi-Square test for categorical data and Mann-Whitney test to compare the means for continuous data.

RESULTS

In our FEP sample, patients with a diagnosis of affective psychosis were predominantly men (86,7%, p = 0,018) and were younger (mean age 22,27, p =0,028) than patients with non – affective psychosis.
We found a significative shorter DUP in affective psychosis than non –affective psychosis (p = 0,013). When we analysed the substance use (in percentages) we did not find significant differences between both groups. But when we considered specifically the cannabis use per week, we found a significative higher cannabis use in the affective psychosis group (p = 0,045).
In relation clinical outcomes, we found a significative higher GAF score (p = 0,02) and lower PANSS negative score (p = 0,027) and PANSS general pathology score (p = 0,033) in affective episodes than non – affective episodes.

Table 1. Clinical variables in affective and non - affective first episode psychosis.

	Non - affecctive psychosis	Affective pschosis	X^2	U Mann - Whitney	W Wilcoxon	p
Gender (%men)	56,2	86,7	5,24			0,018*
Age (m, ds)	25,39 (5,11)	22,27 (2,576)		787,5	907,5	0,028*
DUP	111,41 (198,072)	23,3 (34,935)		313,5	368,5	0,013*
Alcohol use (%)	57,5	73,3	1,42			0,18
Cocaïne use (%)	18,1	20	0,032			0,542
Cannabis use (%)	48,8	73,3	3,316			0,059
Cannabis per week (m, ds)	9,16 (20,832)	17,27 (27,704)		846,5	13726,5	0,045*
GAF 1 year (m, ds)	66,57 (17,574)	80 (13,363)		137,5	2552,5	0,02*
PANSS P 1 year (m, ds)	10,31 (5,914)	8,43 (1,618)		200	228	0,885
PANSS N 1 year (m, ds)	14,63 (6,313)	9,71 (3,302)		100,5	128,5	0,027*
PANSS PG 1 year (m, ds)	27,24 (9,919)	20,43 (5,062)		104,5	132,5	0,033*
PANSS T 1 year (m, ds)	52,52 (20,259)	40 (8,021)		121,5	149,5	0,077

CONCLUSIONS

In our sample of first episode psychosis, patients with a diagnosis of affective psychosis have a shorter DUP, lower negative symptoms and a better functional outcome at 1 year follow up than patients with non – affective psychosis. This issue is in agreement with other recent studies that suggest a better prognosis for FEP with affective symptomatology (2) (3).
Moreover, the higher cannabis use in affective psychosis group could be explained by two factors. First, affective group have a higher percentage of men, and it is known that the cannabis use is higher in men than women. On the other hand, cannabis use has been associated with more depressive symptoms too (4).
Finally, more studies should be done to determine the impact of affective symptomatology on clinical outcome of FEP patients.

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