

SUBSTANCE ABUSE IN FIRST EPISODE PSYCHOSIS: BASELINE CHARACTERISTICS AND CLINICAL OUTCOME

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INTRODUCTION

There are high rates of substance use disorders (SUD) amongst people with first – episode psychosis (FEP).

SUD have been linked to better premorbid adjustment and more severe positive and negative symptoms at presentation, although other investigators have been unable to show these features.

In terms of outcome, SUD have been associated with poorer symptomatic and functional outcome [1].

Moreover, some recent studies suggest a trend association between cannabis use and shorter duration of untreated psychosis (DUP), as an important predictor of outcome in FEP [2].

AIMS

With this study, we want to know which baseline characteristics and clinical outcomes differ between FEP patients with and without substance use.

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, GAF scores at baseline and 1 year follow – up and PANSS subscale scores at base and 1 year follow – up between substance users and non - users. We used the Chi-Square test for categorical data and Mann-Whitney test to compare the means for continuous data.

RESULTS

Cannabis: We found that users were significative younger ($p<0,01$) than non – users and had a higher proportion of males ($p<0,01$). Moreover, we found a significative shorter DUP in users than non – users ($p=0,008$). Furthermore we did not find significant differences in PANSS subscale scores and GAF scores at baseline and 1 year follow – up.

Alcohol: We found that users were significative younger ($p<0,009$) than non – users and had a higher proportion of males ($p<0,003$). We did not find significative differences in DUP duration between both groups, but we found significative lower PANNS negative scores at baseline ($p=0,01$) and 1 year follow up ($p=0,03$) in users group than non – users group.

Cocaine: We did not find any significant difference between users and non – users in age, gender, DUP, GAF scores or PANSS scores.

Table 1. Clinical variables in cannabis, alcohol and cocaine users and non users first episode psychosis.

| | Non use | Use | X2 | U Mann - Whitney | W Wilcoxon | p |
|---------------------------|------------------|------------------|--------|------------------|------------|--------|
| Cannabis | | | | | | |
| Age (m, ds) | 26,79 (5,347) | 23,52 (4,101) | | | | 0,000* |
| Gender (%men) | 43 | 74,2 | | | | 0,000* |
| DUP (m, ds) | 147,1 (235,187) | 64 (127,705) | 17,508 | | | 0,008* |
| GAF baseline (m, ds) | 30,41 (12,111) | 29,22 (9,392) | | | | 0,938 |
| PANSS P baseline (m, ds) | 25,21 (6,684) | 26,8 (6,305) | | | | 0,173 |
| PANSS N baseline (m, ds) | 16,84 (6,614) | 15,95 (6,774) | | | | 0,403 |
| PANSS PG baseline (m, ds) | 43,4 (11,075) | 42,98 (10,521) | | | | 0,953 |
| PANSS T baseline (m, ds) | 86,27 (25,286) | 83,02 (17,306) | | | | 0,723 |
| GAF 1 year (m, ds) | 66,49 (15,807) | 69,64 (19,538) | | | | 0,266 |
| PANSS P 1 year (m, ds) | 9,74 (4,581) | 10,63 (6,951) | | | | 0,723 |
| PANSS N 1 year (m, ds) | 14,33 (5,531) | 13,79 (7,234) | | | | 0,373 |
| PANSS PG 1 year (m, ds) | 25,95 (8,082) | 27,33 (11,829) | | | | 0,932 |
| PANSS T 1 year (m, ds) | 50,05 (15,77) | 52,85 (24,493) | | | | 0,809 |
| Alcohol | | | | | | |
| Age (m, ds) | 26,35 (5,324) | 24,27 (4,628) | | | | 0,009* |
| Gender (%men) | 45,8 | 68 | 8,569 | | | 0,003* |
| DUP (m, ds) | 121,56 (236,599) | 94,52 (160,428) | | | | 0,671 |
| GAF baseline (m, ds) | 29,82 (13,138) | 29,83 (9,079) | | | | 0,349 |
| PANSS P baseline (m, ds) | 25,04 (6,559) | 26,59 (6,474) | | | | 0,135 |
| PANSS N baseline (m, ds) | 18,04 (6,193) | 15,35 (6,81) | | | | 0,01* |
| PANSS PG baseline (m, ds) | 44,33 (11,188) | 42,46 (10,496) | | | | 0,428 |
| PANSS T baseline (m, ds) | 88,78 (26,255) | 81,91 (17,849) | | | | 0,217 |
| GAF 1 year (m, ds) | 64,78 (15,421) | 69,68 (18,594) | | | | 0,145 |
| PANSS P 1 year (m, ds) | 10,41 (5,437) | 9,9 (5,835) | | | | 0,454 |
| PANSS N 1 year (m, ds) | 15,74 (5,868) | 12,97 (6,306) | | | | 0,03* |
| PANSS PG 1 year (m, ds) | 27,41 (8,45) | 25,9 (10,585) | | | | 0,207 |
| PANSS T 1 year (m, ds) | 53,56 (16,955) | 49,56 (21,425) | | | | 0,091 |
| Cocaine | | | | | | |
| Age (m, ds) | 25,21 (5,185) | 24,75 (4,235) | | | | 0,841 |
| Gender (%men) | 56,6 | 68,8 | 1,583 | | | 0,144 |
| DUP (m, ds) | 105,75 (187,495) | 100,36 (210,462) | | | | 0,329 |
| GAF baseline (m, ds) | 30,21 (11,296) | 28,19 (8,556) | | | | 0,593 |
| PANSS P baseline (m, ds) | 25,46 (6,263) | 28,08 (7,266) | | | | 0,071 |
| PANSS N baseline (m, ds) | 16,8 (6,583) | 14,81 (6,969) | | | | 0,132 |
| PANSS PG baseline (m, ds) | 43,28 (10,386) | 42,85 (12,438) | | | | 0,945 |
| PANSS T baseline (m, ds) | 85,23 (22,303) | 82,7 (20,283) | | | | 0,89 |
| GAF 1 year (m, ds) | 66,84 (17,075) | 72,6 (19,566) | | | | 0,138 |
| PANSS P 1 year (m, ds) | 10,1 (5,467) | 10,14 (6,455) | | | | 0,576 |
| PANSS N 1 year (m, ds) | 14,42 (5,539) | 12,93 (8,499) | | | | 0,1 |
| PANSS PG 1 year (m, ds) | 26,5 (8,288) | 26,57 (14,271) | | | | 0,223 |
| PANSS T 1 year (m, ds) | 51,21 (16,799) | 51,14 (28,796) | | | | 0,198 |

CONCLUSIONS

In our sample of first episode psychosis, cannabis and alcohol use is linked with a younger age and a high proportion of males. Moreover, it seems that cannabis use could be associated with a shorter DUP. This issue is in agreement with other recent studies, especially when cannabis use is defined in terms of current or recent use (rather than lifetime use) [2].

The association between alcohol use and less severe negative symptoms has also been described in a recent study. The authors suggest this association could be due to the fact that individuals with lower negative symptoms could be more capable of getting access to alcohol [3].

More studies should be done to determine the impact of substance use disorders on clinical outcome of FEP patients.

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