Nearly Half of Incident Psychotic Disorders over Six Years is Not Attributable to Preceding Positive Psychotic Experiences: A Prospective Study in a Representative General Population

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Submitter Umut Kirli

Affiliation Ege University Institute on Drug Abuse, Toxicology and Pharmaceutical Science

SUBMISSION DETAILS

Secondary Category Early Psychosis and Markers of Psychosis

Abstract Details The data presented is new and unpublished. The data presents the population attributable fraction for incident psychotic disorders over six years attributable to preceding psychotic experiences, mood episodes, and other familial and environmental exposures (e.g. substance use). The sample is representative of the urban and rural general population of the third most-populated city of Turkey, and includes a prospective follow-up of this sample (n:2185).

Poster or Oral Presentation Both Poster and Oral

Background Growing evidence suggests that early intervention in psychosis is a promising paradigm shift. Its utility may be boosted through more comprehensive strategies for early detection in general populations. Robust evidence has linked baseline psychotic experiences (PEs) and general psychopathology, family history of mental disorders, and some environmental exposures (e.g. cannabis use) with increased risk for subsequent psychotic disorders (PDs). However, assessments of incidence of PDs attributable to these ‘markers’ in general populations is limited. By combining prevalence rates and relative risk, these assessments might indeed open a new era of community-based early detection in psychosis. The aim of this study is to estimate the population attributable fraction (PAF) of incident PDs for preceding PEs, mood episodes, general psychopathology, and family history of mental disorders/ cannabis use in a six years follow-up of a representative general population

Methods A community-based sample, representative of the urban and rural population of a metropolitan city (n: 2185) was visited twice at their households (baseline and sixth year follow-up assessments). PEs, mood episodes, general psychopathology, cannabis and alcohol use was evaluated using Composite International Diagnostic Interview 1.2. PEs were categorized into clinical PEs (associated with distress or help-seeking or frequent) and subclinical PEs. Family history of mental disorders was assessed using questions derived from the Family Interview for Genetic Studies. Participants with probable PDs were re-interviewed with the SCID-I by team psychiatrists at both assessments. PAF analyses were performed adjusting for age, gender and education

Results The incidence rate of PDs was 21.8 per 100,000 person-years. Of the PDs incidence in the general population, 62.2% (%95 CI: %32.0-78.9) was attributable to help seeking for any mental disorders at baseline. Only half of the PDs incidence was attributable to baseline PEs (PAF: 53.3; 95% CI: %22.8-71.4) at any severity (including clinical and subclinical PEs). Interestingly, PAFs of PDs incidence for baseline clinical PEs and baseline mood episodes were similar (PAFs respectively; 41.1, 95%CI: 17.5-58.6 and 39.3, 95%CI:12.1-58.1). Furthermore, the PAFs of PDs incidence for any family history of mental disorders (37.0, %95CI: 8.7- 56.5) and cannabis use (PAF: 26.6, %95 CI: %7.2-41.9) were also high.

Discussion These results highlight the importance of different pathways through psychotic disorders outside the 'exacerbation of positive symptoms' pathway. Assessments of multiple dimensions of psychopathology next to subthreshold positive domain may be more effective for community-based achievements in early detection of PDs

Keyword

Keywords
psychotic experiences
Mood disorders
Incidence of psychotic disorders
cannabis use
Family history of psychiatric disorder

Poster Award Yes

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Please list all co-authors for this poster submission.

* Presenting Author

First Name	Last Name	Affiliation
Umut *	Kirli *	Ege University Institute on Drug Abuse, Toxicology and Pharmaceutical Science
Tolga	Binbay	Dokuz Eylul University
Koksal	Alptekin	Dokuz Eylül University
Hayriye	Elbi	Ege University
Jim	van Os	Utrecht University Medical Centre

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DISCLOSURE

Financial Relationships

Disclosure No, I have nothing to disclose.