| |
|---|
| **Synopsis no.: S2.5** |

| |
|---|
| **Preliminary title: Prevalence and impact of adult life events on first episode psychosis: a multi-centre study** |

| |
|---|
| **Contact info for the person(s) proposing the synopsis**<br><br>**Name:** **Lieuwe de Haan**<br>**Partner no:** **P8/AMC**<br>**e-mail address:** **l.dehaan@amc.uva.nl** |

| |
|---|
| **Publication category: 2** |

| |
|---|
| **Working and writing group:**<br><br>E Velthorst, S Beards, L de Haan, C Morgan, M Ruggeri, C Arango, C Gayer-Anderson, S Stilo, E Velthorst, I Tarricone, D Berardi, A Lasalvia, S Tosato, T Charpeaud, F Schurhoff, J van Os, B Rutten, R Murray |

| |
|---|
| **Work Packages involved:** **WP2** |

| |
|---|
| **Partners involved from whom candidate co-authors (*additional to working and writing group*) should be nominated:** |

| |
|---|
| **Objectives (scientific background, hypothesis, methods, and expected results):**<br><br>**Aim:**<br><br>In contrast to studies examining childhood adversity, literature about the impact of adult life events on psychosis is scarce (Beards et al., 2013). With the present synopsis we aim to extent previous work by comparing the prevalence (i.e., cases vs. controls) and by examining the specific impact of adult life events in closer detail. We will make use of a control group drawn from the same catchment area.<br><br>**Key objectives:**<br><br>1) To compare the prevalence of adult life events in the year prior to first contact with MHS (or prior to first interview) between patients with a first episode psychosis and control subjects.<br><br>1b) To examine possible variations in the prevalence of adult life events across study centres.<br><br>1c) To examine possible variations in the prevalence of adult life events across different age groups, gender and social status.<br><br>2) To examine the impact of adult life events on (severity and type of psychotic and non-psychotic) psychopathology by comparing baseline symptomatology and level of functioning of patients and controls with and without life events in the year prior to first interview. More specifically, in examining the impact of adult life |

events on symptoms, we aim to include measures to determine:

2a) Timing/ data of the exposure prior to first contact with MHS (for the psychosis sample) and timing of the exposure prior to interview (for the control sample)

2b) Number of different exposures

2c) Type of exposure (e.g. health, relationships, crime events)

3) To compare characteristics of patients with adult life events (>2 life events) with those of patients without (many) adult life events (0-2 life events). For example, we will examine:

3a) Year of illness onset; Clinical diagnosis; premorbid functioning (PAS)

3b) Differences in symptom profile (including distinction between affective and non-affective psychoses), and level of functioning

3c) Cognitive functioning

**Data needed for the study:**

**Instruments needed:**

- Combined Social Scales parts: MRC Sociodemographic Schedules; List of threatening Experiences;

- Cannabis Experience Questionnaire; to determine amount of recent cannabis use

- OPCRIT (patients) and CAPE (controls); to examine symptomatology

- GAF disability & symptoms; level of current functioning

- PAS; level of premorbid functioning

- NOS-DUP; Date of illness onset

- Medication list, to be able to control for medication use in the analyses

- WAIS shortened, to assess cognitive functioning

**Plan for statistical analysis (overall strategy):**

1) Logistic regression to examine prevalence of life events between cases and controls and across study sites. These analyses will also be stratified by gender to see if associations vary for men and women.

2) Logistic and linear regression to examine the relationship between life events and baseline symptomatology and level of functioning, and logistic regression to explore contextual elements of the life events data, e.g. timing of events and their type.

3) Further logistic regression will be used to examine differences between cases with >2 life events and 0-2 life events, including year of onset, clinical diagnosis, premorbid functioning, differences in symptoms and functioning levels and cognitive functioning.

**Other analyses/methods: n/a**

| | |
|---|---|
| **Involvement of external Parties (non EU-GEI): n/a** | |
| **IPR check:** | |
| **Timeframe:** | |
| **Additional comments:** | |