

Synopsis for EU-GEI WP5 Publication

Synopsis no.: S5.17
Preliminary title: BRIEF LIMITED INTERMITTENT PSYCHOTIC EPISODE: IS IT REALLY A RISK STATE?
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Publication category: 3 Publications from a single work package involving only some parties (or in some cases only one party) in the Work Package
Working and writing group: WP5 members at the Institute of Psychiatry London
Work Packages involved: WP5
EU-GEI Partners involved from whom candidate co-authors (additional to working and writing group) should be nominated: Interested parties in WP5
Objectives (scientific background, hypothesis, methods, and expected results): The Brief Limited Intermittent Psychotic Episode is considered a risk state towards the development of the disease. This is based on the assumption that an episode of frank psychosis lasting less than seven days is a relatively benign condition, as compared to the more severe ICD/DSM diagnoses of Acute and Transient Psychotic Disorder and Brief Psychotic Disorder. However, such an assumption has never been supported by empirical data. Vice versa, the new DSM-5 Attenuated Psychosis Syndrome diagnosis excluded the BLIP group from its inclusion criteria. In this project we will test the hypothesis that the BLIP is not a risk state as traditionally defined by attenuated psychotic symptoms (APS). We will first test cross-sectionally the hypothesis that the BLIP group has distinctive baseline sociodemographic characteristics, subjective complaints and a different functional status as compared to the APS group. We will then test longitudinally the hypothesis that the BLIP group has different clinical outcomes in change of HR symptoms, treatments received, transition, remission, functional status and any use of mental health service. These results may change the diagnostic process of the field support the notion that the BLIP is a true psychotic disorder and not a risk state, and that it should be treated with tertiary (relapse) prevention approaches.
Data needed for the study: (please list the EU-GEI WP5 instruments) Predictor: -HR inclusion criteria (BLIP vs APS) Outcomes -Cross-sectional sociodemographic features, functional status, subjective complaints -Longitudinal treatments received during follow-up time -Longitudinal change in HR symptoms -Longitudinal transition, remission, functional status, any use of mental health service (number hospital admission, days in hospital)
Plan for statistical analysis (overall strategy): The association between inclusion criteria (BLIP vs APS) and outcomes data will be assessed with regression analyses.
Other analyses/methods: none
Involvement of external Parties (non EU-GEI): none
IPR check (Intellectual property rights): N/A
Timeframe: 6 months since acquisition of data
Additional comments: