First-episode psychosis: Personality, clinical dimension and early course
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The thesis is part of a Scandinavian follow-up study, Early Intervention in Psychosis (the “TIPS” Project). The sample comprises first-episode non-affective patients (n=301), of which the Roskilde sub-sample (n=55) had separate investigations of personality trait/disorders. The study showed that two-thirds of the patients had a comorbid personality disorder at two-year follow-up, and schizoid, paranoid and avoidant personality disorder were the most frequent. Schizotypal traits were less prevalent, which in relation to the late follow-up is attributed to uncertainty in differentiating prodromal symptoms and the psychosis itself. Dimensional personality scores caught more variance than a categorical approach. Schizoid, avoidant and schizotypal traits were associated with poor premorbid social functioning and the schizoid traits were correlated with later development of negative symptoms. Patients with first-episode psychosis had significantly high NEO-PI-R scores for neuroticism and agreeableness, and lower scores for conscientiousness and extroversion.

The median time for remission in the total sample was three months. Female gender and better premorbid functioning were predictive of less negative symptoms and shorter duration of untreated psychosis (DUP) was predictive for shorter time to remission, stable remission, less severe positive psychotic symptoms, and better social functioning. Female gender, better premorbid social functioning and more education also contributed to a better social functioning. 16.4 percent of the patients remained psychotic within the first two years. These patients were younger, usually men living alone, with longer DUP, worsening of premorbid social functioning and with schizophrenia. Control of interaction effects showed that duration of untreated psychosis was the only significant predictor for non-remission. Fewer excitative and more negative symptoms at baseline predicted non-remission within the first three months. In general, long DUP, less excitative and more negative symptoms at baseline, and lack of inadequate immediate response to treatment should warn clinicians to pay attention to the more elaborate needs of these patients. A re-evaluation at three months should reveal that non-remitted patients with longer DUPs indicate high risk of continuous non-remission. A possible shift to clozapine for this group should be strongly considered.