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**Duration of Untreated Psychosis and the Use of Antipsychotic Medication During the Course of Illness in the Northern Finland 1966 Birth Cohort**

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**Introduction:**

Long duration of untreated psychosis (DUP) predicts poor short- and long-term outcome in schizophrenia. It may also be a marker of resilience and associate with lower doses or shorter periods of using antipsychotic medication which may or may not be correlated with the association between DUP and outcome.

**Objectives:**

To study the association between DUP and the use of antipsychotic medication in long-term follow-up.

**Aims:**

To find out whether the delayed treatment in first-episode psychosis associates with using less antipsychotic medication during the course of illness

**Methods:**

In the prospective Northern Finland 1966 Birth Cohort length of DUP and information on lifetime use of antipsychotic medication for 60 individuals with schizophrenia was assessed from medical records from the first episode until age 34 years. Association between length of DUP and cumulative dose-years of antipsychotics was analysed using linear regression analysis. Logarithmic transformations of DUP and dose years were used.

**Results:**

Mean DUP was 227 days (SD 359) and mean of cumulative dose years was 2.41 (SD 1.29). Symptoms measured using PANSS ranged from 30 to 122, mean 53 (SD 21). Duration of untreated psychosis did not associate with the use of antipsychotic medication (beta = -0.124, p = 0.343).

**Conclusions:**

There was no evidence of an association between DUP and the use of antipsychotic medication. Although long DUP has long-term association with poor outcome, it does not have an association with the use of antipsychotic medication based on the population-based long-term follow-up.