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First-episode psychosis: What does it mean?

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Introduction First-Episode Psychosis (FEP) is a variable condition, characterized by the emergence of new psychotic features for a period of at least 1 week. The majority of existing studies about FEP only address schizophrenia spectrum psychosis (SSP), which may limit the capacity to fully characterize this entity.
Objectives/Aims Report the clinical and socio-demographic characteristics of patients with FEP in real-world setting, and compare the differences among SSP and affective FEP.
Methods Retrospective analysis of clinical files of patients admitted to our hospital unit with FEP diagnosis from January/2012 to April/2015. Clinician-rated dimensions of psychosis symptom severity scales (DSM-5) were applied.
Results Annual incidence of FEP was 11,3/100,000. From a total of 755 patients, 57 (7,5%) corresponded to FEP; 38 (66,7%) were diagnosed with SSP, 11 (19,3%) affective psychosis, 3 (5,2%) toxic psychosis and 5 (8,8%) organic psychosis. Most were female (61,4%), with a mean age of 49 years. The majority were unemployed (66,7%), lived with family (57,9%), and presented with moderate-severe delusions (80,1%), but without hallucinations (57,8%), disorganized speech (59,6%) or negative symptoms (85,9%). Affective FEP patients were older (61 vs 45 years), presented with less severe psychotic symptoms (7,2 vs 8,3 points), but with higher hospital admission (26,1 vs 21,1 days).
Conclusions Regardless the growing interest concerning FEP, its conceptualization and characterization remains controversial. Our results differ from pre-existing literature data, especially concerning gender and age. By including all the possible etiologies of FEP, we aimed to obtain a more realistic characterization of this entity in a real-world setting.
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Neutrophin signalling in first-episode psychosis: relationship with treatment response 1 year after the illness onset

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Introduction Pro/antiinflammatory imbalance has been found in first-episode psychotic (FEP) patients, even 12 months later. Current research is every time more focused in the need to find biomarkers to understand the underlying pathophysiological mechanisms of this severe illness.
Objectives To assess peripherical levels of neurotrophins and their receptors and their correlation with inflammation, clinical symptomatology and response to antipsychotic treatment, over the time.
Methodology Ninety-four FEP patients and 80 matched healthy controls were included. Blood samples were taken at baseline to measure BDNF and NGF and their receptor levels (TrkB-full, TrkB-truncated and TrkA) and pro/antiinflammatory parameters (NFkB, COX-2, iNOS, PPARgamma, 15d-PG12). Patients were followed-up during 12 months.
Results BDNF TrkB-full receptor and NFG TrkA receptor levels increased during the follow-up whereas BDNF TrkB-truncated form receptor decreased. After adjusting for confounding variables, baseline levels of proinflamatory variables were significantly related to TrkB-full/TrkB-truncated ratio (FL/T), suggesting that a higher proinflammatory status is related to a higher FL/T ratio expression. Furthermore, baseline FL/T ratio could have a predictor role of patient's functionality 1 year after the illness onset, depending on whether patient is treated or not with antipsychotic drugs.
Conclusion Inflammatory processes, neurotrophic pathways and functional status of FEP patients seem to be related which is of great traslational relevance. Specific, the expression of the 2 isoforms of BDNF receptor should be taken into account before starting an antipsychotic drug treatment.
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Antipsychotic Medication Adherence Scale (AMAS): Development and preliminary psychometric properties

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Introduction Although being highly consensual that antipsychotic adherence is an important outcome predictor in psychosis, existing reviews have found mean rates of adherence around 40–60%. Several aspects, such as patient-related, medication-related, environmental-related variables have been described as important predictors.
Aims This study aim is to develop, administer and present preliminary psychometric properties of a new scale for antipsychotic medication adherence that includes different types of predictors (clinical, psychosocial, and practical among others).
Methods The "AMAS" was developed by a multidisciplinary team and was based on recent research on factors influencing antipsychotic adherence. The scale evolved from multiple drafts and experts were contacted in order to improve the final version.