THE ASSOCIATION BETWEEN DURATION OF UNTREATED PSYCHOSIS (DUP) AND LONG-TERM OUTCOME IN SCHIZOPHRENIA. A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction: Duration of untreated psychosis (DUP) is one of the few potentially modifiable predictors of outcome in schizophrenia. The long DUP and its relation to poor short-term outcome of schizophrenia has been studied in meta-analyses, but the conclusions remain unclear regarding the long-term effects of DUP.

Aim: To study the association between DUP and long-term outcome in a meta-analysis.

Methods: A systematic literature search of studies on DUP and long-term outcome in schizophrenia was performed using seven electronic databases. Studies were included if the follow-up was at least two years, the majority of subjects had a diagnosis of schizophrenia and DUP was studied with at least one of the following outcome categories: positive, negative, general and total symptoms, need of treatment, social functioning, employment, global outcome, quality of life and remission. Random effect methods were used to pool the effects of original studies.

Results: 2636 unique publications were identified of which 37 met our pre-defined selection criteria. Long DUP correlated with more severe positive (number of studies n=16; r=0.17), negative (n=17; r=0.14), general (n=4; r=0.29) and total symptoms (n=7; r=0.14) and with poor social functioning (n=13; r=0.13), poor global outcome (n=15; r=0.22) and less likely remission (n=16; r=0.14). The association between long DUP and decreased need of treatment was close to statistical significance (n=12; r=0.12). Employment (n=5) and quality of life (n=5) were not associated with DUP.

Conclusion: Severe symptoms and decreased functionality does not seem to increase the need of treatment or decrease the quality of life or employment.