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Introduction: Schizophrenia is generally a lifelong condition. Despite high mortality, most survive into old age. Few prospective longitudinal studies have analysed trajectories from early-mid adulthood into old age.

Aim: Systematically review longitudinal studies of the progression of schizophrenia into old age, focusing on cognition, functioning, co-morbidity, mortality and quality of life.

Objective: Advance understanding of the course of schizophrenia and highlight interventions that improve outcomes and even achieve a state of wellbeing in later life.

Methods: Electronic search of PubMed, PsychINFO and Scopus. Search terms: (ageing OR 'older adult' OR elderly OR geriatric OR 'late life') AND (schizophrenia OR schizoaffective OR schizopreniform'). Articles and books searched manually.

Results: The course in later life is variable. Many remain symptomatic and mortality and somatic comorbidity increase. Higher rates of decline in cognitive functioning affect ability to function independently. However, many individuals have a favourable clinical course and may stop receiving treatment altogether. 18-27% achieve recovery in old age. Growing evidence base for interventions that alleviate symptoms, improve social and cognitive functioning and quality of life. Inequalities remain in the quality and range of treatment interventions available to older people with schizophrenia.

Conclusions: Early introduction of regular psychiatric and somatic assessments and prompt and adequate treatment of symptoms and comorbidities throughout the life course are essential. Cases of remission/recovery are often excluded in clinical research. This risks presenting a biased, somewhat pessimistic description of the illness course into later life. Evidence base for interventions needs improvement and future trials must include older participants.