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Pathways to psychosis: Help-seeking behavior in the prodromal phase

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ABSTRACT

Background: Knowledge of pathways to care by help-seeking patients prior to the onset of psychosis may help to improve the identification of at-risk patients. This study explored the history of help-seeking behavior in secondary mental health care services prior to the onset of the first episode of psychosis.
Method: The psychiatric case register in The Hague was used to identify a cohort of 1753 people in the age range of 18–35 at first contact who developed a psychotic disorder in the period from 1 January 2005 to 31 December 2009. We retrospectively examined the diagnoses made at first contact with psychiatric services.
Results: 985 patients (56.2%) had been treated in secondary mental health services prior to the onset of psychosis. The most common disorders were mood and anxiety disorders (N = 385 (39.1%)) and substance use disorders (N = 211 (21.4%)). Affective psychoses were more often preceded by mood/anxiety disorders, while psychotic disorder NOS was more often preceded by personality disorder or substance abuse. The interval between first contact and first diagnosis of psychosis was approximately 69 months in cases presenting with mood and anxiety disorders and 127 months in cases presenting with personality disorders.
Discussion: This study confirms the hypothesis that the majority of patients with psychotic disorders had been help-seeking for other mental disorders in the secondary mental health care prior to the onset of psychosis.
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1. Introduction

Many risk factors contribute to the development of psychotic disorders. Some are distant, such as genetic and other pre- and perinatal risk factors (Harrison and Weinberger, 2005; Keshavan et al., 2005). Others are more proximal, such as cannabis abuse in adolescence (Moore et al., 2007). The development of psychopathology has in many cases been found to be a prodromal sign for the development of psychotic disorders. Social decline, depression and anxiety problems, sleeping problems, cognitive disturbances and psychotic-like experiences (PLEs) often precede the onset of psychosis (Häfner, 2000; Klosterkötter et al., 2001; Häfner et al., 2005b; Krabbendam and Van Os, 2005; Yung et al., 2005; Velthorst et al., 2010).

Retrospectively, PLEs almost always precede frank psychosis, but prospectively only 8% of new cases with PLEs in the general population develop a psychosis within 24 months (Hanssen et al., 2005).

PLEs do not differ in intensity in patients compared with non-patients, but both groups do differ in their need for care (Stip and Letourneau, 2009) and in the distress associated with the symptoms (Yung et al., 2006). Need for care and distress are important determinants of help-seeking behavior, and seeking help for disorders other than psychosis might be an important pathway to psychosis. It is also shown that people who report sub-clinical psychosis are more help-seeking than those subjects who do not report sub-clinical symptoms (Murphy et al., 2010). The combination of risk factors does raise the odds of developing a psychotic disorder. For instance, in a population-based study (NEMESIS) two or more sub-clinical psychotic symptoms with depressed mood result in a forty percent chance of developing a psychosis within 24 months (Hanssen et al., 2005).

A review by Anderson et al. (2010) found help-seeking behavior in 33–98% of patients who experienced a first psychotic episode. Some of the studies included in the review found that patients contacted their GPs before the onset of schizophrenia psychosis (Norman et al., 2004). Only two studies have explored help-seeking behavior during the prodromal stage in more detail. In a retrospective study in a cohort of 24 schizophrenia patients, 19 patients (75%) sought help prior to the onset of psychosis (Bota et al., 2005). Of these patients, 14 were diagnosed with an Axis I diagnosis and 15 were prescribed medication or had a psychological intervention. Another retrospective study found evidence for prodromal disorders in 80% of 86 first-episode (schizophrenia) patients of whom 40% showed prodromal help-

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seeking behavior for these disorders (Addington et al., 2002). These proportions of help-seeking behavior (40 and 75%) are based on small sample sizes, and a more accurate estimate of the prevalence of help-seeking behavior in larger populations entering the secondary mental health services before the onset of the disorder would be helpful.

Does help-seeking in secondary mental health services result in the detection of frank psychosis at a much earlier stage? Apparently it does not. Researchers found that the delay in secondary mental health care services was associated with a duration of untreated psychosis that was seven times longer than a direct referral to a first-episode psychosis department. They concluded that intervention is required in secondary as well as primary care services to reduce the duration of untreated psychosis (Brunet et al., 2007; Boonstra et al., 2008). Health care professionals do not seem to detect the development of psychosis when treating other disorders, or perhaps they are convinced that the psychotic symptoms are secondary to other problems. If a substantial proportion of patients who are likely to develop psychosis in the future do seek help in secondary mental health services, then screening for sub-clinical psychotic symptoms might be a strategy to prevent a lengthy period of untreated psychosis. Targeted intervention might even postpone or prevent a first psychotic episode. An important question remains: what proportion of people with a first psychotic episode has been help-seeking in health services at the prodromal stage?

In this study prodromal help-seeking behavior and diagnoses over time were retrospectively explored in all consecutive cases with a psychotic disorder recorded in a psychiatric case register during five years in a well-defined urban catchment area. Additionally, we examined the time between first contact and first diagnosis of psychotic disorder.

2. Methods

2.1. Subjects

The cohort of subjects was identified in the psychiatric case register of the Parnassia Psychiatric Institute (N = 1753). This institute has been the single provider of adult mental health care (18 years and over) in The Hague for over four decades. The Hague is one of the five largest cities of the Netherlands and the catchment area covers approximately 450,000 inhabitants. The psychiatric case register contains data about inpatient and outpatient service utilization as well as patient characteristics such as all the diagnosis and demographic information from the earliest contact on. This afforded the opportunity to examine the clinical history of patients who experienced a first episode of any psychotic disorder between 2005 and 2009. The current study explored the clinical help-seeking pathways of patients aged between 18 and 35. The 14–35 year age group is considered to have the highest risk of developing psychosis (DeLisi, 1992). However, Parnassia only provides adult care (18 years and over) and therefore we had to use the age criterion of 18–35 years.

The inclusion criteria for this study were:

1) The development of a first registered DSM IV-diagnosis of affective (schizoaffective disorder, bipolar disorder or mood disorder with psychotic features) or non-affective psychosis (schizophrenia and other psychotic disorders) between January 2005 and December 2009;
2) Age between 18 and 35 years at first contact with Parnassia;
3) Residence in The Hague.

Excluded were patients with substance-induced psychotic disorders.

2.2. Statistical analyses

The distribution assumptions of the data were tested and did not meet the criteria for parametric tests. Non-parametric Mann–Whitney-tests, Kruskal–Wallis tests and two-tailed multinomial logistic regression were applied for differences in time between first contact and transition into psychosis for the different psychotic diagnoses and the different first-contact diagnoses. Mann–Whitney-U tests were used to follow up significant findings of the Kruskal–Wallis tests. We used Bonferroni correction to ensure the Type I errors did not build up to more than a .05 level of significance (critical value of .05 divided by the number of Mann–Whitney-U tests we have conducted). Kaplan–Meier analysis was performed for survival analyses: this study uses backward recurrence times. The Kaplan–Meier analysis is therefore only used to explore the time from first contact until diagnosis in the psychosis spectrum (Allison, 1985). Chi-square analyses were used to test the association between type of psychotic onset and clinical history. Adjusted standardized residuals of chi-square cross-tabulation analyses were conducted between first contact diagnosis and psychotic disorders in which negative adjusted residuals in a cell correspond to a smaller number of cases than expected by chance and positive residuals correspond to more cases (corrected for small N in the groups).

3. Results

3.1. Subjects

In the years 2005 to 2009, 1753 people aged between 18 and 35 years at first contact with Parnassia were diagnosed with a psychotic disorder: 1015 men and 738 women. The mean age of first contact with services was 26.0 (SD = 5.1, median = 26.0) and the mean age when diagnosed with psychosis was 32.1 (SD = 7.9, median = 32.0) years.

3.2. First contact diagnoses

Fig. 1 displays the help-seeking pathways to psychosis: 768 (43.8%) patients were diagnosed with schizophrenia spectrum (schizophrenia, schizophreniform disorder, schizoaffective disorder and delusional disorder) (DSM 295.xx and 297.1), psychotic disorder NOS including brief psychotic disorder (DSM 298.xx) or affective psychotic disorder (bipolar disorder and depression with psychotic features, DSM 296.xx) at first contact. Women were overrepresented in the group with affective psychosis (N = 137; 62.8%), and men were more often diagnosed in the schizophrenia spectrum (N = 222; 72.1%) and with psychotic disorder NOS (N = 409; 67.7%) at first contact.

Of those patients who were diagnosed with affective psychotic disorders, fewer than expected were psychotic at first contact (see Table 1). Conversely, patients diagnosed with non-affective psychosis were more often psychotic at first contact. Men were more often diagnosed with a psychotic disorder at first contact.

A total of 985 patients (56.2%) had a history of treatment for non-psychotic Axis I or II disorders before the onset of the first psychotic episode (see Fig. 1). The largest groups of these patients had been referred for treatment for anxiety and mood disorders, substance use disorders and adjustment disorders. Whereas women had more anxiety, mood and adjustment disorders in the help-seeking history, men had been treated more often for substance use and personality disorders.

The diagnoses at first contact and estimated time to diagnosis of psychotic disorder are presented in Table 2.

3.3. Time between first contact and psychosis

To measure the mean time from first contact to first diagnosis of psychosis among patients who entered the secondary mental health care services for other mental problems, we excluded those patients who were diagnosed with psychosis at first contact from the analysis. It took 86.6 months (se = 2.04) to be diagnosed in the psychosis spectrum from first contact for non-psychotic disorders; the median

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