

FOCUS ON RESEARCH

A RANDOMISED CONTROLLED TRIAL OF TWO METHODS OF EARLY SIGNS MONITORING TO DETECT RELAPSE IN SCHIZOPHRENIA.

Researchers

Dr A. Gumley, Mr J. Reilly, Dr M. O'Grady, Professor K. Power

Aims

1. To determine whether standard and individualised cognitive early signs systems are effective in predicting relapse.
2. To determine if individualised cognitive early signs monitoring is superior to standard early signs monitoring.

Project Outline/Methodology

A randomised controlled trial was conducted in four community mental health teams in the West of Scotland. One hundred and sixty nine participants who were experiencing schizophrenia were randomised to standard and individualised cognitive early signs monitoring. Following randomisation, participants' symptoms were assessed by blind raters on a monthly basis until six months or relapse using a rating scale measuring the positive symptoms (for example auditory hallucinations), negative symptoms (e.g. social withdrawal) and general symptoms (e.g. depression and anxiety).

Early signs questionnaires were completed by participants with help from their community psychiatric nurses on a fortnightly basis. In order to determine whether the questionnaires could accurately predict relapse we used "change scores" which were derived from previous research. Change scores were calculated on the basis of the increase or decrease in score compared to their most recent prior completion of the questionnaire. Therefore increases in questionnaire scores of 5, 10 and 15 points were then used for predicting subsequent relapse in both groups.

Key Results

In total 58 participants (34.3%) experienced a psychotic relapse, 33 (38.4%) from the Standard, and 25 (30.1%) from the Individualised Cognitive early signs monitoring group. Participant adherence to early signs monitoring throughout the trial was high at 91.8%. A change score of 5 or more was associated with a high degree of sensitivity in both Standard (79%) and Individualised Cognitive (80%)

early signs monitoring. However this degree of sensitivity was associated with a low level of specificity: 38% (Standard) and 37% (Individualised Cognitive).

Conclusions

The study found no significant difference between standardised and individualised cognitive approaches to early signs monitoring to the detection of relapse in routine care. Asking patients what they think is as effective in predicting relapse as monitoring patients' symptoms. Therefore optimal detection of relapse in routine care relies on close collaboration between clinicians and patients.

What does this study add to the field?

The study has led to the development of a new measure for the detection of relapse in schizophrenia. This measure may help facilitate psychological interventions by helping clinicians and patients identify idiosyncratic experiences that give rise to increased fear of relapse, and thus support clinicians in targeting psychological techniques to prevent relapse.

Implications for Practice or Policy

The study has considerable implications for the development of relapse detection and prevention strategies, including psychological interventions. This is particularly timely given the development of Intensive Treatment Teams in many parts of Scotland, the forthcoming new Scottish Mental Health Act, and the NHS Quality Standards for Schizophrenia.

Where to next?

This research and previous research by our group has shown that psychological approaches and therapies can be used to detect and prevent relapse. We need to identify ways we can help clinicians and patients to work together to prevent relapse.

Further details from:

Dr Andrew Gumley
Section of Psychological Medicine
Gartnavel Royal Hospital
Glasgow G12 0XH

