

S49.04

Utilization of psychiatric services among ethnic groups. Results from a nationwide register study

M.C. Kastrup. *Psychiatric Clinic, Rigshospitalet, Copenhagen, Denmark*

A nationwide study was carried out comprising 50,877 persons aged 18–66, who were registered in 2003 in the Danish Psychiatric Register or in the National Patient Register with a psychiatric ICD-10 diagnosis.

Of the population 87.1% were ethnic Danes, 7.8% migrants, 4.0% off-springs with one Danish born parent, 0.7% off-springs with both parents born outside Denmark and 0.3% adoptees. Males comprised 49% women 51% of the population.

The 5 ethnic groups had significant differences in utilization of care, diagnostic distribution and use of coercion.

Women had a higher contact rates in all groups apart from migrants.

The contact rate among persons of Middle Eastern background was relatively low.

Patients with a non-Danish background were more frequently non-voluntarily admitted and had significantly more frequently contact with services due to a forensic measures.

Substance abuse was higher among men in all ethnic groups.

Contacts due to schizophrenia were higher among non-Danish patients and highest among young off-spring males.

Self-mutilating behaviour was seen more frequently among female off-springs from non-Western countries than among migrant women from non-Western countries.

The paper will analyse selected significant differences among the ethnic groups.

S50. Symposium: FIRST EPISODE PSYCHOSIS: A TRANSCULTURAL EXPERIENCE

S50.01

Outcome of first episode psychosis in the United Arab Emirates: a 5 year retrospective study

M.O. Salem. *Department of Psychiatry, Faculty of Medicine and Health Sciences, United Arab Emirates University, Al Ain, United Arab Emirates*

Background: A first psychotic episode includes a wide range of disorders with different outcomes.

Aims: To study all patients with their first psychotic episode longitudinally in a circumscribed area in UAE.

Method: The charts of all patients admitted to the psychiatric department of Al-Ain Hospital, in their first psychotic episode, and in their subsequent admissions – if applicable – were studied for 5 years starting from September 1997. Diagnoses of 161 patients were made using ICD-10 diagnostic criteria.

Results: Of total of 161 patients, during their first admission: 69 were diagnosed as “acute psychotic disorder”, 35 as “manic episode”, 31 as “schizophrenia”, 16 were diagnosed as “depression with psychotic symptoms”, 3 as “drug induced psychosis”, one as “delusional disorder”, and 6 with no psychiatric diagnosis. Of the total 161 patients 42 were subsequently relapsed and re-admitted. Analysis of the diagnosis of these 42 patients revealed extensive change of diagnosis in most categories.

Conclusion: In the studied population, the majority of patients presenting in their first episode psychosis seemed to have a favorable outcome, whereas only a minority of them continued to have a relapsing illness.

S50.02

First Episode Psychosis (FEP): Factors associated with delayed access to care in a rural Egyptian setting

M. El-Adl¹, M. El-Mahdy², M. Anis³. ¹ *Princess Marina Hospital, Northampton, United Kingdom* ² *Al-Azhar University, Egypt* ³ *Mansoura Genera Hospital, Egypt*

Aim: To identify factors associated with delayed access of FEP to psychiatric care and possible measures that could help facilitate access and shorten duration of untreated psychosis (DUP)

Background: FEP studies show that average time between onset of symptoms & first effective treatment is often one year or more¹. Long DUP is undesirable as early treatment can reduce suffering and helps minimise risk of serious consequences due to changes in mental state & behaviour^{2,3,4}. Early results suggested that early intervention in psychosis (EIP) service is more cost effective than generic services⁵.

Most FEP studies have been conducted in developed countries. This study aims to address the question of FEP delayed access to care in a rural Egyptian setting.

Method: FEP cases who presented to Psychiatric Department at Mansoura General Hospital over a period of 6 months, were interviewed, together with relevant others either at first contact or after recovering from acute stage using a semistructured interview.

Main results:

1. Total cases 40: Schizophrenia 14, Affective disorders: 15, Postpartum disorders: 5 and others: 6.
2. On average FEP have first contact with Psychiatric service about 7 months from onset: Schizophrenia: 11 months and Affective within 3 months. No significant gender difference.
3. Main factors associated with delayed access to Psychiatric care:
 - Cultural factors (36%): Jinn “Spirit” (16%), preference to traditional healers (10%), female gender (10%).
 - Lack of knowledge about Mental Illness and about service (28%).
 - Stigma (14%)
 - Financial factors (14%)
 - Effect of Mental Illness (7.4)
 - Unsuitable service (0.6%)

Conclusion: Study results indicate that cultural factors, lack of knowledge about mental illness & service, stigma and financial factors may play a significant role in delayed access of FEP to care in rural areas of Egypt. Programs to improve public awareness of mental illness & available service and address stigma are likely to help.

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S50.03

First Episode Psychosis: Primary care experience and implications to service development

M. El-Adl, J. Burke, K. Little. *Northamptonshire Healthcare NHS Trust, Northampton, United Kingdom*

Background: First episode psychosis (FEP) studies show that average time between onset of symptoms and first effective treatment is often one year or more¹. This long duration of untreated psychosis (DUP) is undesirable for various reasons:

- Early treatment helps minimise the risk of serious consequences^{2,3}
- Shorter DUP is associated with better clinical response.⁴
- Early results suggest that early intervention in psychosis (EIP) service is more cost effective than generic services.⁵

The attitude to treatment of ‘Psychosis’ has recently changed from focusing on severe and enduring mental illness to include early intervention.¹⁰ New terms appeared including duration of untreated psychosis (DUP) from onset of positive psychotic symptoms until starting treatment and duration of untreated illness (DUI) from onset of prodrome until starting treatment.¹¹

Aim: To access the local Primary Care experience of FEP before developing the local EIP service.

Method: A confidential questionnaire consisted of 8 questions sent by the Clinical Governance Support Team (CGST) to all Northamptonshire GPs requesting response within 3 weeks.

Main results: Response rate is 43% (123 GPs responded out of 284). GPs are less likely to start treatment of FEP. FEP are less likely to ask for a psychiatric referral but more likely to accept if offered by GP. 53% of GPs tend to refer all FEP cases to psychiatric service & 43% only refer those who request/accept referral. 74% of GPs agreed that EIP service was needed, 21% were unsure The likely causes of delayed referral of FEP by GPs: Patients disengaging, stigma, difficulty accessing psychiatric service, carers’ lack of knowledge and diagnostic uncertainty.

Conclusion: FEP patients are less likely to ask for referral to psychiatric service but likely to accept if offered. The likely causes for FEP delayed referral to psychiatric service: patients disengaging, stigma, carers’ lack of knowledge, service is difficult to access or inappropriate and diagnostic uncertainty. GPs need to be adequately informed about EIP & their important role to achieve this.

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S50.04

The wheel of compliance in schizophrenia

A. Shoka. *North Essex Mental Health Partnership NHS Trust, Clacton and District Hospital, Essex, United Kingdom*

Successful treatment of most chronic illnesses has been complicated by the difficulty in taking medication continually over an extended period of time. Partial or non compliance is not a unique problem for most psychiatric disorders, however, for psychotic disorders, the estimated rate of non-compliance may be as great as 80%.

Compliance is not an all or nothing phenomenon, patients are often “partially compliant” . Compliance is best understood in a dimensional rather than categorical way. Non-compliance can be either overt or covert. There has always been a discrepancy between level of estimation of compliance among patients and clinicians with tendency to either over or under estimate the magnitude of the problem.

Non-adherence in schizophrenia is a major preventable cause of morbidity with significant personal, social and economic costs. Compliance is of a particular importance in those patients who are experiencing their first psychotic or bipolar episode.

Up to 80% of patients with schizophrenia fail to comply with their medication regimen at some point during the course of their treatment. Early warning signs of such partial compliance may be confused by some clinicians with non-response to treatment and may result in switching to alternative oral antipsychotic medication, adding adjunctive medication or even worse in the form of relapse or hospitalization.

There are some effective and comprehensive strategies which can improve adherence to medication ranging from psycho-education to relapse prevention and the specific compliance therapy. Depot antipsychotic medication has several advantages over oral medication though they still have an image problem.

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S51. Symposium: WHY LONG-TERM MEMORY IS A KEY FEATURE OF SCHIZOPHRENIA

S51.01

Autobiographical memory: What have we learned from brain imaging studies

P. Fossati^{1,2}. ¹ *CNRS UMR 7593 and Department of Psychiatry, Paris, France* ² *GH Pitié-Salpêtrière, Paris, France*