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Author for correspondence:
Svein Friis,
E-mail: svein.friis@medisin.uio.no

Symptom remission at 12-weeks is a strong predictor for long term outcome

Svein Friis[1,2], Ingrid Melle[2,3] and Thomas H. McGlashan[4]

[1]Institute of Clinical Medicine, University of Oslo, Oslo, Norway; [2]Division of Mental Health and Addiction, Oslo University Hospital, Oslo, Norway; [3]NORMENT K.G Jebsen Centre for Psychosis Research, Institute of Clinical Medicine, University of Oslo, Oslo, Norway and [4]Department of Social and Behavioral Health, Yale School of Medicine, Yale University, New Haven, Connecticut

We have with great interest read the recently published paper by Paola Dazzan and coworkers: 'Symptom remission at 12-weeks strongly predicts long-term recovery from the first episode of psychosis' (Dazzan et al., 2019). The study is well designed with important and interesting findings. We would like to congratulate the authors with their achievement. The authors state in the introduction: 'Follow-up studies of more than 8 years' duration have indirectly reported that non-specific measures of early remission, such as 'prompt treatment' (Friis et al., 2016) and shorter proportion of time experiencing symptoms in first few years of illness' (Wiersma et al., 1998; Harrison et al., 2001; Hegelstad et al., 2012) are associated with better long term outcome. None of these studies have evaluated the role of time to first remission according to operationalized criteria in long-term outcome.'

Current publication process puts a considerable focus on new findings; with less emphasis on replications. This is part of the basis for the 'replication crisis' seen in several areas of research, including psychology and medicine (Schooler, 2014). The Dazzan et al. study cites our paper from 2016; a paper that investigated the role of specific predictors of the long term outcome. Our sample comprised patients with diagnoses ranging from Brief psychotic episode and Mood disorders with mood incongruent psychotic features, to Schizophreniform disorder and Schizophrenia. The patients were carefully followed for the first 2 years and then followed up at 5 and 10 years. The main outcome was percentage of time in psychosis during these 10 years (at least 1 week with no score >4 on any of the five PANSS items P1, delusions; P3, hallucinatory behavior; P5, grandiosity; P6, suspiciousness; and G9, unusual thought content). As stated in the objective section of the abstract: 'This study sought to create a best-fit statistical model of known base-line and early course risk factors to predict time in psychosis during a ten-year follow-up period after a first psychotic episode.' Not surprisingly, we identified a deterioration in premorbid adjustment, a baseline diagnosis of schizophrenia spectrum disorder and a long duration of untreated psychosis >26 weeks as significant predictors of poor outcome (the latter is probably what is referred to as 'prompt treatment' in the Dazzan et al. paper).

However, the lack of remission within 3 months (12 weeks) was also here by far the strongest predictor of time in psychosis over 10 years. We agree that we did not explore multiple domains, and agree with the Dazzan et al. paper that 'their main finding is that symptom remission at 12-weeks is a strong predictor of both symptom and functional recovery at 10 years.' However, by stressing that 'this is **the first time**….' the authors do not fully convey the importance of early remission for long-term outcome of psychotic disorders. For the readers, it is possibly more important to know that 'this is **the second time** a role has been established as important in the long term outcome of any psychosis.' A replicated finding is a stronger finding, with clearer implications for further studies.

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