Disclosure of Interest: None Declared

SP049

Early development of physical co-morbidity and premature death in long-term first-episode psychosis cohorts

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Abstract: People with psychosis present a significantly higher premature death, leading to a reduction of life expectancy of up to 15-20 years.
To a high extent, this premature mortality is due to a higher incidence of common physical conditions, appearing earlier than in the general population. Traditionally, the focus has been put on the cardiovascular diseases. However, more recently, there ir mounting evidence of the contribution of other conditions to this premature mortality, such as repiratory (e.g.: chronic obstructive pulmonary disease) and liver (MAFLD) conditions.
We are presenting results from PAFIP and ITPCan early intervention programs (Cantabria, Spain), regarding the early impact of psychosis on physical health, observing early alterations at the organic level (e.g.: liver, lung), which precede the development of chronic organic pathology causing premature mortality in the general population.

Disclosure of Interest: None Declared

SP050

Long-term prognosis of schizophrenia in a Danish context

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Abstract: The Danish OPUS trial was originally a randomized controlled trial testing Early Intervention Services among individuals diagnosed with schizophrenia spectrum disorders between the years 1998-2002. Today, the OPUS trial includes a unique cohort of individuals (n=578) longitudinally followed and clinically assessed for more than two decades after a first diagnosis within the schizophrenia spectrum. Using longitudinal Danish register data and clinical data from the Danish OPUS cohort, we explored the effects of early intervention services including symptom remission, use of antipsychotics, hospitalization, global functioning and other aspects of life including social relations, parenthood, and mortality.

Results: Investigating modern-era treatment facilities in 20 years of follow-up of the OPUS trial, we found no evidence for long-term disease-modifying effects from two years of Early Intervention Services compared to Treatment as Usual. While a majority of participants experienced a reduction and stabilization of psychotic symptoms over time it seems half of all the participants experienced no significant improvements in negative symptoms. Still, 17% were in clinical recovery, and 40% were in symptom remission. Combining clinical data from the Danish OPUS cohort with the Danish registers, we found that 29% (n=120) of individuals were in current treatment with antipsychotic medication after 20 years of follow-up. A total of 36% (n=51) of the clinical sample were in remission of psychotic symptoms and off antipsychotics with better clinical outcomes compared to individuals in non-remission off/on medication. Additionally, a substantial proportion of 38% (219 out of 578) of individuals in the OPUS cohort had become parents over two decades, and on average, they had better functional and clinical outcomes than their counterparts without children. A mortality rate of 14.2 was found. Suicide was the single most common cause of death, but death due to natural causes and death due to unnatural causes made of roughly half of all deaths each.
Conclusions: While many patients may achieve remission of psychotic symptoms, our findings suggest negative symptoms are of a much more chronic nature. Investigating the use of antipsychotics over 20 years a substantial proportion were in remission and off medication. Since an observational study design cannot differentiate between cause and effect, these individuals still set a benchmark for good outcomes in schizophrenia. Also, 38% of individuals had become parents over two decades, and cross-sectionally, they had better illness prognosis and lifetime course than their counterparts without children. Finally, one in seven of the participants in the OPUS trial had died during follow-up. Suicide is a vital problem even many years after diagnosis and suicide-preventive measures are needed in the later course of illness.

Disclosure of Interest: None Declared

SP051

Twenty-year follow up of the TIPS study

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Abstract: Background: Comparing long-term outcomes in psychosis can be challenging due to widely differing definitions, measures, and populations. The remission working group led by Andreasen et al. suggested remission criteria based on positive symptoms and duration. However, there is no internationally agreed definition of functional recovery. The TIPS study is one of very few with very long-term follow-up, and this presents a unique opportunity both to investigate outcomes as well as use findings to develop valid definitions for the future.
Objective: In this longitudinal study, we explore remission patterns and functional status with regards to social contacts, living situation and employment status over 20 years.

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