



Determinants of duration of untreated psychosis among first-episode psychosis patients in Denmark: A nationwide register-based study.

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Abstract:


Information on determinants of duration of untreated psychosis (DUP) is still needed to inform campaigns targeting people with first episode psychosis (FEP). This nation-wide study analysed the association between demographic factors (age, sex, ethnicity, marital status, and geographic area), premorbid and illness-related factors (global functional level, substance misuse, and contact to police), healthcare factors (referral source and first FEP contact) and DUP.

The study population of 1266 patients aged 15-25years diagnosed with FEP (ICD10 F20.0-F20.99) was drawn from the Danish National Indicator Project during 2009-2011. The study population was combined with data from national administrative registers. A multinomial regression model was estimated to analyse the impact of demographic, premorbid and illness-related, and healthcare factors on DUP.

One third of the population had a DUP below 6months. DUP longer than 12months was associated with older age at onset, being female, having cannabis misuse, and living in peripheral municipalities. Being charged by the criminal authorities during one year before FEP was associated with a DUP over 6months.

DUP is related to a number of demographic, premorbid and healthcare factors. These findings suggest that future information campaigns should focus on increasing the awareness of early signs of psychosis not only among mental health professionals but also other professionals in contact with adolescents such as the police. It may also be useful to consider how to target information campaigns towards persons living in peripheral areas.

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Continuity between interview-rated personality disorders and self-reported DSM-5 traits in a Danish psychiatric sample.

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Abstract: The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) Section III offers an alternative model for the diagnosis of personality disorders (PDs), including 25 pathological personality trait facets organized into 5 trait domains. To maintain continuity with the categorical PD diagnoses found in DSM-5 Section II, specified sets of facets are configured into familiar PD types. The current study aimed to evaluate the continuity across the Section II and III models of PDs. A sample of 142 psychiatric outpatients were administered the Personality Inventory for DSM-5 and rated with the Structured Clinical Interview for the DSM-IV Axis II disorders. We investigated whether the DSM-5 Section III facet-profiles would be associated with their respective Section II counterparts, as well as determining whether additional facets could augment the prediction of the Section II disorders. Results showed that, overall, the interview-rated DSM-5 Section II disorders were most strongly associated with expected self-reported Section III traits. Results also supported the addition of facets not included in the proposed Section III PD criteria. These findings partly underscore the continuity between the Section II and III models of PDs and suggest how it may be enhanced; however, additional research is needed to further evaluate where continuity exists, where it does not exist, and how the traits system could be improved. (PsycINFO Database Record

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