



Social functioning of patients with schizophrenia in high-income welfare societies.

<https://arctichealth.org/en/permalink/ahliterature52507>

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Source: Psychiatr Serv. 2000 Feb;51(2):223-8

Date: Feb-2000

Language: English

Publication Type: Article

Keywords: Activities of Daily Living
Adult
Chronic Disease
Developed Countries - statistics & numerical data
Female
Follow-Up Studies
Homeless Persons - statistics & numerical data
Humans
Linear Models
Male
Middle Aged
Norway
Outcome Assessment (Health Care)
Research Support, Non-U.S. Gov't
Sampling Studies
Schizophrenia - rehabilitation
Social Adjustment
Social Isolation
Social Welfare
Unemployment

Abstract:

OBJECTIVE: The study assessed the level of reintegration into the community of patients with schizophrenia in Oslo, Norway, a country with a well-developed social welfare system and low unemployment rates. **METHODS:** Eighty-one patients with a DSM-III-R diagnosis of schizophrenia treated in 1980 and in 1983 in a short-term ward of a psychiatric hospital were followed up after seven years. Seventy-four of 76 patients alive at follow-up agreed to participate. Social functioning was measured by the Strauss-Carpenter Level of Functioning Scale and the Social Adjustment Scale. **RESULTS:** At follow-up 78 percent of patients lived independently, 47 percent were socially isolated, and 94 percent were unemployed. Thirty-four percent had lost employment in the follow-up period. A poor outcome in terms of social functioning and community reintegration was associated with loss of employment. A good outcome was predicted by short periods of inpatient hospitalization, high levels of education, being married, male gender, and not having a late onset of psychosis. **CONCLUSIONS:** The level of homelessness among these patients with schizophrenia was encouragingly low, which may have been expected in a high-income welfare society. However, insufficient efforts were aimed at social and instrumental rehabilitation, and the level of unemployment was alarmingly high.

PubMed ID:

10655007 [View in PubMed](#) 

The Ullevål acute ward follow-up study: a personal 7-year follow-up of patients with functional psychosis admitted to the acute ward of a catchment area.

<https://arctichealth.org/en/permalink/ahliterature68594>

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Source: Psychopathology. 1991;24(5):316-27

Date: 1991

Language: English

Publication Type: Article

Keywords: Adult
Age Factors
Catchment Area (Health)
Female
Follow-Up Studies
Hospitalization
Humans
Male
Middle Aged
Norway
Psychotic Disorders - diagnosis - psychology - therapy
Research Support, Non-U.S. Gov't
Sex Factors
Treatment Outcome

Abstract: Eighty-eight patients were admitted to the acute ward of a catchment area suffering from the following functional psychoses: schizophrenia (S; n = 41), affective disorder (AD; n = 22), other disorders (OD; n = 25). Follow-up data were obtained for 97%. Ten patients were dead at follow-up, 8 due to suicide. Sixty-five were personally interviewed. While nearly all the patients had only brief periods of rehospitalization, most had used neuroleptics during the follow-up period. Compared to other samples, functioning at follow-up was fairly good for the AD and OD patients, but rather poor for the S patients.

PubMed ID: 1784708 [View in PubMed](#) 

A 2-year follow-up of involuntary admission's influence upon adherence and outcome in first-episode psychosis.

<https://arctichealth.org/en/permalink/ahliterature145997>

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Source: Acta Psychiatr Scand. 2010 May;121(5):371-6

Date: May-2010

Language: English

Publication Type: Article

Keywords: Adolescent
Adult
Antipsychotic Agents - therapeutic use
Combined Modality Therapy
Commitment of Mentally Ill
Cross-Sectional Studies
Female
Follow-Up Studies
Humans
Male
Norway
Patient Admission - statistics & numerical data
Patient Compliance - psychology - statistics & numerical data
Psychiatric Status Rating Scales
Psychotherapy - statistics & numerical data
Psychotic Disorders - epidemiology - rehabilitation
Sex Factors
Young Adult

Abstract: To see, if voluntary admission for treatment in first-episode psychosis results in better adherence to treatment and more favourable outcome than involuntary admission.

We compared consecutively first-admitted, hospitalised patients from a voluntary (n = 91) with an involuntary (n = 126) group as to psychopathology and functioning using Positive and Negative Syndrome Scale and Global Assessment of Functioning Scales at baseline, after 3 months and at 2 year follow-up. Moreover, duration of supportive psychotherapy, medication and number of hospitalisations during the 2 years were measured.

More women than men were admitted involuntarily. Voluntary patients had less psychopathology and better functioning than involuntary patients at baseline. No significant difference as to duration of psychotherapy and medication between groups was found. No significant difference was found as to psychopathology and functioning between voluntarily and involuntarily admitted patients at follow-up.

Legal admission status per se did not seem to influence treatment adherence and outcome.

No progressive brain changes during a 1-year follow-up of patients with first-episode psychosis.

<https://arctichealth.org/en/permalink/ahliterature276617>

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Source: Psychol Med. 2016 Feb;46(3):589-98

Date: Feb-2016

Language: English

Publication Type: Article

Keywords: Adolescent
Adult
Antipsychotic Agents - therapeutic use
Bipolar Disorder - drug therapy - pathology
Case-Control Studies
Cerebral Cortex - pathology
Disease Progression
Female
Follow-Up Studies
Humans
Linear Models
Longitudinal Studies
Magnetic Resonance Imaging
Male
Middle Aged
Norway
Psychotic Disorders - drug therapy - pathology
Schizophrenia - drug therapy - pathology
Young Adult

Abstract: First-episode psychosis (FEP) patients show structural brain abnormalities. Whether the changes are progressive or not remain under debate, and the results from longitudinal magnetic resonance imaging (MRI) studies are mixed. We investigated if FEP patients showed a different pattern of regional brain structural change over a 1-year period compared with healthy controls, and if putative changes correlated with clinical characteristics and outcome.

MRIs of 79 FEP patients [SCID-I-verified diagnoses: schizophrenia, psychotic bipolar disorder, or other psychoses, mean age 27.6 (s.d. = 7.7) years, 66% male] and 82 healthy controls [age 29.3 (s.d. = 7.2) years, 66% male] were acquired from the same 1.5 T scanner at baseline and 1-year follow-up as part of the Thematically Organized Psychosis (TOP) study, Oslo, Norway. Scans were automatically processed with the longitudinal stream in FreeSurfer that creates an unbiased within-subject template image. General linear models were used to analyse longitudinal change in a wide range of subcortical volumes and detailed thickness and surface area estimates across the entire cortex, and associations with clinical characteristics.

FEP patients and controls did not differ significantly in annual percentage change in cortical thickness or area in any cortical region, or in any of the subcortical structures after adjustment for multiple comparisons. Within the FEP group, duration of untreated psychosis, age at illness onset, antipsychotic medication use and remission at follow-up were not related to longitudinal brain change.

We found no significant longitudinal brain changes over a 1-year period in FEP patients. Our results do not support early progressive brain changes in psychotic disorders.

PubMed ID: 26526001 [View in PubMed](#) 

Early detection of psychosis: positive effects on 5-year outcome.

<https://arctichealth.org/en/permalink/ahliterature140097>

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Source: Psychol Med. 2011 Jul;41(7):1461-9

Date: Jul-2011

Language: English

Publication Type: Article

Keywords: Adolescent
Adult
Aged
Denmark
Early Diagnosis
Female
Follow-Up Studies
Humans
Male
Middle Aged
Norway
Outcome Assessment (Health Care) - methods
Psychiatric Status Rating Scales
Psychotic Disorders - diagnosis - psychology - therapy
Young Adult

Abstract: During the last decades we have seen a new focus on early treatment of psychosis. Several reviews have shown that duration of untreated psychosis (DUP) is correlated to better outcome. However, it is still unknown whether early treatment will lead to a better long-term outcome. This study reports the effects of reducing DUP on 5-year course and outcome.

During 1997-2000 a total of 281 consecutive patients aged >17 years with first episode non-affective psychosis were recruited, of which 192 participated in the 5-year follow-up. A comprehensive early detection (ED) programme with public information campaigns and low-threshold psychosis detection teams was established in one healthcare area (ED-area), but not in a comparable area (no-ED area). Both areas ran equivalent treatment programmes during the first 2 years and need-adapted treatment thereafter.

At the start of treatment, ED-patients had shorter DUP and less symptoms than no-ED-patients. There were no significant differences in treatment (psychotherapy and medication) for the 5 years. Mixed-effects modelling showed better scores for the ED group on the Positive and Negative Syndrome Scale negative, depressive and cognitive factors and for global assessment of functioning for social functioning at 5-year follow-up. The ED group also had more contacts with friends. Regression analysis did not find that these differences could be explained by confounders.

Early treatment had positive effects on clinical and functional status at 5-year follow-up in first episode psychosis.

Notes: Comment In: Psychol Med. 2012 Mar;42(3):669-7022099925

PubMed ID: 20942996 [View in PubMed](#) 