Interventions and Transition in Youth at Risk of Psychosis: A Systematic Review and Meta-Analysis

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Introduction

• Between 17% to 28% of those identified as being at clinical high-risk (CHR) for psychosis will have a first psychotic episode within the first year. The morbidity associated with frank psychotic illnesses is well recognized and thus there is a general consensus that effective interventions are necessary to prevent the onset of psychosis.

• The primary objective of this systematic review and meta-analysis was to summarize the impact of all treatments on transition to psychosis in high risk samples.

Method

• PsycINFO, Embase, CINAHL, EBM, and MEDLINE were searched from inception to May 2017 using keywords psychosis, risk, and treatment with no language restrictions.

• Data were analyzed using random-effects pairwise meta-analysis, and secondly, multivariate network meta-analyses (NMA), and reported as risk ratios (RR).

Results

A total of 38 independent studies met the inclusion criteria.

• In pairwise meta-analyses, CBT studies were associated with a significant reduction in transition compared to controls at 12-month and 18-month follow-up (RR= 0.57; 95% CI, 0.35 to 0.93; I²= 7%; P= 0.02 versus RR= 0.54; 95% CI, 0.32 to 0.92; I²= 0%; P= 0.02).

• In the NMA, integrated psychological therapy, CBT, supportive therapy, family therapy, needs-based interventions, omega-3, risperidone plus CBT, ziprasidone, and olanzapine were not significantly more effective at reducing transition at 6- and 12-months relative to any other intervention.

Conclusions

• This systematic review and meta-analysis demonstrated a reduced risk for transition favoring CBT at 12- and 18-months.

• No interventions were significantly more effective at reducing transition compared to all other interventions in the NMA.

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