

## 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).

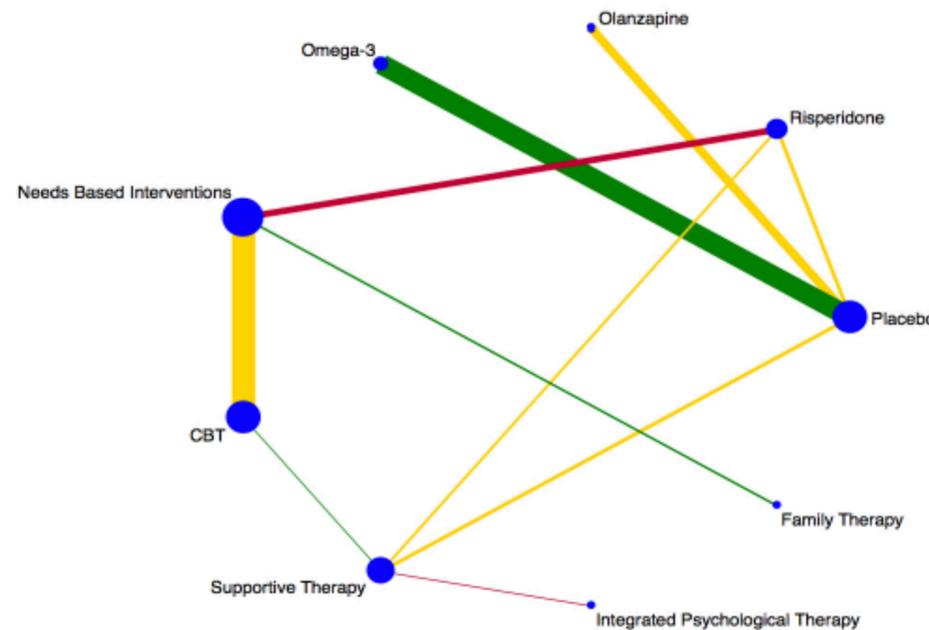
## Results

A total of 38 independent studies met the inclusion criteria.

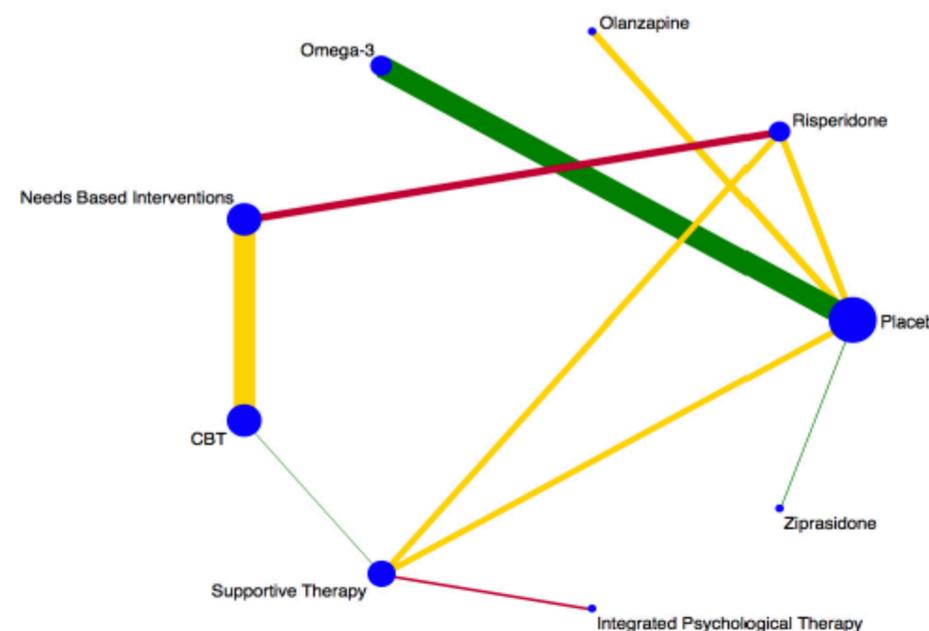
- In pairwise meta-analyses, CBT studies were associated with a significant reduction in transition compared to controls at 12-month and 18-month follow-up (RR= 0.57; 95% CI, 0.35 to 0.93; I<sup>2</sup>= 7%; P= 0.02 versus RR= 0.54; 95% CI, 0.32 to 0.92; I<sup>2</sup>= 0%; P= 0.02).
- In the NMA, integrated 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.

## Results: Network Plots

a. 6-months network plot

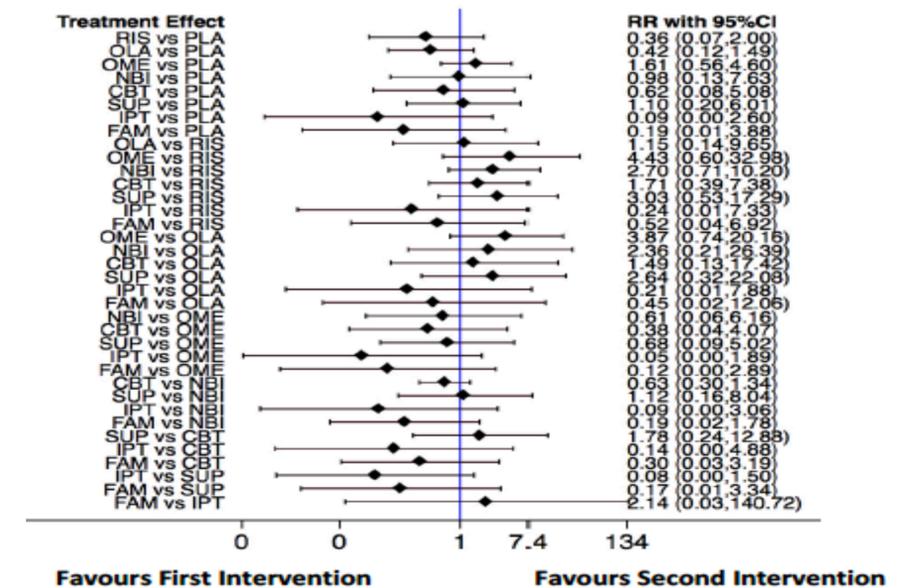


b. 12-months network plot

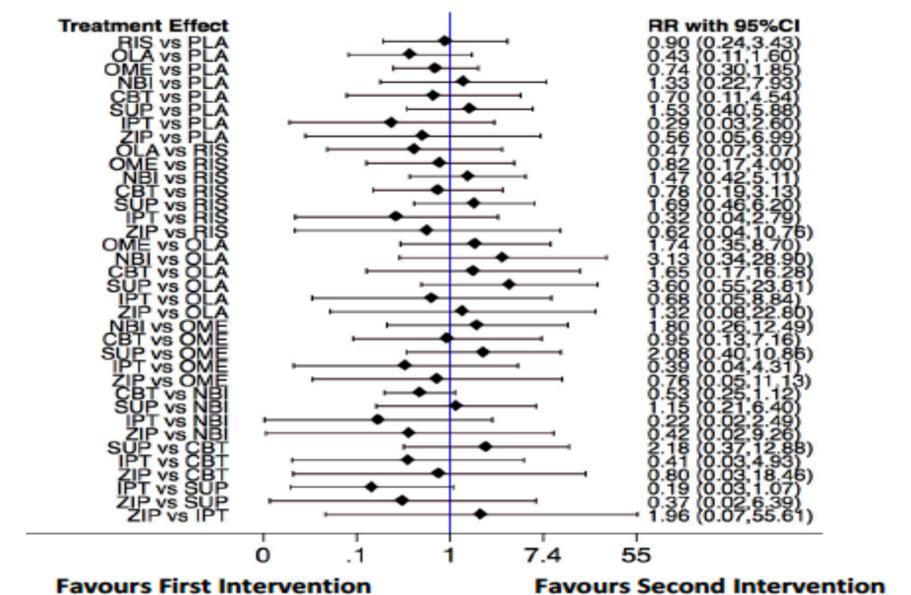


## Results: Network Forest Plots

a. 6-months network forest plot



b. 12-months network forest plot



## 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.