

Duration of Untreated Psychosis and Remission in First-Episode

Schizophrenia in Thailand: A Cohort Study

タイ国における精神病未治療期間と

初回エピソード統合失調症の寛解に関する研究

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Objectives (目的):

The duration of untreated psychosis (DUP) and its association with the course of illness in schizophrenia has been widely addressed. The longer the treatment delay, the less the chance of achieving remission and the more risk of relapse. Therefore, in order to improve access to treatment for first-episode schizophrenia in Thailand, it is necessary to understand the factors causing longer DUP and how much the delay affects treatment outcome. This study aimed to evaluate DUP in patients with first-episode schizophrenia, examine the factors influencing DUP, and prospectively investigate whether longer DUP results in the delay of remission in patients with first-episode schizophrenia across the country.

Subjects and Methods (対象と方法):

Three hundred two outpatients with first-episode schizophrenia were recruited from one psychiatric hospital, six general hospitals, one community hospital, and one university hospital, from June 2017 to February 2019. Duration of untreated psychosis and patient baseline characteristics were assessed at the baseline interview. Those with a DUP of 3 months or longer were considered as delayed treatment seekers. Two hundred seventy-six patients were followed up at 6 months to assess whether they fulfilled the criteria for remission. The proportion of those achieving remission was compared by the length of DUP. The relative influences of patient characteristics on delay in treatment-seeking and the impact of DUP on remission were estimated through multivariate analyses.

Results (結果):

The median DUP was 4 weeks. 24% of the enrolled patients were delayed treatment seekers. Those living more than 5 km (6 to 10 kilometers and more than 20 kilometers) away from the nearest hospital tended to be delayed treatment seekers, whereas those who had a family history of mental disorders tended to have sought treatment in a timely manner. At follow-up, 83 percent (71/86) of patients who had met the criteria for symptomatic remission at baseline achieved enduring remission, whereas 63 percent (119/190) of patients who had not met the criteria for symptomatic remission at baseline met the criteria at follow-up. The shorter the DUP, the higher the proportion of patients who achieved symptomatic or enduring remission at follow-up. The impact of DUP on symptomatic and enduring remission appeared to be significant after controlling for other factors influencing remission.

Discussion (考察):

Duration of untreated psychosis in patients in the present study was shorter than that reported in a previous systematic review (median DUP of 4 weeks vs. 12 weeks). There are several possible explanations for this difference: The first is that there is no standard definition of DUP. Therefore, the definition of DUP varied greatly across studies. We calculated the DUP from the onset of positive psychotic symptoms; however, some of the previous studies made the calculation from the onset of prodrome symptoms or negative symptoms. The second is that Thailand's universal healthcare coverage resulted in shortened DUP in our study because of less financial barriers to access healthcare services. Finally, more than half of our participants lived within 5 km from the nearest hospital, which might have given them good physical access to it.

A shorter DUP in our study was also associated with a higher chance of both symptomatic and enduring remission among patients with first-episode schizophrenia. This finding is consistent with Western studies that have associated shorter DUP to a higher chance of achieving remission.

The proportion of delayed treatment seekers in our study was lower than that previously reported among the patients with psychosis in Thailand (24% vs 52%). This may be explained by the study's methodology, as the previous survey compared actual access to care with the estimated number of people affected by psychosis including schizophrenia, affective psychosis, and organic psychosis, whereas our study focused only on patients with schizophrenia and used a three-month delay in treatment definition. In fact, if a person's psychoses are mild or slow-progressing, they may delay seeking treatment since they might adapt their lifestyle to the illness and effectively ignore the aberrant symptoms. The proportion of delayed treatment seekers in this study was also lower than in previous studies conducted outside of Thailand, although those studies were done in hospital settings and used the same 12-week treatment delay criteria. There are three explanations for these discrepancies: first is because of the universal health that fully covers all Thai citizens. Therefore, Thai people have less financially difficult than it was previously. As a result of the system, the number of patients using both in-patient and out-patient settings has grown. The second element is an exceptionally high prevalence of substance use history among the participants which might aggravate psychotic symptoms and encourage early treatment-seeking behavior for patients. Finally, the different sample characteristics in these studies

We found that a distance from the hospital of more than 5 km may be a barrier for treatment seeking among patients with first-episode schizophrenia in Thailand. In fact, the means and cost of transportation may still be factors that influence healthcare seeking for Thai people, especially in rural settings.

The patients who had a family member with a history of mental disorders tended to seek treatment early. Past experience of psychiatric illness and healthcare utilization in the family might have helped the patients or their family members notice the onset of symptoms in the patients, and treatment seeking might have been prompted earlier.

Conclusions (結論):

Because DUP can influence remission in schizophrenic patients, early detection and intervention services should be provided. Moreover, outreach mental health services and transportation support may shorten treatment delay in patients with first-episode psychosis in Thailand.