S2 – Sustainability of Treatment Effect of a 3-year Early Intervention Programme for First-episode Psychosis in Hong Kong

Eric Yu-Hai Chen^{1,2}, Wing-Chung Chang^{1,2}, Christy Lai-Ming Hui¹, Sherry Kit-Wa Chan^{1,2}, Edwin Ho-Ming Lee¹, Gloria Hoi-Yan Wong³

¹ Department of Psychiatry, LKS Faculty of Medicine, The University of Hong Kong

² State Key Laboratory of Brain & Cognitive Sciences, The University of Hong Kong

³ Department of Social Work & Social Administration, The University of Hong Kong

Introduction: Early intervention (EI) has been shown to be better than standard care in improving clinical and functional outcomes of first-episode psychosis (FEP) patients. Our previous randomized-controlled trial (RCT) comparing 1-year extension of EI (Extended EI or 3-year EI) with step-down standard care (SC or 2-year EI) in 160 FEP patients who had received 2-year treatment from EASY programme demonstrated superiority of Extended EI over SC on functional outcome improvement. Recent data, however, suggested that beneficial effects of EI were not sustainable after service withdrawal. Optimal duration of EI remains to be clarified.

Project Objectives: The study aimed to examine the sustainability of superior treatment effects of Extended EI versus SC on illness outcomes in our RCT cohort 2 years after EI termination.

Methods: A total of 160 patients, who had received 2-year early intervention programme for first-episode psychosis, were enrolled to a 12-month randomised-controlled trial (NCT01202357) comparing 1-year extension of early intervention (3-year specialised treatment) with step-down care (2-year specialised treatment). Participants were followed up and reassessed 3 years after inclusion to the trial (i.e., 2 years after completion of RCT). Data encompassing symptom severity, functioning, service utilization, risk behaviours and treatment characteristics were obtained via interview assessment and record review.

Results: One-hundred-forty-three subjects completed follow-up assessment. No significant between-group difference in attrition rate was observed. There were no significant differences between two treatment groups in functioning, symptom severity, service utilization and occurrence of risk behaviours during the 2-year post-RCT follow-up period.

Conclusions: Superior treatment effect of Extended EI was not sustained 2 years after service withdrawal. Multiple factors might contribute to the negative results and warrant further investigation.

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