

psychotic symptoms during the last follow-up year, employment, GAS score and the Grip on Life assessment were used as outcome measures. In the experimental group 42.9% of the patients did not receive neuroleptics at all during the whole two-year period, while the corresponding proportion in the control group was 5.9%. The overall outcome of the whole group could be seen as rather favourable. The main result was that the outcome of the experimental group was equal or even somewhat better than that of the control group, also after controlling for age, gender and diagnosis. This indicates that an integrated approach, stressing intensive psychosocial measures, is recommended in the treatment of acute first-episode psychosis.

Integrating intensive psychosocial therapy and low dose medical treatment in a total material of first episode psychotic patients compared to "treatment as usual" a 3 year follow-up.

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Every first episode functional psychosis patient (DSM-IV), age 18-45, with no dominating abuse, and living in an inner city area of 95,000 inhabitants have been treated as far as possible in accordance with the concept of "need adapted treatment" as formulated by Alanen et al 1991. Today about 70 patients have been treated and followed up with different clinical, psychological, and medical methods. The project group to be considered here consists of the first 32 patients, followed up during approximately 3 years. A retrospective comparison group was collected from the same area and from 2 more areas, with the same inclusion criteria. Their first psychotic episode was actualized 1-2 years before the project group was started and 72 cases were collected via records, personal questioning and databases. The outcome regarding in patient care and neuroleptic consumption, work and sickness data could be assessed for this group. RESULTS: In the project group 7/18 patients with schizophrenia diagnoses were free of positive or negative symptoms at follow up. In the non-schizophrenia psychosis group 11/14 had no psychotic symptoms. The mean in patient care consumption was considerably lower than that of the comparison group. 45% of the patients in the project group were on a neuroleptic prescription at the 3-year follow up vs. 71% of the comparison group. For those on a neuroleptic prescription the mean dosage at follow-up was 62 mgm chlorpromazine-eqv/day, vs. 192 mgm for comparison group. All the differences are significant. One conclusion to be made is that, provided a psychosocial support, neuroleptic consumption and in patient care can be considerably lowered with no detrimental effects. This is a pilot study lying behind the so-called "Parachute project", a Swedish multicenter study, which aims at deepening and broadening the clinical and methodological issues for the care of first episode psychosis patients.

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