Predictive Factors for Substance Use Disorder Persistence 2 Years after Admission to First-Episode Psychosis Programs

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Introduction

Co-occurrence of substance use disorders (SUD) is very common in First Episode Psychosis (FEP) patients [1,2,4,8] and is associated with worse outcomes [3,5].

Some factors have been associated with SUD at initial presentation, like male gender and younger age [6,7], but few studies have investigated predictive factors for the course of SUD in that population.

Persistent misuse at 18 months has been associated with more severe dependence at baseline [3] and with more severe depression and positive symptom ratings at admission than those who had stopped misusing at 1 year [5].

Objective

Our study aims to investigate predictive factors for the course of SUD in FEP patients between admission and 2-year follow-up in FEP clinics.

Methods

Participants:
Age 18-30
Admitted to early psychosis programs with a primary diagnosis of FEP
Untreated psychosis or treated less than 1 year prior to admission

Ethics:
All subjects gave written informed consent.
Project was accepted by ethics and research committees of FEP program hospitals.

Methodology:
Prospective 2-year longitudinal study
Data collected at admission and then annually by research interviews, chart reviews and clinician reports.

Study groups:
- Never SUD (never met criteria for SUD since admission)
- Stopped (between admission and the 2-year follow-up)
- Persistent SUD (still SUD at 2 years)

Assessments (admission and annually):
Sociodemographics, Social Functioning, Symptoms, Diagnosis DSM-IV-TR, Drug Use Scale (DUS), Alcohol Use Scale (AUS), Substances used

Statistical analysis with SPSS v20
ANOVA for continuous variables and Pearson Chi squared test for categorical variables

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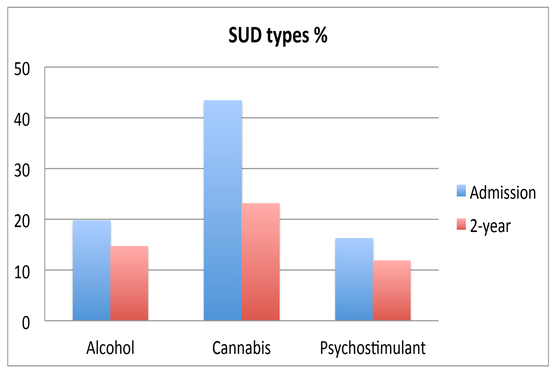
Results

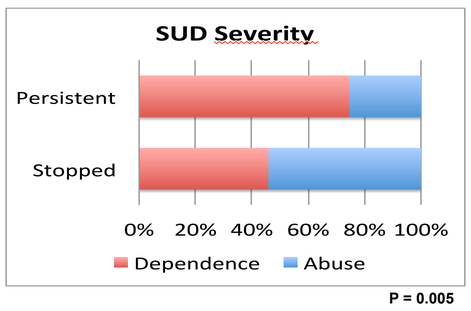
Cohort characteristics at admission	N=176
Mean age	23.0
% Male	83.0
% Single	88.1
% Immigrant (1st and 2nd generation)	45.7
Completed years of education	11.0

No SUD status difference between lost to follow-up at 24 months N=32 (14.1%) compared to followed sample N=176



Total SUD:
Admission 53.8%
2 years: 35.8%

Comparison between SUD status at 24 months : Never SUD (n=76), stopped (n=37) and persistent (n=63)



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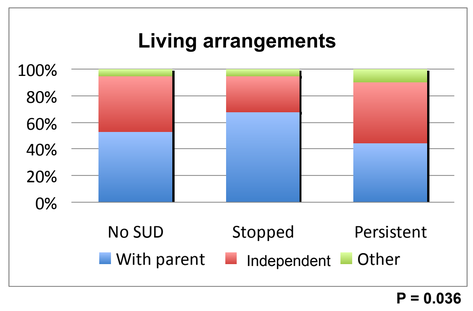

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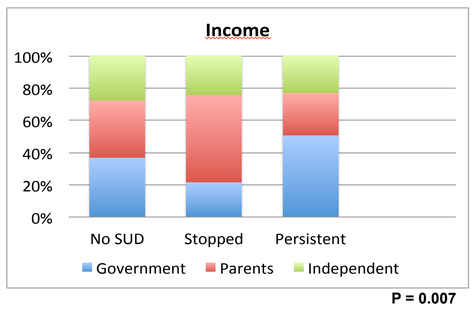

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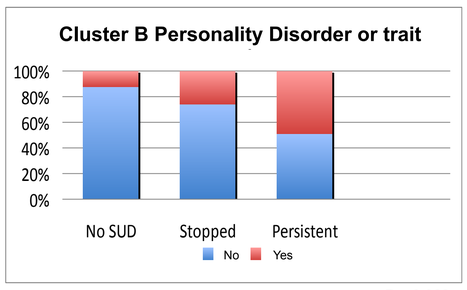

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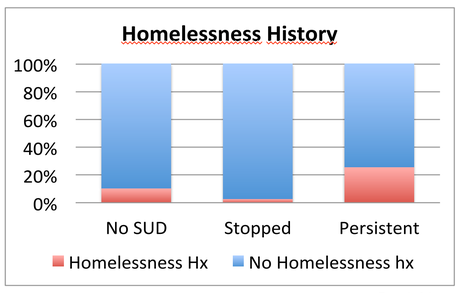

P = 0.004

No statistical difference between stopped and persistent SUD for:

Sociodemographic (gender, age, marital status, immigration, education)
Diagnosis (DSM-IV-TR), **symptoms** (PANSS, CGI, and CDS)
Social functioning (SOFAS, GAF, QOL, occupation)
Baseline treatment (type of medication, compliance at 3 months)

Discussion

Dependence diagnosis compared to abuse, a history of homelessness and cluster B personality traits are associated with persistence of SUD at 24 months in FEP, suggesting that patients with more severe SUD and psychosocial instability are more likely to continue substance misuse despite regular FEP programs and treatments that offer psychoeducation on SUD and value motivational and harm reduction interventions.

Living with family and being supported financially by parents is associated with stopped SUD at 2-year follow-up. Our study suggests that family intervention might help families supporting the young adult with psychosis and substance misuse comorbidity. No other sociodemographic characteristics, symptomatology or social functioning at baseline were associated with SUD outcome at 2 years.

Limitation: Relatively small number of patients per group.
Retrospective assessment of personality traits from chart review or clinician's report.

Different methodology and sample characteristics could partly explain differences from Turkington's study [5]: age 18-64 vs 18-30, scale used to measure depression (Beck Depression Inventory Scale vs Calgary Depression Scale) and substances misused (alcohol mostly used vs cannabis in our study).

Considering the fact that FEP patients with persistent SUD have a worse prognosis, identification of predictive factors of SUD evolution appears relevant. A specialized integrated treatment for more severe comorbid substance dependence and FEP could possibly help the proportion of subjects who do not stop within the first two years with help offered in FEP programs. The predictors identified in this study can help us select patients who could benefit from an integrated specialized approach for SUD and FEP. Further research is needed to see if family intervention is efficient to decreased substance misuse.

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