



Factors characterizing access and latency to first pharmacological treatment in patients with Schizophrenia, Mood and Anxiety disorders



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INTRODUCTION

Latency to first pharmacological treatment (duration of untreated illness, DUI) in psychiatric disorders can be measured in years, with differences across diagnostic groups and consequences in terms of socio-occupational functioning, treatment outcome and long-term course [1]. Within the psychopathological onset of a specific disorder, many factors influence access and latency to treatment, being such field poorly investigated up to date [2]. The present study was aimed to investigate factors influencing access and latency to first pharmacotherapy, through an *ad hoc* questionnaire (POLT-Q), in a large sample of patients with DSM diagnosis of schizophrenia-spectrum, mood and anxiety disorders.

METHODS

525 consecutive patients, attending three different Italian psychiatric services (the Department of Mental Health of Ospedale Maggiore Policlinico of Milan, Ospedale San Gerardo of Monza and Department of Public Health, University of Cagliari), were recruited and evaluated with POLT-Q, after giving written consent for participating in the study. Demographic variables were compared among the diagnostic groups, using one-way ANOVA, followed by Bonferroni's post hoc test, for continuous variables and test for dichotomous ones.

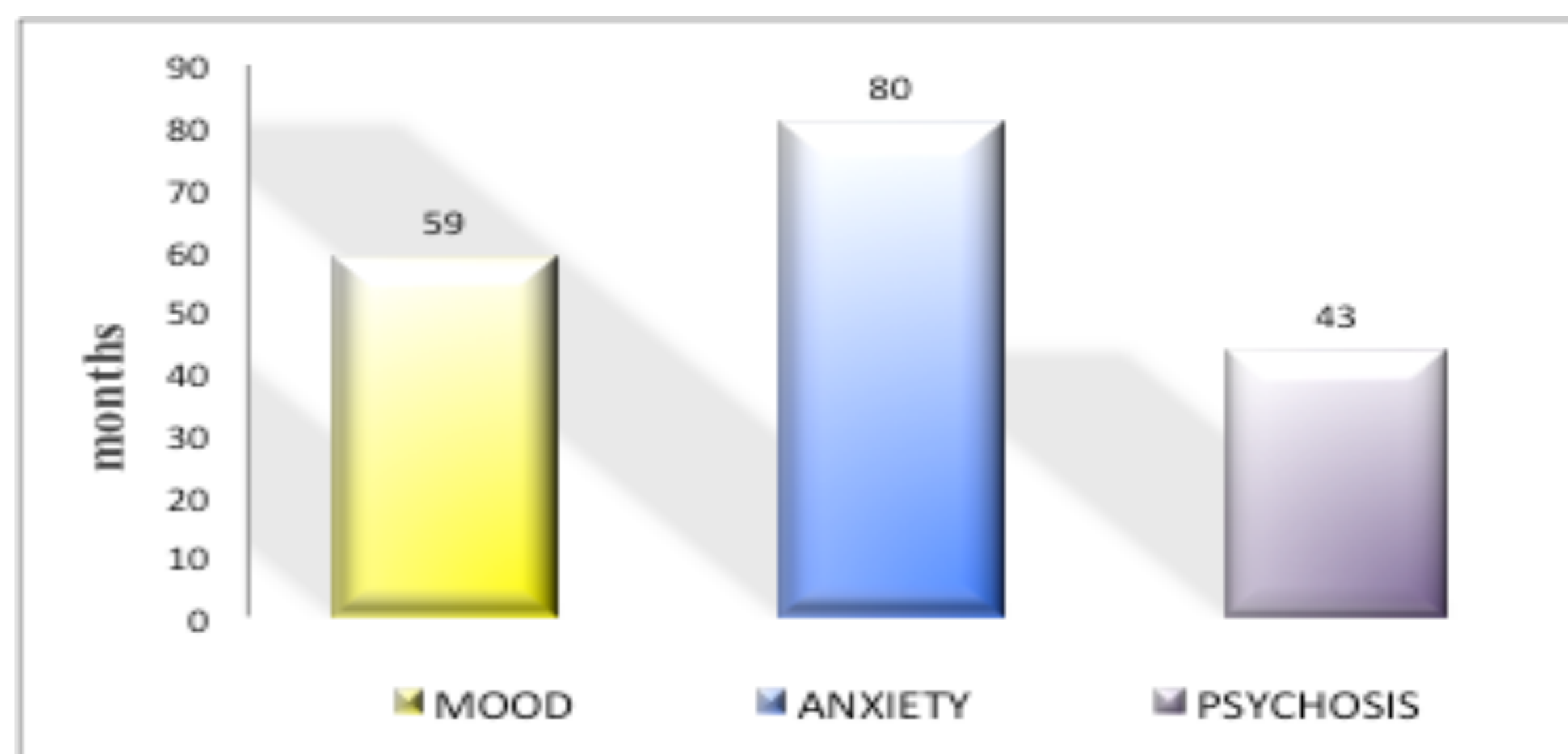
RESULTS

The study sample included 525 patients: 92 with schizophrenia spectrum disorders (17.16%), 292 with mood disorders (54.27%), 141 with anxiety disorders (26.2%), according to DSM-IV-TR. Diagnostic groups were different in terms of age at onset ($F=3.79$, $p=0.023$), earlier for patients with schizophrenia (28.35 ys, $sd=\pm 12.95$) compared with the mood disorders. (Fig.1) With respect to the age at first diagnosis ($F=4.137$, $p=0.016$), schizophrenic group showed an earlier age at first diagnoses (31.49, $sd=\pm 14.07$) compared to the other groups. The age at first treatment ($F=5.87$, $p=0.003$) was earlier in schizophrenics (31.63, $sd=\pm 13.09$) compared to the other groups. Patients with anxiety disorders showed the latest age at first treatment (37.33, $sd=\pm 15.42$) and had more frequently stressful-events in relation to the onset ($\chi^2=10.996$, $p=0.004$), whereas patients with schizophrenia spectrum disorders reported less frequently such phenomenon. Patients with mood disorders and anxiety disorders were treated more frequently with benzodiazepines as first treatment than schizophrenics ($\chi^2=12.645$, $p=0.002$). Patients with schizophrenia asked for help on their own less frequently than other diagnostic groups ($\chi^2=35.86$, $p<0.001$). As regards first therapist, patients with schizophrenic spectrum disorders seemed to be treated more frequently by a psychiatrist, whereas patients with mood and anxiety disorders mainly by other medical doctor ($\chi^2=12.174$, $p=0.058$). Schizophrenics tended to be treated more frequently when hospitalized than patients with mood and anxiety disorders, which tended to be treated more frequently in outpatient setting ($\chi^2=48.876$, $p<0.001$). The DUI in the total sample was 61.78 months ($sd \pm 105.35$) and the analyses across the three diagnostic groups ($p=0.022$, $F=3.83$) showed a shorter DUI in schizophrenics (43.17 months ± 75.16) than in patients with anxiety disorders (80.43 months ± 106.10). (Fig.2)

Figure 1 - Main demographic and clinical variables of the whole sample and diagnostic subgroups

Onset related stressful events	No	46 (50.0%)	92 (31.5%)	43 (30.5%)	181 (34.5%)
	Yes	46 (50.0%)	198 (67.8%)	97 (68.8%)	341 (65.0%)
BDZ as first treatment	No	75 (81.5%)	181 (62.0%)	88 (62.4%)	344 (65.5%)
	Yes	17 (8.5%)	111 (38.0%)	53 (37.6%)	181 (34.5%)
First therapist	Psychiatrist	53 (57.6%)	122 (41.8%)	54 (38.3%)	229 (43.6%)
	Psychologist	9 (13.6%)	40 (13.7%)	16 (11.3%)	65 (12.4%)
	Other m.d.	30 (32.6%)	130 (44.5%)	71 (50.4%)	231 (44.0%)
Help seeking decision	Autonomous	10 (10.9%)	106 (36.3%)	63 (44.7%)	181 (34.5%)
	Other	76 (82.6%)	161 (55.1%)	66 (46.8%)	315 (60.0%)
First therapy setting	Inpatient	55 (59.8%)	233 (79.8%)	132 (93.6%)	420 (80.0%)
	Outpatient	36 (39.1%)	52 (17.8%)	4 (2.8%)	92 (17.5%)

Figure 2 - Duration of untreated illness (DUI) across diagnostic groups



CONCLUSIONS

Present findings support the notion of a relevant DUI in psychiatric disorders (5 years, on average), pointing out specific differences, in terms of treatment access and latency, across psychotic and affective patients. Such aspects may be of relevance in order to detect at-risk subjects and implement early intervention programmes.

References

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