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Remission and recovery from first-episode psychosis in adults: A systematic review and meta-analysis of long-term outcome studies

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Introduction Remission and recovery rates for people who have had a first episode psychosis (FEP) remain uncertain.

Objectives We conducted a systematic review and meta-analysis to assess pooled prevalence rates of remission and recovery in FEP in longitudinal studies and conducted meta regression analyses to investigate potential moderators.

Methods A systematic literature search of major electronic databases without language restrictions was conducted from database inception until July 1, 2016. Longitudinal studies with follow up greater than 1 year reporting data on remission or recovery rates in FEP were included.

Results Seventy-nine studies were included representing 19,072 FEP patients (mean age = 26.9 years, male = 59.5%). The pooled rate of remission among 12,301 individuals with FEP was 57.9% (95%CI: 52.7–62.9, $Q = 1536.3$, $P < 0.001$, $n = 60$ studies, mean follow up = 5.5 years). Restricting the analysis to studies, which used the remission in schizophrenia working group (RSWG) criteria ($n = 25$ studies, $n = 6909$ patients), the pooled remission rate was 56.9% (95%CI: 48.9–64.5, $Q = 656.9$). Higher remission rates were moderated by studies from more recent years. The pooled prevalence of recovery among 9642 individuals with FEP was 37.9% (95%CI: 30.0–46.5, $Q = 1450.8$, studies = 35, $P = 0.006$, average follow up = 7.2 years). Recovery rates were higher ($P < 0.05$) in North America compared to other regions.

Conclusions Our data suggest that remission and recovery rates in FEP may be more favorable than previously thought. We observed stability of recovery rates after the first two years, suggesting that a progressive deteriorating course of illness is not typical. While remission rates have improved over time, recovery rates have not, raising questions about the effectiveness of specialist early intervention services in achieving improved recovery.

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Neural modulations in processing of natural information in patients with schizophrenia and their unaffected siblings

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Recent studies in healthy populations have shown a hierarchical network of brain areas to process information over time. Specifically, we revealed that the capacity to accumulate information changes gradually from the early sensory areas toward high-order perceptual and cognitive areas. Previous research in schizophrenia pointed to impairment in comprehension of information. Yet, the neural mechanisms underlying the breakdown of information processing are poorly known. Better understanding of the neural circuits involved in information processing may assist in early identification of predisposition to the disease. Using fMRI, we examined different levels of information comprehension elicited by naturally presented stimuli. Healthy participants, patients with first episode schizophrenia and their undiagnosed siblings listened to a real-life narrated story and scrambled versions of it. To estimate the level of synchronization in response time courses, we calculated inter-subject correlation (inter-SC) across the entire stimuli within each group. The time-scale gradients found in healthy and siblings groups were consistent with our previous findings. Within the schizophrenia group, the reliability patterns obtained for the shortest and intermediate temporal scales were similar to patterns observed in healthy groups. However, the analysis of responses to story condition (long temporal scale) revealed robust and widespread disruption of the inter-SC. In comparison to healthy groups, the response time courses to the story were highly variable within the schizophrenia group, although some significant inter-SCs in the TPJ and precuneus were found. The hierarchical temporal deficit is a fundamental trait that may be a better target for the study of the etiology and pathophysiology of the disease.

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Heterogeneous effectiveness patterns of amisulpride in chinese patients with schizophrenia: A cluster analysis of ESCAPE study

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Introduction Rare research was reported about assessing the effectiveness and safety of amisulpride in Chinese patients with schizophrenia before we performed the ESCAPE, a multicenter, single-arm, phase IV study (NCT01795183). This study is a cluster analysis of ESCAPE study.

Objective To identify the effectiveness patterns of amisulpride in Chinese patients with schizophrenia.

Aim To examine baseline characteristics of patients as potential predictors of effectiveness.

Methods Time-series cluster analysis was performed to identify effectiveness trajectories bases on Positive and Negative Syndrome Scale (PANSS) scores in Chinese patients with schizophrenia received amisulpride for 8 weeks. Baseline characteristics of patients were examined.

Results Overall, 295 patients were included for efficacy analysis. Four response trajectories based on positive PANSS were identified (Figure 1): (1) rapid response (cluster 1); (2) gradual response (cluster 2); (3) sustained low level (cluster 3); (4) poor response (cluster 4). Age in cluster 4 was significantly higher than that in cluster 1 and cluster 3 (Table 1, $P = 0.0025$ and 0.0032 , respectively). Similarly, four response trajectories based on negative PANSS were generated (Figure 2): (1) rapid response (cluster 1); (2) gradual response (cluster 2); (3) poor response with moderate PANSS (cluster 3); (4) poor response with high PANSS (cluster 4). Male to female ratio in