

Correspondence

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Putative high risk for psychosis should not be considered a disorder

The paper by Fusar-Poli and colleagues on functioning and quality of life (QoL) in people meeting supposed 'high-risk' status for psychosis¹ concludes, *inter alia*, that high-risk individuals do not differ statistically from individuals with established psychotic disorders in terms of QoL. This conclusion is used to help justify the views of the authors that 'impairments in functioning and QoL are key features of the high-risk state' (p. 201) and that high risk is 'not just a state of risk' but a 'disorder' (in their title). However, reference to the original paper by Francey and colleagues² shows that QoL was actually *higher* in high-risk individuals than a first-episode psychosis comparison group. Thus the meta-analytic results shown in Fig. 2(b) of the paper by Fusar-Poli *et al*¹ are incorrect and, should the correct data be applied, would show that supposed high-risk individuals have overall better QoL than those with a 'true' psychotic illness.

Also of relevance in the study of Francey *et al*² was that QoL did not distinguish those high-risk individuals who supposedly transitioned to psychosis from those who did not, again throwing doubt on the views of Fusar-Poli *et al* that these supposed deficits reinforce the case for 'prevention of transition' (p. 204) and 'treatment of the current condition'. These latter 'clinical implications' are not, to my mind, supported by the data presented and disavow the fact that the majority of people supposedly at high risk for psychosis do not develop a psychotic illness and also that no treatment has consistently and replicably been shown to alter the likelihood of such transition.³ Hence, the assumption that the data presented should persuade us that the high-risk state is a 'disorder' or even a 'condition' is beyond me.

Finally, the authors attribute to me a view that high-risk individuals are 'not at all dysfunctional' (p. 200), but this is disingenuous: the point is that the supposed high-risk state is

composed of a heterogeneous group of individuals and that many of them cannot be considered to have a 'disorder' in a heuristic, predictive or treatment sense.

- 1 Fusar-Poli P, Rocchetti M, Sardella A, Avila A, Brandizzi M, Caverzasi E, et al. Disorder, not just state of risk: meta-analysis of functioning and quality of life in people at high risk of psychosis. *Br J Psychiatry* 2015; **207**: 198–206.
- 2 Francey SM, Jackson HJ, Phillips LJ, Wood SJ, Yung AR, McGorry PD. Sustained attention in young people at high risk of psychosis does not predict transition to psychosis. *Schizophr Res* 2005; **79**: 127–36.
- 3 Castle DJ. Is it appropriate to treat people at high-risk of psychosis before first onset? *Med J Australia* 2012; **196**: 557.

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doi: 10.1192/bjp.208.2.197

Authors' reply: Following the letter by Castle, we confirm an error in the secondary outcomes reported in Fig. 2(b) of our manuscript. We have now corrected it, and repeated the literature search by adopting an additional search criterion. We have directly contacted the leading authors of the largest clinical high-risk studies conducted in the past decade to seek additional quality of life (QoL) comparisons between high-risk patients and those with first-episode psychosis. We have then repeated the meta-analysis (see Fig. 1 below), which now included 238 patients at high risk compared with 205 patients with psychosis. The final results were unchanged as compared to those reported in our original analysis.¹ There is no meta-analytical difference between the subjective QoL of patients at high risk of psychosis and those with frank psychosis (Hedges' $g = 0.211$, 95% CI -0.148 to 0.571 , $P = 0.249$; $Q = 9.518$, $d.f. = 3$, $I^2 = 68.48$, $P = 0.023$). This secondary meta-analytical comparison is based on a few studies only. However, should new studies become available in the near future, and eventually show a better subjective QoL in clinical high-risk patients as compared with controls, the core finding of our analysis would still remain unchanged. Indeed, our primary aim was to show that patients clinically at high risk for psychosis have significant impairments in functioning and QoL when compared with healthy controls: patients with psychosis were used as a benchmark group for comparative purposes only.

- 1 Fusar-Poli P, Rocchetti M, Sardella A, Avila A, Brandizzi M, Caverzasi E, et al. Disorder, not just state of risk: meta-analysis of functioning and quality of life in people at high risk of psychosis. *Br J Psychiatry* 2015; **207**: 198–206.
- 2 Addington J, Penn D, Woods SW, Addington D, Perkins DO. Social functioning in individuals at clinical high risk for psychosis. *Schizophr Res* 2008; **99**: 119–24.

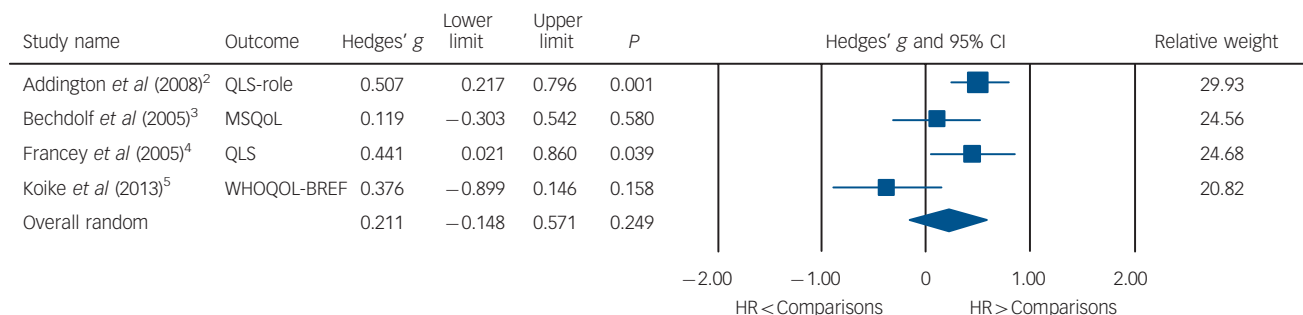


Fig. 1 Meta-analytical comparison of quality of life between patients at high clinical risk for psychosis and patients diagnosed with frank psychosis (Comparisons).

HR, high risk; MSQoL, Modular System for Quality of Life; QLS, Quality of Life Scale; QLS-role, role functioning subscale of the Quality of Life Scale; WHOQOL-BREF, abbreviated version of the World Health Organization Quality of Life assessment.