Letter to the Editor

We have yet much to learn about the care and treatment of people with psychotic illnesses such as schizophrenia. The main lesson to date from the early intervention field is that timely and comprehensive care is beneficial to patients. The longer term course of psychosis, and the difficultly of transitions between services for patients, their families and clinicians. Transition between services is associated with loss and other adjustment problems (Friis, 2010). We do not believe that this is so. Rather than labelling the early intervention field as 'pessimistic' (McGorry et al. 2010), the Danish OPUS Study (Bertelsen et al. 2008) and an early intervention study from The Netherlands (Linszen et al. 1998) all show no overall beneficial effects of early intervention programmes in the medium term (5 years). We also know that most patients continue to have symptoms well beyond the early phases of their illness. For example, in the EPPIC Early onset Group in the UK (Gafoor et al. 2010), the 7-year follow-up study of first-episode schizophrenia/schizophreniform patients achieved social/vocational/adaptive goals (Henry et al. 2010). The fact remains that there is no evidence that we can ameliorate the longer term course of psychosis with existing early intervention services. The main lesson to date from the early intervention field is that timely and comprehensive care is beneficial to patients. Whether or not early intervention is a simple solution to a complex problem, argued with passion, it may be possible fundamentally to change illness trajectories through intervention early in its course. Further research is important. Without such evidence, however, a predominant focus on early intervention seems a step too far.

References