Chapter 5
First Episode of Psychosis: From Psychosis Continuum to Specialized Treatment

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ABSTRACT

The first episode of psychosis is the interval between the onset of the first positive psychotic symptom above the threshold for clinical psychosis for at least 1 week until the first 5 years of starting treatment. The at-risk mental state is subdivided into three ultra high-risk populations for psychosis: brief intermittent psychotic symptoms; attenuated positive symptoms syndrome; genetic risk and deterioration syndrome. The incidence of psychotic disorders varies between 15-34/100,000 person-years at risk, most of the specific diagnoses are schizophrenia. The duration of untreated psychosis is the most studied variable and closely related to the assessment of the impact of early treatment on the patient's prognosis. Psychosis can be divided into primary (affective and non-affective) or secondary causes. Intervening early in the course of psychotic illness is important as centers specialized in FEP aim reduce DUP, achieve remission of the psychotic condition, reduce recurrence, and reduce the number of hospital admissions.

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INTRODUCTION AND DEFINITION

In 1845, Austrian psychiatrist Ernst V. Feuchtersleben developed the term "psychosis" to differentiate the psychic symptoms of mental illness from the neural symptoms (Gaebel & Zielasek, 2015). Over time, the term was modified, and currently psychosis is understood as: distortion of understanding and interpretation of reality, characterized by symptoms such as hallucinations (alteration of sensorial perception), delusions (alteration of critical judgment of reality) and disorganization of speech (change in thinking) (Galletly et al., 2016).

In general, psychotic episodes appear in adolescence or early adulthood (Cosgrave et al., 2021), with 80% of them between 16 and 30 years of age, with a higher incidence around the age of 20 (Healy et al., 2019). This is a period marked by the search for vocational achievements, relationships and identity definition, which increases the financial and emotional risks faced by affected individuals and their families (Malla et al., 2005).

We understand the first episode of psychosis (FEP) as the period between the onset of the first psychotic event, when the patient continues to present positive symptoms (hallucinations, delusions, disordered thoughts) above the threshold for clinical psychosis for at least 1 week, until the first 5 years of starting treatment for this presentation (Galletly et al., 2016).

Despite this, important references in the study of psychotic disorders still do not consider a specific definition for this condition (Healy et al., 2019). Part of the difficulty in this definition is the multivariable clinical presentation of the acute psychotic event, regarding its duration, symptoms, prodromal period and impact in functionality; which also makes diagnostic subcategorization difficult (Galletly et al., 2016). In view of this, it is understood that psychotic manifestations are part of a psychotic continuum, a syndromic diagnosis, which varies from brief and self-limited psychotic experiences, through prodromal states, to psychotic illness itself. Therefore, it is observed that for a specific diagnosis, longitudinal monitoring of the patient's evolution is necessary (Malla et al., 2005).

Despite the difficulties in making a specific diagnosis in the initial presentation of FEP, it is necessary to consider whether psychotic symptoms occur exclusively associated with depressive or mild symptoms in order to consider the addition of a mood stabilizer to the patient's therapeutic regimen (Galletly et al., 2016). Studies show that cases of non-Affective Psychosis have a higher incidence rate than those of Affective Psychosis. The AESOP Study - carried out in three large centers in England, revealed that 67% of cases were non-affective FEP, while 28% of the sample corresponded to affective FEP (Kirkbride et al., 2006).

Data from a meta-analysis of DSM/ICD diagnostic results in high-risk individuals who later developed a frank psychotic episode (N = 560) show that approximately