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### S50.03

First Episode Psychosis: Primary care experience and implications to service development

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**Background:** First episode psychosis (FEP) studies show that average time between onset of symptoms and first effective treatment is often one year or more<sup>1</sup>. This long duration of untreated psychosis (DUP) is undesirable for various reasons:

- Early treatment helps minimise the risk of serious consequences<sup>2,3</sup>
- Shorter DUP is associated with better clinical response.<sup>4</sup>
- Early results suggest that early intervention in psychosis (EIP) service is more cost effective than generic services.<sup>5</sup>

The attitude to treatment of ‘Psychosis’ has recently changed from focusing on severe and enduring mental illness to include early intervention.<sup>10</sup> New terms appeared including duration of untreated psychosis (DUP) from onset of positive psychotic symptoms until starting treatment and duration of untreated illness (DUI) from onset of prodrome until starting treatment.<sup>11</sup>

**Aim:** To access the local Primary Care experience of FEP before developing the local EIP service.

**Method:** A confidential questionnaire consisted of 8 questions sent by the Clinical Governance Support Team (CGST) to all Northamptonshire GPs requesting response within 3 weeks.

**Main results:** Response rate is 43% (123 GPs responded out of 284). GPs are less likely to start treatment of FEP. FEP are less likely to ask for a psychiatric referral but more likely to accept if offered by GP. 53% of GPs tend to refer all FEP cases to psychiatric service & 43% only refer those who request/accept referral. 74% of GPs agreed that EIP service was needed, 21% were unsure The likely causes of delayed referral of FEP by GPs: Patients disengaging, stigma, difficulty accessing psychiatric service, carers’ lack of knowledge and diagnostic uncertainty.

**Conclusion:** FEP patients are less likely to ask for referral to psychiatric service but likely to accept if offered. The likely causes for FEP delayed referral to psychiatric service: patients disengaging, stigma, carers’ lack of knowledge, service is difficult to access or inappropriate and diagnostic uncertainty. GPs need to be adequately informed about EIP & their important role to achieve this.

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### S50.04

The wheel of compliance in schizophrenia

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Successful treatment of most chronic illnesses has been complicated by the difficulty in taking medication continually over an extended period of time. Partial or non compliance is not a unique problem for most psychiatric disorders, however, for psychotic disorders, the estimated rate of non-compliance may be as great as 80%.

Compliance is not an all or nothing phenomenon, patients are often “partially compliant” . Compliance is best understood in a dimensional rather than categorical way. Non-compliance can be either overt or covert. There has always been a discrepancy between level of estimation of compliance among patients and clinicians with tendency to either over or under estimate the magnitude of the problem.

Non-adherence in schizophrenia is a major preventable cause of morbidity with significant personal, social and economic costs. Compliance is of a particular importance in those patients who are experiencing their first psychotic or bipolar episode.

Up to 80% of patients with schizophrenia fail to comply with their medication regimen at some point during the course of their treatment. Early warning signs of such partial compliance may be confused by some clinicians with non-response to treatment and may result in switching to alternative oral antipsychotic medication, adding adjunctive medication or even worse in the form of relapse or hospitalization.

There are some effective and comprehensive strategies which can improve adherence to medication ranging from psycho-education to relapse prevention and the specific compliance therapy. Depot antipsychotic medication has several advantages over oral medication though they still have an image problem.

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## S51. Symposium: WHY LONG-TERM MEMORY IS A KEY FEATURE OF SCHIZOPHRENIA

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### S51.01

Autobiographical memory: What have we learned from brain imaging studies

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