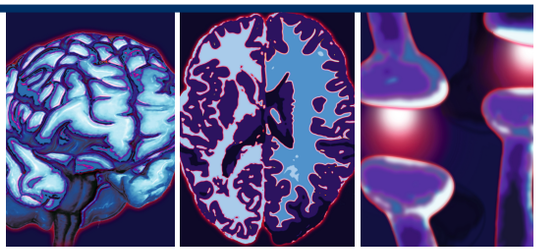
EDITORIAL



Can we prevent the onset of psychosis? Yes, we can

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"...enormous progress has been made in terms of the prediction and prevention of psychosis."

Schizophrenia is one of the ten illnesses causing the main contribution to the global burden of disease. This disorder often involves a substantial numbers of years lived with disability [1], and its direct healthcare costs for Germany alone were estimated as €2 billion per year [2].

Post-onset interventions in schizophrenia generally have unfavorable outcomes [3]. Although early detection and intervention strategies have led to substantial improvement of the prognosis of a number of non-psychiatric medical conditions [4], these strategies have only started to be applied to schizophrenia in the last 20 years. However, in this time period, enormous progress has been made in terms of the prediction and prevention of psychosis. Early detection and interventions efforts exclusively target young people who seek help because they are distressed and impaired by their clinical symptoms or functioning problems, but who do not yet fulfill the DSM-IV criteria of psychosis. The findings in this population are discussed in the following sections.

Clinical high risk criteria predict first-episode psychosis

Two broad sets of criteria have been used to diagnose the clinical high risk (CHR) state: the ultra high risk (UHR) [5] and the basic symptoms (BS) criteria [6]. The UHR criteria have been the most widely applied in the literature to date. Inclusion requires the presence of one or more of: attenuated psychotic symptoms (APS), brief limited intermittent psychotic symptoms (BLIPS) or trait vulnerability, plus a marked decline in psychosocial functioning (genetic risk and deterioration syndrome [GRD]) and unspecified prodromal symptoms (UPS). BS are subjectively experienced disturbances of different domains including perception, thought processing, language and attention that are distinct from classical psychotic symptoms, in that they are independent of abnormal thought content and reality testing, and insight into the symptoms' psychopathological nature is intact [6]. Out of those, BS-specific self-perceived cognitive and perceptual changes

"Cost–effectiveness analyses indicated that the extra costs – as compared to standard care – required in the first year of treatment are compensated by subsequent savings associated with the prevention of transition to psychosis."

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