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Clinical and Functional Trajectories of Youth vs Adult Clients entering the Extended EASY Programme

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Introduction

With the success of the Early Assessment Service for Young People with Psychosis (EASY), the Hospital Authority had expanded the local early psychosis service to cover the whole adolescent and adult age range in 2011 according to the Mental Health Service Plan for Adults 2010-2015. Yet, limited data existed in international literature regarding the clinical or functional trajectories of adult clients in early psychosis services. The Early Intervention Team of Kwai Chung Hospital joined hands with Department of Psychiatry, University of Hong Kong in 2013 to fill this literature gap.

Objectives

(1) To document the clinical and functional outcomes of clients suffering from first-episode psychosis who entered the Extended EASY Programme, and (2) to compare the differences of outcomes between the adolescent vs adult client groups

Methodology

All clients, i.e. aged 15 to 64, who suffered from non-affective psychoses and bipolar affective disorder were invited to join the study. They were assessed using standardized clinical and functional assessments at baseline, 6-month, 12-month, 24-month and 36-month time points.

Result

Fifty-nine and 183 youth and adult subjects were recruited with completed baseline data by October 2015 respectively. Twenty-one youth and 91 adults reached the 12-month time point. For both groups, they had clinically and statistically improvements in all Positive and Negative Syndrome Scale subscales (all p<0.01, except for negative symptoms in adult p=0.02) after 6 months. The adult group also had significant improvements in depressive symptoms and insight (both p<0.001) by six months. The youth group had significant improvements in functioning by Social

and Occupational Functioning Assessment Scale (SOFAS, 59.6 to 66.5, p=0.011), while the adult group had improvements by both SOFAS (52.3 to 62.0, p<0.001) and Role Functioning Scale (21.9 to 23.7, p<0.001) by six months. The gains in both group were maintained in the subsequent six months, and the adult group had further improvement in functioning by SOFAS (62.0 to 64.8, p=0.007). The Extended EASY programme is effective in improving the clinical and functional outcomes in both youth and adult groups. Symptoms of psychosis are largely controlled within six months into service. Both groups have improvements in functioning, yet adult tend to improve over a longer period of time. Service should be designed taking into account the pace of recovery in different age groups.