

Poster presentation

Randomized control trials testing the efficacy of psychotherapy in individuals at Ultra High Risk for developing psychosis: a review

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Background

In the past ten years an effort has been made to establish clinical criteria, in order to predict which individuals are at ultra high risk (UHR) of developing psychosis. Various preventive and therapeutic methods have been used at people with incipient risk of developing psychosis, psychotherapeutic as well as psychopharmacological. The psychotherapeutic techniques are certainly more appropriate to use in such populations for safety reasons. The goal of our presentation is to find out if there has been sufficient indication of the efficacy of such psychotherapeutic techniques through randomized control trials.

Materials and methods

We conducted a systematic literature search through the web, for the years 1980-2007, combining key words of "prevention", "ultra high risk", "prodrome", "psychosis", "psychotherapy" and then limited our results to "randomised control trials". We also searched for major meta-analyses and reviews of prevention studies for psychosis.

Results

Only two randomised control studies were found to be conducted in such populations, searching for the efficacy of cognitive therapy and needs-based supportive psychotherapy.

Conclusions

Both of them demonstrated that psychotherapy is useful in such groups, since it reduces the likelihood of making progression to psychosis, the need for prescription of

antipsychotic medication and has enduring benefits over the long term.

References

1. Morrison A, French P, Parker S, Roberts M, Stevens H, Bentall R, Lewis S: **Three year follow up of a randomized control trial of cognitive therapy for the prevention of psychosis in people at ultrahigh risk.** *Schizophrenia Bulletin* 2007, **33**:682-687.
2. McGorry PD, Yung AR, Philips LJ, Yuen HP, Francey S, Cosgrave EM, Germano D, Bravin J, McDonald T, Blair A, Adlard S, Jackson H: **Randomized controlled trial of interventions designed to reduce the risk of progression to first-episode psychosis in a clinical sample with subthreshold symptoms.** *Arch Gen Psychiatry* 2002, **59**(10):921-928.