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Childhood adversities in first-episode psychosis

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Background

Childhood adversities are risk factors for psychosis. A meta-analysis found exposure to such adversities being 2.7 times more common in psychosis patients than in control subjects (Varese et al. 2012).

The objective of this study was to explore negative childhood experiences among first-episode psychosis (FEP) patients compared to control participants.

Methods

The participants were adult FEP patients (n=67) in the Helsinki area, Finland, at their first psychiatric contact for psychosis. They were interviewed as soon as possible after entering treatment. A matched control sample was identified from the population register (n=41).

Symptomatology was assessed with the Brief Psychiatric Rating Scale (BPRS) and other validated instruments.

A psychosocial burden questionnaire asked about 7 negative experiences during childhood (0–16 years) (Table).

The questionnaire also included questions about maternal and paternal alcohol use and mental disorders.

Results

76% of the FEP patients and 46% of the controls reported at least one childhood adversity, the number of adverse experiences being higher among patients than among controls (Table, Figure). Specifically, serious conflicts within the family, bullying at school, and own and parents' serious illness were reported by patients more often than controls.

Childhood adversities were more common in patients who had a parent with mental disorder. In the FEP group, those reporting parental mental disorder also scored lower on social support (Perceived Social Support Scale – Revised) and higher on obsessive-compulsive symptoms (Obsessive-Compulsive Inventory – Revised).

In the FEP group, the number of adverse life events was positively correlated with anxiety (Beck Anxiety Inventory), manic symptoms (Mood Disorder Questionnaire, used dimensionally), and obsessive-compulsive symptoms. Mediation and moderation effects between parental mental disorder, childhood adversities, and obsessive-compulsive symptoms were investigated, but none were found.

Among controls, adversities correlated with mood symptoms and lower social support and sense of mastery.

Discussion

In line with earlier studies of more chronic psychosis, a majority of the patients with FEP reported exposure to childhood adversities, the patients reporting more adversities than controls.

Associations of childhood adversities with anxiety and mood symptoms were found in both groups. As the number of adversities was associated with non-psychotic symptoms only, psychosocial load appears to add non-specific risk of mental disorder.

A caveat is that our questionnaire did not include questions about severe abuse or neglect and thus the adversities surveyed were milder than the traumas assessed in many other studies.

The symptoms of persons with psychosis are not random, but can be reactions to things that have happened during their life course. Understanding the association between negative life events and psychosis is important in treating FEP patients, with a possible impact on the prognosis of the illness. The results highlight the effect of early psychosocial burden.

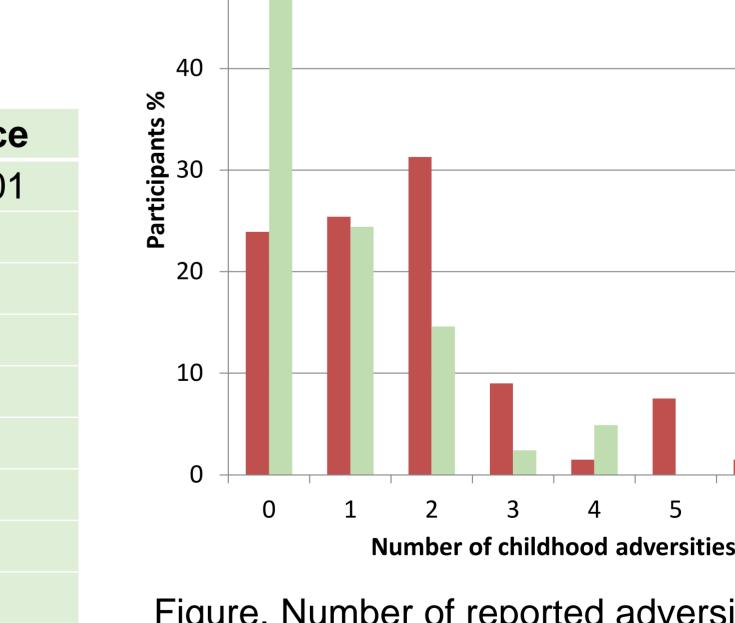
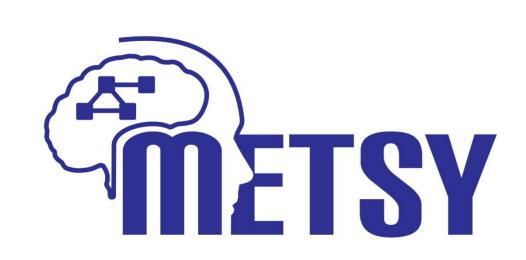


Figure. Number of reported adversities among patients with FEP and controls

■ Psychosis, n=67

■ Controls, n=41

	FEP, n=67	Controls, n=41	Group difference
Number of adversities, mean (SD), range	1.7 (1.5), 0–6	0.8 (1.1), 0–4	U=1887.0, p<.001
	n (%)	n (%)	
Long-term financial problems within the family	11 (16.4%)	3 (7.3%)	ns
Parents' regular unemployment	10 (14.9%)	2 (4.9%)	ns
Parents' serious illness or injury	17 (25.4%)	4 (9.8%)	p=.043
Serious conflicts within the family	21 (31.3%)	5 (12.2%)	p=.024
Parental divorce	17 (25.4%)	9 (22.0%)	ns
Own serious or chronic long-term illness	7 (10.4%)	0	p=.042
Bullying at school	29 (43.3%)	10 (24.4%)	p=.041
Table. The frequency of adverse childhood events. ns = non significant			



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