Schizophrenia Research xxx (xxxx) xxx

Contents lists available at ScienceDirect

Schizophrenia Research

journal homepage: www.elsevier.com/locate/schres

Letter to the Editor

Towards standardising the assessment of good outcome in people at clinical high risk for psychosis: A collaborative approach

Dear Editor,

The recent commentary by Woods et al. (2020) outlined several excellent points about the development of a core outcomes set (COS) for people at clinical high risk for psychosis (CHR-P). We agree that this would facilitate research on the natural history of the CHR-P state, and inform the development of novel clinical interventions that are much needed for this group (Fusar-Poli et al., 2020). Woods and colleagues note that priorities in terms of treatment and outcome may differ, depending on the interested party (e.g. service-users or clinicians). They also highlight the value of incorporating patient reported outcomes (PROs) into routine assessment. At present, outcomes in CHR-P subjects are typically clinican-rated (Fusar-Poli et al., 2015; Fusar-Poli et al., 2020), and do not incorporate a service-user perspective. As in the case of patients with psychosis (Byrne et al., 2010), involving service-users is likely to help in the development of outcome measures, and in decisions about which outcomes are most important.

To date, the assessment of the CHR-P state has been vulnerability- and disease-focused, with an emphasis on the risk of later conversion to psychosis (Fusar-Poli et al., 2015; Fusar-Poli et al., 2020) and how to reduce this risk (Davies et al., 2018). About 20% of CHR-P individuals will develop psychosis (Fusar-Poli et al., 2020), but this risk can rise to 40% depending on the CHR-P subgroup (Fusar-Poli et al., 2016). Although several non-psychotic comorbidities are commonly reported, these are mostly carried over from baseline and CHR-P individuals are not at increased risk of developing non-psychotic disorders (Fusar-Poli et al., 2017). Surprisingly, few studies have investigated favourable or *good* outcomes (GOs) in this population, and the protective factors that may contribute to these (Oliver et al., 2020). This partly reflects the absence of a clear definition of what constitutes a GO in CHR-P individuals.

We have sought to address this issue by working with CHR-P clinicians, researchers and service-users to develop a framework for the assessment of GO in CHR-P individuals, and have produced a checklist tool that can be used both in clinical and research settings (Fig. 1). We initially conducted a Delphi study to establish consensus amongst health professionals with CHR-P expertise on factors that could be used to define GO (Petros et al., 2019). We then assessed which GOs are most meaningful to CHR-P individuals, using a questionnaire that we developed in collaboration with a service-user (Petros et al., 2020). These studies pointed to a consensus that CHR-P research should widen its focus beyond vulnerability to psychosis, and assess a range of adverse and positive outcomes, in addition to the onset of psychosis. They also indicated that both clinicians and service-users regarded subjective wellbeing, level of functioning, and the distress associated with symptoms as important to outcome as the severity of positive psychotic symptoms. In addition, the absence of negative symptoms appeared to be a better marker of GO than remission from positive symptoms. However, there were some differences between stakeholders in terms of which outcomes they felt were most important to a GO; therefore, a collaborative effort is key to the development of these measures.

Our work has led to the development of the GO checklist (Petros et al., 2020), which incorporates measures of functioning, symptoms, suicidality, distress, and well-being. This checklist could help to standardise the assessment of individuals at CHR-P, as recommended by Woods et al., taking both the clinician and service-user perspectives into account. We are currently assessing the validity and reliability of

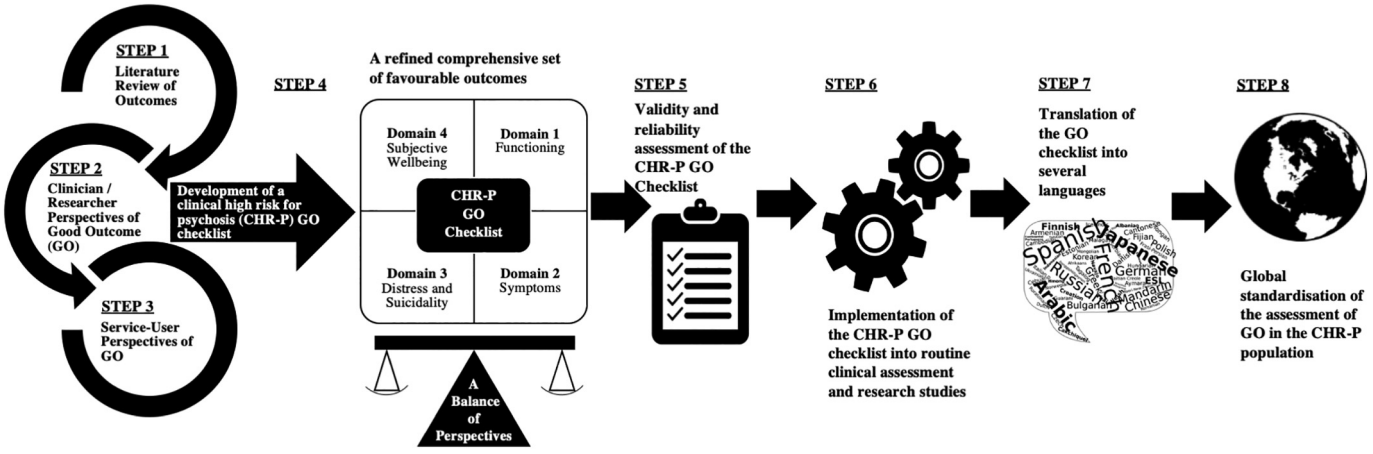

Fig. 1. Development, refinement and implementation plan for the clinical high risk for psychosis good outcome checklist.

https://doi.org/10.1016/j.schres.2020.07.006

Please cite this article as: N. Petros, A.E. Cullen, P. Fusar-Poli, et al., Towards standardising the assessment of good outcome in people at clinical high risk for psychosis: A collaborative approach, Schizophrenia Research, https://doi.org/10.1016/j.schres.2020.07.006

this tool and investigating the feasibility of scoring the checklist using pre-existing research datasets and real-life data gathered in clinical settings (Fig. 1). The next generation of our work will involve collaborative multi-site studies such as the Stratification and Treatment in Early Psychosis (STEP) Study and the Psychosis Risk Outcomes Network (ProNET), that are currently in preparation.

Conflict of interest

All authors declare they have no known conflict of interest.

Contributors

All authors contributed to the drafting and editing of the letter.

Acknowledgement

The authors would like to acknowledge the support of the National Institute for Health Research (NIHR) Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King's College London. The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care. Dr. Cullen is supported by the Sir Henry Wellcome Trust Postdoctoral Fellowship and the NARSAD Young Investigator Award.

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15 June 2020
Available online xxxx

Please cite this article as: N. Petros, A.E. Cullen, P. Fusar-Poli, et al., Towards standardising the assessment of good outcome in people at clinical high risk for psychosis: A collaborative approach, Schizophrenia Research, https://doi.org/10.1016/j.schres.2020.07.006