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| Citation | The 14th International Congress on Schizophrenia Research (ICOSR 2013), Orlando, FL., 21-25 April 2013. In Schizophrenia Bulletin, v. 39 suppl. 1, p. S324-S325, ID: 1508363 |
| Issued Date | 2013 |
| URL | http://hdl.handle.net/10722/183921 |
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Randomized controlled trial evaluating 1-year extended case management for first-episode psychosis patients discharged from EASY program in Hong Kong

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BACKGROUND: Literature indicated superior efficacy of early intervention (EI) over standard care (SC) on illness outcome of first-episode psychosis. Yet, optimal duration of EI treatment remains unclear with recent findings suggesting that beneficial effects could not be sustained after discharge from EI program. **METHODS:** Randomized controlled trial was conducted evaluating the efficacy of 1-year extended case management (CM). One hundred sixty patients who had received 2-year specialized EI service (i.e., EASY: Early Assessment Service for Young people with psychosis which is a territory-wide, government-funded EI program for individuals aged 15-25 years presenting with first-episode psychosis in Hong Kong) were recruited. Subjects were randomized to either CM or SC. Symptom and functional outcomes between two treatment groups were compared at 1-year follow-up. **RESULTS:** No significant differences between two treatment groups (CM:n = 79; SC:n = 77) were observed in socio-demographic, duration of untreated psychosis, premorbid adjustment and baseline characteristics. At 1-year follow-up, subjects in CM group had significantly fewer negative (PAN SS; $t = 2.7, p < 0.05$) and depressive symptoms (CDS; $t = 2.8, p = 0.05$) than those in SC group. Patients in CM group also had significantly better overall functioning (SOFAS; $t = -3.4; p = 0.01$), and achieved higher scores on individual domains of RFS including work productivity ($t = 2.0, p < 0.05$), self-care ($t = -2.2, p < 0.05$), immediate ($t = -3.2, p < 0.01$) and extended social functioning ($t = -2.9, p < 0.01$). The two groups did not differ in relapse and admission rates over 1-year study period. **CONCLUSION:** Our findings indicated that 1-year extended specialized case management was more efficacious than standard care in improving clinical and functional outcomes of patients who had received 2-year EI service for psychosis. Further research is required to determine the cost-effectiveness and the longer-term effects of this extended EI service.