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A 10-year Outcome Study of an Early Intervention Program for Psychosis in Hong Kong (EASY) Compare with Standard Care Service

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BACKGROUND: Despite the service model of early intervention for first-episode psychosis being widely adopted, evidence of long-term effects are limited. This study aimed to compare 10-year outcomes of patients with early intervention in first-episode psychosis and those received standard care in Hong Kong. **METHODS:** In this historical control study, 148 first-episode psychosis patients who received early intervention (EI) within year 2001–2002 were matched with that of 148 patients for age, gender, and diagnosis who received standard care (SC) within year 2000–2001. Longitudinal symptom levels, relapse rates and functioning were determined by reviewing all available clinical records over 10 years using a structured data acquisition procedure. Cross-sectional face-to-face interviews were conducted to examine clinical and functional outcomes at 10 years. Standard definitions of remission and recovery were used. **RESULTS:** 74.3% (n = 110) of EI patients and 70.2% (n = 104) of SC patients were successfully interviewed. The mortality rate was 10.8% (SC) and 4.7% (EI). Survival analysis suggested a significant delay of mortality for EI group (Log rank test $p = .046$). Cross-sectionally, no significant differences of functioning and symptomatic outcomes between EI and SC. 23.1% patients had complete recovery in SC group and 27.9% in EI group. Longitudinally, significantly more patients in the EI group achieved symptom remission (defined by CGI ≤ 3) for consecutive 2 years ($\chi^2 = 9.62$, $df = 1$, $p = .003$). No difference of longitudinal functional recovery was found. Patients with EI service had significantly less number of admissions ($z = -2.232$, $p = .026$) and with shorter duration of hospitalization ($z = -2.220$, $p = .026$) over 10 years, though number of relapses were not different between EI and SC groups. **CONCLUSION:** Though no substantial clinical or functional differences were found between the EI and SC groups, longitudinally patients received EI service at the early stage of their illness enjoy better clinical course with more stable clinical symptoms.