

Cognitive therapy helps reduce severity of distress among psychotic patients

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Cognitive therapy reduces the severity of psychotic experiences in adults who are at risk of developing conditions such as schizophrenia, a randomised controlled trial published in the *British Medical Journal* claims.

Authors from several UK universities (Birmingham, Glasgow, Cambridge, Manchester and UEA), led by the University of Manchester, set out to determine whether [cognitive therapy](#), combined with monitoring, is effective in preventing the development and worsening of psychotic symptoms which can lead to schizophrenia, in young adults who were actively seeking help and were considered at high risk of developing schizophrenia and similar serious [mental disorders](#). [Risk factors](#) included having intermittent or very mild symptoms suggesting psychosis, or schizophrenia-like personality problems, or having at least one close relative with psychosis. Monitoring was defined as aiming to provide warm, emphatic and supportive face-to-face contact.

The 288 young people in the trial were between the ages of 14 and 35 and came from across the UK: Manchester, Birmingham, Worcestershire, Glasgow, Cambridge and Norfolk. 114 were assigned at random to cognitive therapy and 144 to monitoring of mental state alone and were followed up for two years. Those in the cognitive therapy group had up to 26 weekly sessions over six months and all patients had access to a GP throughout the trial if they required.

Overall, fewer of the young people developed psychosis than expected

over the next year (23/288, 8%), with no statistically significant difference between the two groups. Results show that although cognitive therapy is not effective in preventing the development of first episode psychosis for those few that transition, it does significantly reduce the severity, frequency and intensity of [psychotic symptoms](#) in this help-seeking population. And although cognitive therapy does not significantly affect distress, depression, anxiety and [life satisfaction](#), these conditions did improve over time for all participants. This leads authors to believe that many patients recover naturalistically, or with minimal intervention. Based on these findings, the authors suggest that the proposed inclusion of an Attenuated Psychosis Syndrome as a new diagnostic category in the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (due in May 2013) needs to be reconsidered.

The study found that the effect of monitoring sessions were greater than originally expected, mainly because they provided regular contact for the patients. This is consistent with earlier findings that brief, simple psychological interventions that target worry have significant effect on psychotic experiences.

The authors suggest that depression and anxiety among this age group, in conjunction with psychotic experiences, are common, and should be considered as suitable treatment targets. They conclude the importance of "future research [which] examines the developmental process in the transition to psychosis" and that anti-psychotic medication should not be offered as the first option to people at risk of developing [schizophrenia](#), since more benign options appear equally effective.

Provided by British Medical Journal

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