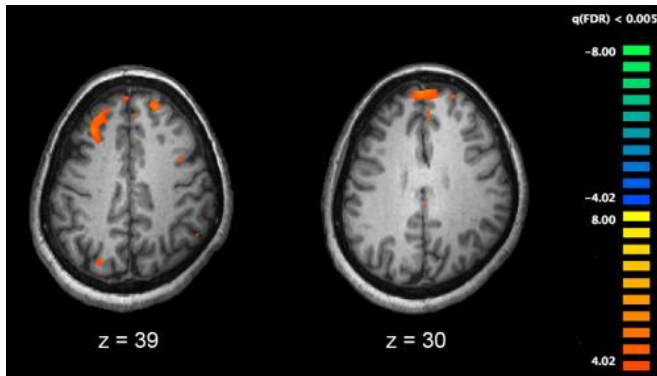


Curtailing worry reduces key schizophrenia symptom

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Functional magnetic resonance imaging (fMRI) and other brain imaging technologies allow for the study of differences in brain activity in people diagnosed with schizophrenia. The image shows two levels of the brain, with areas that were more active in healthy controls than in schizophrenia patients shown in orange, during an fMRI study of working memory. Credit: Kim J, Matthews NL, Park S./PLoS One.

Delusions of persecution in psychiatric patients can be reduced with just six sessions of cognitive behavioural therapy (CBT), a new clinical trial has found. Using CBT in this way could potentially help to prevent mental illnesses occurring in at-risk people.

The study, published in the journal *Lancet Psychiatry*, was carried out by researchers at the Universities of Southampton, Oxford and Manchester and was funded by the UK's Efficacy and Mechanism Evaluation (EME) Programme.

Persecutory delusions are unrealistic beliefs that others are intentionally trying to harm the person. This severe [paranoia](#) is a key problem in many [mental health](#) conditions, including schizophrenia.

Professor David Kingdon at the University of Southampton, a researcher in the trial team, said:

"This intervention is very timely in view of the introduction of access and waiting standards for early psychosis and development of psychosis pathways. The hope is that there is not a large gap in time between the research showing it works and people actually getting it in services."

The 150 NHS patients in the trial had been diagnosed with schizophrenia or a related [mental health problem](#). They all had severe paranoia, which had persisted despite medication. Six sessions of [cognitive behavioural therapy](#) (CBT), focused upon reducing worry, lessened the severity of persecutory delusions. Patients were much happier and less fearful of other people after therapy and these effects lasted at least six months.

A study participant commented: "The breakthrough was that I was able to, with the help of my psychologist, come up with a strategy – that is, when worry is gripping me I would say 'Excuse me worry, I need to interrupt you because...' I sometimes worry about people trying to harm me but now I can interrupt my worry and do something else."

Professor Daniel Freeman at the University of Oxford, who led the study, said: "We know that worry brings implausible ideas to mind, keeps them there, and stirs up fears. It is one factor that causes paranoia. We've translated this knowledge into a new treatment. The clinical trial convincingly shows that teaching people how to limit worry has a major impact on long-standing fears about other people. Brief, targeted, and active psychological help makes a real difference for patients with paranoia."

"Paranoid thinking is remarkably common in the general population, which is not surprising since every day we have to make decisions to trust or mistrust. The fears range from thinking that others are spreading malicious rumours to concerns about imminent physical attack. When paranoia gets a

strong grip on a person it is typically associated with anxiety, depression, and isolation. We need much more of a focus upon problems such as paranoia. This study offers real hope and a major step forward."

The researchers are now combining the worry reduction intervention with the targeting of factors such as sleep deprivation and low self-esteem. They aim to come up with an intervention that helps many patients recover from persistent persecutory delusions.

Trial statistician, Professor Graham Dunn of Manchester University said: "This was a well-specified trial with an intervention specifically targeted to reduce worry which, in turn, would lead to a corresponding reduction in the severity of paranoia. The effects of the intervention on both levels of worry and paranoia have been clearly demonstrated and our statistical analysis indicates that much of the change in paranoia can be explained by the indirect effects of the intervention through worry."

Provided by University of Southampton

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