

Early intervention services best for early-phase psychosis

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six, nine to 12, and 18 to 24 months of [treatment](#), the superiority of EIS regarding all outcomes was evident apart from general symptom and depressive symptom severity at 18 to 24 months.

"In early-phase psychosis, EIS are superior to TAU across all meta-analyzable outcomes," the authors write. "These results support the need for funding and use of EIS in patients with early-phase psychosis."

Several authors disclosed financial ties to the pharmaceutical industry.

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(HealthDay)—Early intervention services (EIS) are better than treatment as usual (TAU) for early-phase psychosis across meta-analyzable outcomes, according to a review published online May 2 in *JAMA Psychiatry*.

Christoph U. Correll, M.D., from The Zucker Hillside Hospital in Glen Oaks, N.Y., and colleagues conducted a systematic literature review to compare EIS with TAU for early-phase psychosis. Data were included for 10 [randomized clinical trials](#) among 2,176 patients.

The researchers found that for all 13 meta-analyzable outcomes, EIS were correlated with better outcomes than TAU at the end of treatment. The outcomes included discontinuation of all-cause treatment (risk ratio, 0.7), at least one psychiatric hospitalization (risk ratio, 0.74), involvement in school or work (risk ratio, 1.13), total [symptom severity](#) (standardized mean difference [SMD], ?0.32), and positive and negative symptom severity (SMD, ?0.22 and ?0.28, respectively). At

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