O11.5. EFFECTIVENESS OF COORDINATED SPECIALTY CARE FOR EARLY PSYCHOSIS
Britta Galling*,1, Christoph Correll2
1The Zucker Hillside Hospital; 2The Zucker Hillside Hospital, Hofstra North Shore LIJ School of Medicine

Background: The value of early intervention in psychosis and allocation of public resources has long been debated since outcomes in people with schizophrenia-spectrum disorders have remained suboptimal. Several research programs for early psychosis yielded promising results for team-based, multi-element coordinated specialty care (CSC).

Methods: Systematic literature search of PubMed/PsycInfo/Embase/clinicaltrials.gov without language restrictions until 06/06/2017. Random effects meta-analysis of randomized trials comparing CSC versus Treatment as Usual (TAU) in in first episode psychosis or early-phase schizophrenia-spectrum disorders (schizophrenia, psychotic disorder not otherwise specified, schizoaffective disorder, schizophreniform disorder, delusional disorder), calculating standardized mean differences (SMDs) and risk ratios (RRs) for continuous and categorical outcomes as well as prespecified subgroup and meta-regression analyses.

Co-primary outcomes were all-cause treatment discontinuation and ≥1 psychiatric hospitalization during the treatment period. Key secondary outcomes were total symptom improvement, functioning, and work or school involvement.

Results: Across 10 trials (n=2,176; age=27.5 ± 4.6 years; male=62.3%; trial duration=16.2 ± 7.4 (range=9–24) months), CSC outperformed TAU at the end of treatment regarding all meta-analyzable outcomes. This included all-cause discontinuation (studies=10, n=2,173, RR=0.70, 95% CI=0.61–0.90, p=0.003; NNT=10.1), total symptom severity (studies=8, n=1,179, SMD=0.32, 95% CI=0.47, -0.17, p=0.001), positive symptoms (studies=10, n=1,532, SMD=0.22, 95% CI=0.32, -0.13, p=0.001), negative symptoms (studies=10, n=1,432, SMD=0.28, 95% CI=0.42, -0.14, p=0.001), general symptoms (studies=8, n=1,118, SMD=-0.30, 95% CI=0.47, -0.13, p=0.001), depressive symptoms (studies=5, n=874, SMD=0.19, 95% CI=0.35, -0.03, p=0.017), functioning (studies=7, n=1,005, SMD=0.21, 95% CI=0.09–0.34, p=0.001), involvement in school/work (studies=6, n=1,743, RR=1.13, 95% CI=1.03–1.24, p=0.012; NNT=17.8), and quality of life (studies=4, n=505, SMD=0.23, 95% CI=0.004–0.456, p=0.046).

Superiority of CSC regarding all outcomes was also evident at 6, 9–12, and 18–24 months of treatment (except general symptoms and depression at 18–24 months).

Discussion: In early psychosis, CSC is superior to TAU across all meta-analyzable outcomes. Highly relevant outcomes with small-to-medium effect sizes. These results support the need for funding and utilization of CSC in patients with early-phase psychosis.

O11.6. WHO GETS IN TO EARLY PSYCHOSIS INTERVENTION SERVICES? A COMPARISON OF SERVICE USERS AND NON-USERS IN HEALTH ADMINISTRATIVE DATA
Kelly Anderson*1, Ross Norman2, Arlene MacDougall2, Jordan Edwards2, Lena Palaniyappan2, Cindy Lau3
1University of Western Ontario; 2Western University; 3Institute for Clinical Evaluative Sciences

Background: There is a dearth of information on people with first-episode psychosis who do not access specialized early psychosis intervention (EPI) services. With this notable gap in knowledge comes the implicit assumption that nearly all cases of first-episode psychosis are detected and treated by EPI services. We sought to estimate the proportion of incident cases of non-affective psychosis who do not access these services, and to examine factors associated with EPI admission.

Methods: Using health administrative data, we constructed a retrospective cohort of incident cases of non-affective psychosis in the catchment area of the Prevention and Early Intervention Program for Psychoses (PEPP) in London, Ontario between 1997 and 2013. This cohort was linked to primary data from PEPP to identify EPI-users. We used multivariate logistic regression to model socio-demographic and service factors associated with EPI admission.

Results: Over 90% of suspected cases of non-affective psychosis did not have contact with the EPI program for screening or admission. Our findings suggest a clear gradient by age, with a decreasing likelihood of being treated in the EPI program with increasing age strata (age 46–50 years vs. age 16–20 years: OR=0.03, 95% CI=0.01–0.05). EPI-users are more likely to be male (OR=1.58, 95% CI=1.24–2.01), and less likely to live in areas of socioeconomic deprivation (OR=0.51, 95% CI=0.36–0.73). EPI-users also had a higher odds of psychiatric involvement at the index diagnosis (OR=7.35, 95% CI=5.43–10.00), had a lower odds of receiving the index diagnosis in an outpatient setting (OR=0.50, 95% CI=0.38–0.65), and had a lower odds of prior alcohol-related (OR=0.42, 95% CI=0.28–0.63) and substance-related (OR=0.68, 95% CI=0.50–0.93) disorders.

Discussion: Much of the prior research on EPI services is predicated on the belief that nearly all patients with first-episode psychosis are represented in these services, with little discussion or consideration of people who may be receiving care elsewhere in the health system. We need greater consideration of patients with first-episode psychosis who are not accessing EPI services – our findings suggest this group is sizable, and there may be socio-demographic and clinical disparities in access. Non-psychiatric health professionals could be targeted with interventions aimed at increasing detection and referral rates.

O11.7. DISCHARGE PLANNING PRACTICES AND FAMILY INVOLVEMENT IN TRANSITIONS TO OUTPATIENT CARE FOLLOWING DISCHARGE FROM HOSPITAL PSYCHIATRIC UNITS
Morgan Haselden*,1, Thomas Smith1
1Columbia University & New York State Psychiatric Institute

Background: Individuals with mood and psychotic disorders treated in hospital psychiatric units have high rates of discontinuing treatment following discharge, a time that poses substantial risks of serious and even life threatening adverse outcomes. Hospital provider care transition practices believed to improve transitions include communication with outpatient providers, scheduling timely appointments for outpatient follow-up care, forwarding case summaries to aftercare providers, and involving family or support persons in discharge planning. While these are standards of care, little is known about how often they are adequately delivered and their impact on post-discharge aftercare adherence.

Methods: As part of a larger project looking at over 30,000 hospital admissions of Medicaid patients with serious mental illness, this study examined hospital medical records for 217 admissions at two urban US hospitals. Trained raters reviewed records for evidence of inpatient providers completing discharge planning practices. Medicaid data were used to measure demographics and attendance of seven- and 30-day outpatient appointments.

Results: The sample of 217 admissions was 51% male and 82% were adults, with discharge diagnoses including schizophrenia and related disorders (45%), bipolar disorders (28%) and depressive disorders (17%). The average length of stay was 14 ± 13 days with a median of nine days. The medical records showed evidence of inpatient providers communicating with outpatient providers 64% (n=139) of the time. There was evidence of an outpatient appointment scheduled within seven days of discharge for 81% (n=176) of the sample. A case summary was made available to the aftercare provider