

Psychological intervention, antipsychotic medication or a combined treatment for adolescents with a first episode of psychosis: the MAPS feasibility three-arm RCT

Anthony P Morrison,^{1,2*} Melissa Pyle,^{1,2}
Rory Byrne,^{1,2} Matthew Broome,^{3,4,5,6}
Daniel Freeman,^{4,6} Louise Johns,^{4,6} Anthony James,^{4,6}
Nusrat Husain,^{2,7} Richard Whale,⁸
Graeme MacLennan,⁹ John Norrie,¹⁰ Jemma Hudson,⁹
Sarah Peters,² Linda Davies,² Samantha Bowe,¹
Jo Smith,¹¹ David Shiers,^{1,2} Emmeline Joyce,¹
Wendy Jones,^{1,2} Chris Hollis¹² and Daniel Maughan⁶

¹Psychosis Research Unit, Greater Manchester Mental Health NHS Foundation Trust, Manchester, UK

²Division of Psychology and Mental Health, Faculty of Biology, Medicine and Health, University of Manchester, Manchester, UK

³Institute for Mental Health, School of Psychology, University of Birmingham, Birmingham, UK

⁴Department of Psychiatry, Medical Sciences Division, University of Oxford, Oxford, UK

⁵Centre for Human Brain Health, School of Psychology, University of Birmingham, Birmingham, UK

⁶Warneford Hospital, Oxford Health NHS Foundation Trust, Oxford, UK

⁷Early Intervention in Psychosis Service, Lancashire and South Cumbria NHS Foundation Trust, Chorley, UK

⁸Brighton and Sussex Medical School, University of Sussex, Brighton, UK

⁹Health Services Research Unit, University of Aberdeen, Aberdeen, UK

¹⁰Clinical Trials Unit, University of Edinburgh, Edinburgh, UK

¹¹School of Allied Health and Community, University of Worcester, Worcester, UK

¹²National Institute for Health Research MindTech MedTech Co-operative, Division of Psychiatry and Applied Psychology, Institute of Mental Health, University of Nottingham, Nottingham, UK

*Corresponding author anthony.p.morrison@manchester.ac.uk

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Plain English summary

The MAPS feasibility three-arm RCT

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Plain English summary

Psychosis is a mental health problem that can involve hearing, seeing or believing things that others do not. Although many young people who experience psychosis recover well from their first episode of psychosis, others can have more serious, longer-lasting problems. There has not been a large amount of research into the treatment of psychosis in young people; therefore, it is important to test different treatments against each other in clinical trials. 'Feasibility' trials, such as the one we carried out [Managing Adolescent first-episode Psychosis: a feasibility Study (MAPS)], test whether or not it is possible to run larger trials.

MAPS was a small trial that was run in seven locations in the UK. People who were aged 14–18 years and experiencing psychosis were able to take part. Each participant was randomly assigned to receive psychological treatment (cognitive-behavioural therapy and optional family therapy), antipsychotic medication or a combination of both. All of the participants met with a trial research assistant three times for assessments about well-being and symptoms. Some clinicians, participants and family members were interviewed about their opinions of the trial and treatments. The trial also had patient and public involvement; service user researchers were involved in design, interview data collection, analysis and report writing.

Sixty-one young people took part in MAPS, which was around 68% of our target number. In total, 84% completed the assessments with research assistants. The results showed that, overall, all treatments were acceptable to young people and their family members. However, a higher percentage of young people actually received the 'minimum dose' of psychological treatment than the 'minimum dose' of antipsychotic medication (82% vs. 65%). Results showed that it was possible to run a larger trial such as this. However, some changes would be required to run a larger trial, such as location (focusing on urban areas with well established early intervention in psychosis teams), increasing involvement of psychiatrists and increasing the age limit for participation to 25 years.

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This report

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