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Letter to the editor

Duration of untreated psychosis and ethnicity

Duration of untreated psychosis (DUP) has been measured in many studies and a considerable variation was found in mean, median and range (Marshall et al., 2005). A positive relation between non-native background and DUP is suggested, but not consistently found (Morgan et al., 2006). Since half of Amsterdam's 743,000 inhabitants have a non-Dutch ethnic background (CBS, 2009), we investigated whether differences in DUP existed in Amsterdam between ethnic groups.

By including first episode psychosis (FEP) patients both from in- and outpatient services, a "treated incidence" sample was approached. Inclusion criteria consisted of fulfilling the DSM-IV diagnostic criteria for schizophrenia, schizophreniform disorder, schizoaffective disorder, brief psychotic episode, affective psychosis with mood-incongruent delusions, or psychotic disorder not otherwise specified.

Between 01.07.2006 and 01.07.2008, data were collected on date of birth, ethnical background, diagnosis and DUP (Nottingham Onset Schedule, Singh et al., 2005). FEP patients were defined as those experiencing psychotic symptoms for more than one week continuously. Adequate treatment was defined as the use of antipsychotic medication for at least one month and/or the start of intensive treatment. Intensive treatment was defined as frequent contacts with patients and their family, psycho-education and focus on rehabilitation. All available sources, including semi structured interviews with patients and relatives were used. If a patient or one of the parents was born abroad, the patient was assigned to the ethnic group of the foreign country. If both parents were born in different countries, the mother's country of origin was leading.

Of 150 patients (120 male) included, 99 were diagnosed with a schizophrenic disorder, 12 had a schizophreniform disorder, 15 a schizoaffective disorder and 24 had other psychotic disorders. Mean age at times of first psychotic episode was 20.9 years (SD = 4.93). The overall median DUP was 16.5 weeks (range 0–832). Reliable information on ethnic background was available for all 134 patients for whom DUP could be calculated; for the 16 other patients, treatment had not started yet.

Patients with a Dutch ethnic background had a median DUP of 7.0 weeks (N = 41, range 0–654), patients with an ethnic background other than Dutch had a significant longer DUP of 24.0 weeks (N = 93, range 0–832), Mann–Whitney $p = 0.021$. Notably long median DUP was seen in patients with a Surinamese (48.0 weeks), Ghanaian (29.0 weeks) or

Moroccan (24 weeks) ethnic background (Table 1). Differences in DUP could not be attributed to ethnic group differences in sex, diagnosis, cannabis abuse or age of FEP onset. There were no significant differences in ethnic distribution between untreated cases and those in which DUP could be calculated, $\chi^2(6) = 6.30$, $p = 0.39$.

We found that ethnical background is related to DUP. This is in contrast with a recent British study (Morgan et al., 2006). There are several possible explanations for a long DUP in patients with a non-Dutch ethnical background. Individuals and families from minority ethnic backgrounds may have less knowledge about mental illness or available mental health services. Some may also encounter a language barrier when accessing services that are offered mainly in Dutch and this may cause delay. Feelings of shame and stigmatization may be more pronounced in ethnic minorities. Families from some minority backgrounds may be more likely to seek help from religious authorities first. An alternative explanation is that these differences are healthcare related. We do not think this explains the described results whereas physicians and specialist physicians are equally distributed between different parts of the city, with easy to reach emergency departments in the north, south, east and west part of the city. Secondly, everyone in the Netherlands has an obligatory health insurance and equal accessibility to care. Thirdly our specialized first psychosis department is situated in a part of the city with the lowest socio-economic status.

Our study has some limitations. Retrospectively assessing dates is sometimes problematic. However, we think our estimation of DUP is accurate because we included first episode patients and used all available information from patients, relatives and professional caregivers to estimate DUP. We don't expect systematic bias: in some cases DUP might have been overrated; in other cases, it was probably underestimated. The included group of FEP patients is somewhat smaller than expected from incidence estimations in another city in the Netherlands (Selten et al., 2001). Incidence data for Amsterdam is currently lacking.

Further efforts in reducing DUP, especially in patient groups with long treatment delay, could lead to a better prognosis for this vulnerable group of patients. It is possible to identify subgroups with relatively long DUP based on ethnicity. Because of ethnical differences in DUP we reported, special efforts should be made to develop strategies for reaching and engaging patients from ethnic minorities in treatment. However, access to services may vary by ethnic group in different ways in different communities and countries.

Table 1

DUP in weeks and ethnic background.

Ethnic background	N	Mean	SD	Range	Median	% patients with DUP \geq 26 weeks
Dutch	41	55.42	139.77	0–654	7.0	36.6%
Surinamese	35	85.14	102.13	0–393	48.0	60.0%
Moroccan	25	59.64	69.90	0–228	24.0	52.0%
Ghanaian	6	62.83	86.95	0–224	29.0	50.0%
Turkish	5	20.80	22.39	0–58	16.0	20.0%
Other European	9	11.11	18.33	0–56	4.0	11.1%
Other non-European	13	128.54	231.96	0–832	39.0	61.5%
Total	134	67.13	124.09	0–832	16.5	46.3%

DUP: duration of untreated psychosis.

The full manuscript of this study is available from the corresponding author.

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Conflict of interest

All authors declare that they have no conflicts of interest.

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