The clinical presentation of first-episode psychosis across different migrant and ethnic minority groups in Montreal, Quebec

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WHY ARE IMMIGRANTS AT INCREASED RISK FOR DEVELOPING PSYCHOSIS?

a. Selective migration

b. Post-migration factors

c. Misdiagnosis

Cantor-Graae & Selten, 2005
ARE THERE DIFFERENCES IN CLINICAL PRESENTATION BASED ON ETHNIC BACKGROUND

a. No differences

b. Increased severity of positive symptoms

c. Increased severity of negative symptoms

d. Increased severity of general psychopathology

e. Decreased severity in positive or negative symptoms, or general psychopathology
Why studying clinical presentation of psychotic disorder?

Diagnosis and Classification of Schizophrenia

by Nancy C. Andreasen and William T. Carpenter, Jr.

Abstract
METHOD

• Defined urban catchment area with a large population of first- and second-generation immigrants

• Ascertainment of ethnicity
INSTRUMENTS

• Scale for the Assessment of **Positive Symptoms** (SAPS)

• Scale for the Assessment of **Negative Symptoms** (SANS)

• **General Psychopathology**: Postitive and Negative Syndrome scale (PANSS)

• Structured Clinical Interview for DSM IV (SCID)

• Circumstances of Onset and Relapse Schedule (CORS)
RESULTS

N = 289

- Reference group
- African & Afro-Caribbean
- Asian
- Central & South American
- Middle Eastern & North African
- European & North American
RESULTS – demographic characteristics

- **age at onset, years**
  - Reference group
  - African & Afro-Caribbean
  - Asian
  - Central & South American
  - Middle Eastern & North African
  - European & North American

- **referral source, % emergency room**
  - * indicates a significant difference
RESULTS – clinical characteristics

- **mean SAPS scores**
- **mean SANS scores**
- **general psychopathology**

- Reference group
- African & Afro-Caribbean
- Asian
- Central & South American
- Middle Eastern & North African
- European & North American
DISCUSSION

Similarities across ethnic groups compared with the reference group:

- Core symptoms
- DUP, age at onset, diagnoses
- Misdiagnosis?

% non-affective vs affective psychosis

- Reference group
- African & Afro-Caribbean
- Central & South American
- North African & Middle Eastern
- European & North American

% non-affective vs affective psychosis
DISCUSSION

Preexistent adverse socioeconomic circumstances

Underuse community mental health services

Increased severity:
- Uncooperativeness
- Alogia

Symptom assessment

EMERGENCY SERVICES

PEPP MONTRÉAL
NEW STUDY: TESTING THE SELECTIVE MIGRATION HYPOTHESIS (Ødegaard, 1932)
50,000 Swedish males, age 17-18
# RESULTS

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Non-emigrants</th>
<th>Emigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social adjustment</td>
<td>Id</td>
<td></td>
</tr>
<tr>
<td>Disturbed behaviour</td>
<td>Id</td>
<td></td>
</tr>
<tr>
<td>Lower IQ</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Non-psychotic psychiatric disorder</td>
<td>Id</td>
<td></td>
</tr>
<tr>
<td>Family history of psychosis</td>
<td>Id</td>
<td></td>
</tr>
<tr>
<td>Urban upbringing</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Cannabis use</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td><strong>Overall probability (%) outcome</strong></td>
<td><strong>1.11</strong></td>
<td><strong>0.99</strong></td>
</tr>
</tbody>
</table>
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THANK YOU!

Symptom evaluators
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