Published in final edited form as:

Asian J Psychiatr. 2015 December ; 18: 97–98. doi:10.1016/j.ajp.2015.09.005.

Population screening in Asia: a unique opportunity to enhance early detection of psychosis?

Kristen A. Woodberry^a

Kristen A. Woodberry: kwoodber@bidmc.harvard.edu

^aBeth Israel Deaconess Medical Center Psychiatry 75 Fenwood Road Boston, MA 02115 United States, Tel.: 617-620-3012, Fax: 617-754-1250

Abstract

A recent article in this journal (Razali et al., 2015) reports the results of a 2-stage study screening for psychosis risk in Malaysia. The researchers incorporated both selective and indicated prevention strategies and included self-report items probing non-specific “early” experiences as well as attenuated psychotic symptoms associated with the prodromal phase of schizophrenia. Given that increased stigma and reduced services may reduce help-seeking in many Asian countries, population screening may be more important to early detection of individuals at risk for psychosis. Yet, the availability of large population centers and greater trust of providers may make Asian research centers uniquely suited for conducting badly needed research on screening strategies and the role of cultural factors in the emergence of psychosis.

Commentary

The recent article in this journal, “Screening for schizophrenia in initial prodromal phase: Detecting the sub-threshold psychosis,” (Razali et al., 2015) highlights the important role of screening for early intervention in schizophrenia in many Asian countries. Relative to Australian, European, United Kingdoms, and American research sites, at which help-seeking individuals make up the bulk of research samples (e.g., Fusar-Poli et al., 2013), Asian research groups may rely more heavily on population screening for early detection of individuals at elevated risk for schizophrenia (e.g., Zhang et al., 2014). High stigma and limited mental health literacy or services in many Asian countries may reduce early help-seeking and the disclosure of risk factors for psychosis such as family history or attenuated psychotic symptoms (Zhang et al., 2014; Ng et al., 1997). Proactive screening for risk factors and symptomatic or functional indicators may thus be more critical to the early detection on which early intervention efforts are predicated. Yet, it is well known that the predictive validity and efficiency of screening measures is a function of the population being screened (e.g., Kline et al., 2014).

Correspondence to: Kristen A. Woodberry, kwoodber@bidmc.harvard.edu.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Razali and colleagues reported the results of a 2-stage screening process in which two convenience samples ($N = 330$ in each), individuals at familial high risk and individuals from the general population, were screened by self-report and subsequently by structured interview for “ultra high risk” syndromes based on symptoms and functioning. In a reflection of the growing support for assessing both subtle “early” and “non-specific” symptoms and more recognizable attenuated psychotic symptoms, they queried impaired ability to initiate social contact and included the General Health Questionnaires (GHQ-12) along with queries of attenuated psychotic symptoms. Although slightly below expected rates based on population sampling in other countries (van Os et al., 2009), roughly 4% of those screened had some subthreshold psychosis, supporting the potential value of self-report screens for detecting individuals at risk for psychosis. Improved screen sensitivity and specificity and long-term follow-up of positive screens will be critical to assessing the value of these tools for widespread early detection of psychosis in Malaysia. An excellent model testing a similar 2-stage screening procedure in Shanghai is available (Zhang et al., 2014).

An important feature of both the Malaysian and Shanghai work is the integration of two different prevention strategies: selective (targeting subpopulations at increased risk such as first and second degree relatives of individuals with psychosis) and indicated (targeting symptomatic individuals such as those identified as at “ultra high risk”). Increased trust of mental health professionals and the availability of very large population centers in Asia may actually enhance the recruitment of the large epidemiological samples needed to conduct research on screening measures and strategies. If the pursuit of this research is conducted with methodological rigor, Asian researchers may provide key leadership on this important frontier, advancing the accuracy and efficiency of early detection in important subpopulations (e.g., males and females, children, adolescents, young and older adults, urban and rural contexts, more and less educated, help-seeking and non-help-seeking). Cross-cultural comparisons will be particularly useful for understanding the impact of language, religion, economics, medical and mental health literacy, access to effective treatment, and sociopolitical factors on the success of different early detection and intervention strategies.

Acknowledgments

This commentary was written with the support of NIMH funding (K23 MH102358-01A1).

References

- Fusar-Poli P, Borgwardt S, Bechdolf A, Addington J, Riecher-Rössler A, Schultze-Lutter F, Keshavan M, Wood S, Ruhrmann S, Seidman LJ, Valmaggia L, Cannon T, Velthorst E, DeHaan L, Cornblatt B, Bonoldi I, Birchwood M, McGlashan T, Carpenter W, McGorry P, Klosterkötter J, McGuire P, Yung A. The psychosis high-risk state: a comprehensive state-of-the-art review. *JAMA Psychiatry*. 2013a; 70:107–120. [PubMed: 23165428]
- Kline E, Schiffman J. Psychosis risk screening: a systematic review. *Schiz Res*. 2014; 158(1):11–18.
- Ng CH. The stigma of mental illness in Asian culture. *Aust N Z J Psychiatry*. 1997; 31:382–390. [PubMed: 9226084]
- Razali, SM.; Abidin, ZZ.; Othman, Z.; Yassin, MAM. Screening for schizophrenia in initial prodromal phase: Detecting the sub-threshold psychosis. *Asian J Psychiatry*. 2015. <http://dx.doi.org/10.1016/j.ajp.2015.06.011>

- Van Os J, Linscott RJ, Myin-Germeys I, Delespaul P, Krabbendam L. A systematic review and meta-analysis of the psychosis continuum: evidence for a psychosis proneness-persistence-impairment model of psychotic disorder. *Psychol Med.* 2009; 39:179–195. [PubMed: 18606047]
- Zhang T, Li H, Zheng L, Li H, Woodberry KA, Seidman LJ, Guo Q, Tang Y, Lu X, Qian C, Chow A, Jiang K, Xiao Z, Wang J. Prodromal psychosis detection in a counseling center population in China: An epidemiological and clinical study. *Schiz Res.* 2014; 152:391–399.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript