



## The OPUS-Trial 10-year follow-up

### Outline

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# Mental Health Services

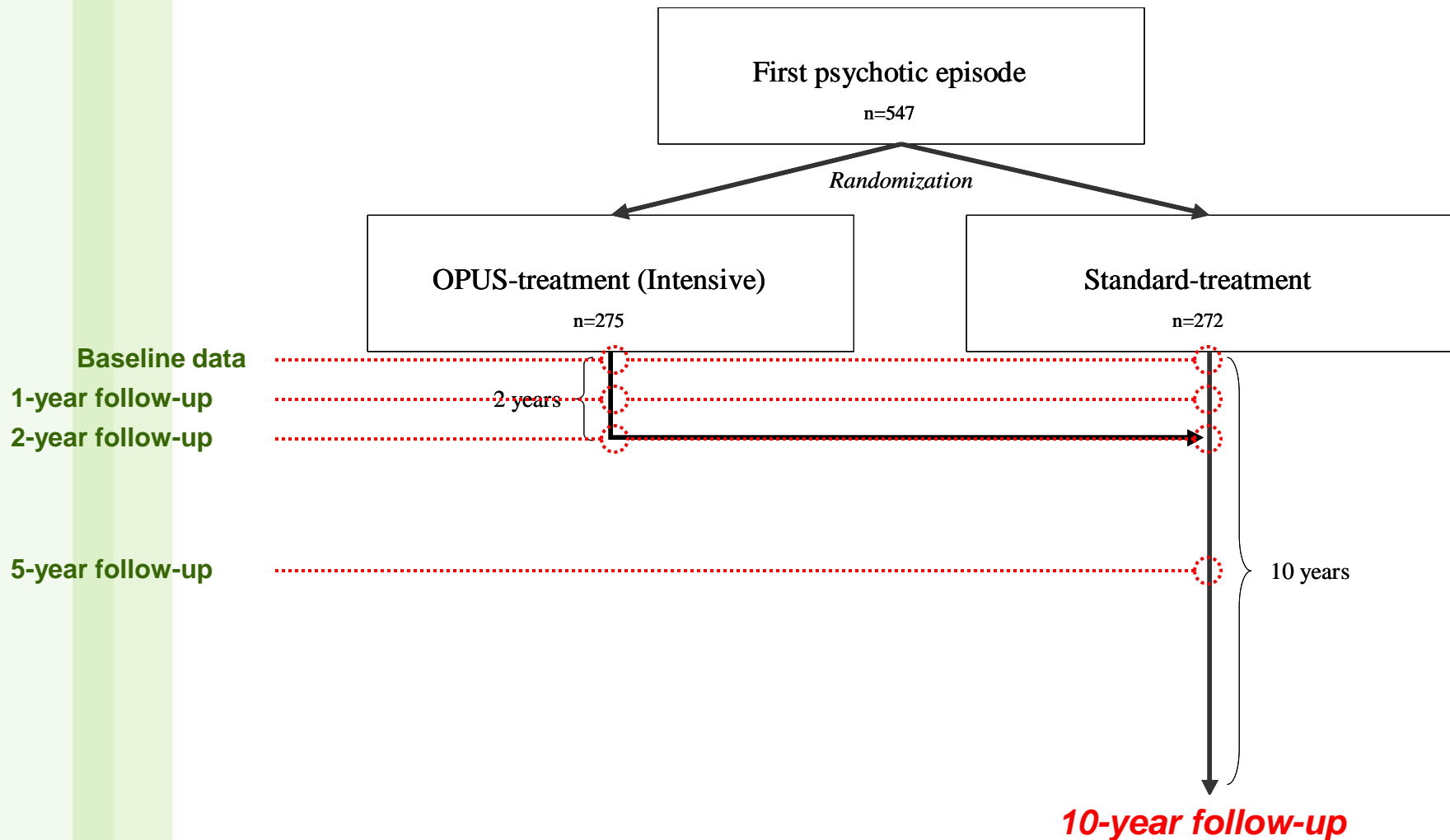


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## Research objectives

Data collection  
Expected findings  
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# The OPUS-trial



## Previous results

- 547 patients randomized to standard or OPUS treatment
- After 2 years: significant positive effect on
  - Psychotic and negative symptoms, secondary substance abuse, compliance, lower dosage antipsychotic medicine, satisfaction with treatment
- After 5 years
  - Significantly smaller proportion of OPUS-patients living in supported housing

## Research objectives at 10-year follow-up

- Primary outcomes - effect of the intervention
- Course of illness
- Perceived ability to handle everyday life and symptoms – Copenhagen
- Social network – Copenhagen
- Metacognition – Aarhus
- Remission – Aarhus
- Quality of life – Aarhus

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REGION

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# Research instruments

| Topic   | Instrument   |
|---|--|
| Psychopathological symptoms                                   | <b>SCAN, (Wing et al., 1990), SAPS, SANS, (Andreasen et al., 1990), Life Chart Schedule (WHO, 1992)</b>  |
| Cognitive functioning   | <b>DART, Trailmaking A&amp;B, Verbal fluency (Green, 1996; Green et al., 2000), BACS (Keefe et al., 2006)</b>  |
| Level of education, Employment, Housing, Civil status         | <b>Modified questions from Copenhagen statistical office, Statistics of Denmark</b>  |
| Social functioning  | <b>GAF(American Psychiatric Association, 1994) , PSP (Lindenmayer)</b>   |
| Social network  | <b>Social Network Schedule (Dunn et al., 1990)</b>   |
| <b>Quality of life</b>  | <b>WHOQOL (Nørholm &amp; Bech, 2001)</b>   |
| <b>Perceived ability to handle everyday life and symptoms</b> | <b>General Self-efficacy Scale (Schwarzer &amp; Jerusalem, 1995), Voices Acceptance and Action Scale (Shawyer et al., 2007)<br/>Simple distress measures</b> |
| <b>Metacognitive processes</b>                                | <b>Metacognitions Questionnaire (MCQ) (Cartwright-Hatton &amp; Wells, 1997)</b>  |
| Medicine  | <b>Simple registration and Public register</b>   |
| Use of psychiatric treatment                                  | <b>Public register</b>   |
| Coersion  | <b>Public register</b>   |
| Mortality and cause of death                                  | <b>Public register</b>   |

## Data collection procedure

- Aarhus and Copenhagen
- Interviewers
  - Blinded
  - Trained
- Interrater-reliability (ICC>0.7)
- Follow-up rate > 57%?
  - Incentives
  - Preliminary experiences

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## Expected findings

- Effect of treatment sustained from 5-year follow-up
- Course of illness stable from 5- to 10-year follow-up
- The effect on proportion living in supported housing is mediated by perceived ability to handle everyday life and symptoms

## Questions raised by 5-year results

- Opus-group
  - Not fewer symptoms
  - Better at living by themselves

**Might the intervention have helped patients develop:**

- Higher belief in own ability to handle everyday-life?
- Higher ability to pursue important personal goals?

## Ability to handle everyday life

### *Does OPUS-treatment promote higher self-efficacy?*

- Self-Efficacy
  - *Self-efficacy is the belief that one is capable of performing in a certain manner to attain certain goals* - Bandura 1977
- Why self-efficacy might have been increased by the OPUS-treatment
  - Some researchers believe that self-efficacy
    - Is increased when we experience being able to cope with the challenges we encounter
    - Is decreased by repeated failures
- OPUS-treatment
  - Individualized treatment
  - Everyday life and psychological scaffolding in a turbulent life-phase

# Measuring Self-Efficacy

## General Self-Efficacy Scale - Schwarzer & Jerusalem, 1995

- Scores 1 to 4
- 2,8 average score for non-clinical population
- Significantly lower in clinical population

## Ability to pursue important personal goals

### *Does OPUS-treatment promote Acceptance and Committed Action?*

- **Acceptance and committed Action** - Hayes et al., 1999
  - *Accept uncomfortable private experiences*
  - *Release attention to pursue valued life goals*
    - *Not taking the bus, drug use, shouting at the voices to stop them*
- **Why Acceptance and committed Action might have been increased by the OPUS-treatment**
  - Sending a signal of acceptance by individualizing treatment and running family-groups
  - Having ones needs understood and met – family/friends and case-managers
  - Acceptance of surroundings "rubbing off"?
    - Acceptance releases resources for real-life involvement

## Measuring Acceptance and committed Action

Voices Acceptance and Action Scale - Shawyer et al., 2007

- Specific for patients hearing voices
- Relatively new, validated scale

## Our question

Has the OPUS-group got a higher level of  
*General Self-Efficacy?*  
*Acceptance and Committed Action?*

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## Perspectives

- Long term effect of OPUS intensive intervention
  - ...*regarding clinical, social and psychological course*
- Improved insight into the long term course of illness and hence perspectives for patients with first psychotic episode
- Predictors for the tendency to a chronic psychotic condition, the quality of the social network, the perceived ability to handle everyday life and symptoms, remission and quality of life and more

## Summing up

- 10-year follow-up of the OPUS-trial in progress
- Measuring same parameters as at baseline, 1-, 2- and 5-year follow-up
- Measuring additionally
  - Perceived ability to handle everyday life and symptoms (General self-efficacy & Acceptance and committed Action) – Copenhagen
  - Metacognition, Remission & Quality of life - Aarhus