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Already in late 2007, when we had planned the first of our special issues on early detection and intervention in psychoses dealing with the introductory theme 'Early detection and intervention in psychosis around the world', the question of whether the current conditions described by ultra-high risk, clinical high risk, basic symptom and/or related criteria should be continued to be considered as mainly the prodrome of psychosis or rather as a psychosis-spectrum disorder in its own rights with a high risk to develop psychotic symptoms had been determined as the second issue's topic. Though we already considered this an important question back then, we would not have anticipated the relevance and topicality of this question by the time we would launch the call for papers for the second issue.

Interest in this question has significantly increased following the paper of Scott Woods and co-authors in April 2009 proposing the introduction of a 'Prodromal Risk Syndrome for First Psychosis' based on attenuated psychotic symptoms into DSM-V. It was argued that such a step would be justified by studies showing a sufficient clinical and predictive validity of this syndrome, by the patients' obvious current need for treatment and, not least, by the high probability of illness progression. In addition, the inclusion of a prodromal risk syndrome in DSM-V was thought likely to stimulate research aiming at a further increase in the predictive accuracy of criteria not only in populations seeking help in specialized services but also in broader clinical populations, as well as research aiming at an improvement of preventive treatments. Both, it was argued, would reduce the risks of a prodromal diagnosis and enhance the benefits in future. These risks of the introduction of a risk syndrome, among others, involve the high rates of false-positive predictions, the unknown reliability and rate of conversion in less selected clinical samples, potential stigmatization and potential inappropriate treatment leading to adverse outcomes (Heckers 2009). Further it was argued that it was as yet unclear (i) if a clinical need for such a risk syndrome would exist and, if so, (ii) if DSM-V would provide classes adequately addressing this need, (iii) if such a risk syndrome would in fact only delineate a risk of psychosis or also of other disorders, and (iv) if such a risk syndrome might not be so prevalent among adolescents and young adults of the general population that it could not be considered of pathological significance (Carpenter 2009).

One important aspect, however, that is rarely addressed in this discussion is the fact that psychiatric diagnoses are generally no distinct disorders but consensus categories that might undergo significant

changes in their conceptualization. This aspect is addressed in the first paper of this issue by Josef Parnas and colleagues who analyse the clinical and theoretical aspects of the concept of psychosis, thus providing a general framework for the following papers. These address (i) the question of how to improve the predictive accuracy of current at-risk criteria, (ii) in the lessons to learn from epidemiological studies on psychotic-like experiences and (iii) the child and adolescent psychiatric perspective on the current state of early detection research. Last two papers by David Fowler and colleagues, as well as Stephan Ruhrmann and colleagues, both take the discussion beyond the scope of preventing first-episode psychosis by focussing on other clinical and functional findings in samples considered at-risk. While David Fowler and colleagues argue for a shift in the focus of preventive efforts towards young persons presenting with complex functional, affective and behavioural deficits and disturbances in order to prevent long-term mental illness and social disability per se, i.e., irrespective of a certain diagnosis, Stephan Ruhrmann and colleagues propose the introduction of a psychosis-spectrum disorder along the lines of ICD-10's Schizotypal Disorder rather than that of a risk syndrome in order to account for the obvious need for treatment in help-seeking at-risk samples and for their various observed outcomes, including complete remission of symptoms.

Although the present special issue will not provide a final answer to the question, if at-risk criteria should be introduced into DSM-V - either as a risk syndrome or a psychosis-spectrum disorder - or if, in light of the open research questions and potential risks, such a step would be premature altogether, we hope the reader will feel supported in developing an informed own opinion about this important topic.

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References

- Carpenter WT (2009). Anticipating DSM-V: Should psychosis risk become a diagnostic class? *Schizophrenia Bulletin* 35, 5, 841-843.
- Heckers S (2009). Who Is at Risk for a Psychotic Disorder? *Schizophrenia Bulletin* 35, 5, 847-850.
- Woods SW, Addington J, Cadenhead KS, Cannon TD, Cornblatt BA, Heinssen R, Perkins DO, Seidman LJ, Tsuang MT, Walker EF, McGlashan TH (2009). Validity of the prodromal risk syndrome for first psychosis: findings from the North American Prodrome Longitudinal Study. *Schizophrenia Bulletin* 35, 5, 894-908.