



Examination of the Prevalence of At-Risk Mental State (ARMS) Relationship to Cognition, Quality of Life, and Functioning

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ABOUT THE STUDY

Studies on early intervention in psychosis often concentrate on the prodromal stage of the illness, which is primarily defined by the presence of attenuated symptoms. The likelihood of being diagnosed with schizophrenia or a psychotic disease is five times higher in people who match the At Risk Mental State (ARMS) criteria. Since the ARMS was created for a group of people who were looking for assistance, there aren't many statistics available on how common the ARMS status is in the general community. ARMS prevalence ranged from 1% to 8%, depending on the questionnaire used, according to a recent systematic analysis of nine studies with non-help seeking adults. Cognitive impairment is one of the ARMS research's most recurrent findings.

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Adolescents with ARMS + who don't seek care have more psychiatric diagnoses and are functioning at a lower level. Additionally, among teenagers who did not seek care, there was a significant correlation between the prevalence of sub threshold psychotic illness and quality of life; the intensity of Comprehensive Assessment of At Risk Mental State (CAARMS) symptoms had a detrimental effect on overall functioning. However, it was not possible to substantiate the theory that ARMS + participants performed less well cognitively. Teenagers

with ARMS + were more prevalent than previously thought. Subjects with modest symptoms are more likely to participate in testing, which is due to sampling bias. It is probable that some patients experienced psychosis after initial screening and declined to take part in phase two of the trial because there were no adolescents with threshold psychosis found. However, there is no evidence to back up this theory.

The overall level of functioning, as measured by the Social and Occupational Functioning Assessment Scale (SOFAS) score, was comparable to that of international samples of non-help-seeking teenage groups. Since the intensity of Collaborative Assessment & Management of Suicidality (CAARMS) symptoms in our sample had the greatest impact on SOFAS scores, it is not surprising that the ARMS + group performed worse than the ARMS- group. The group known as Attenuated Psychotic Syndrome (APS) included all of the ARMS + participants. Significant distress can result from APS symptoms, with non-bizarre ideas contributing most. Our capacity to predict which of the ARMS + individuals will experience psychosis can be improved by grouping the individuals according to certain psychopathology.

The five KIDSCREEN subscales of Physical Well-being, Psychological Well-Being, Moods and Emotions, Self-Perception, Parent and Home Life had a negative correlation with the severity of Comprehensive Assessment of At Risk Mental State (CAARMS) symptoms. These areas address important daily issues and offer details on general health, life satisfaction, mood, loneliness, and relationships with parents. The mismatch can be explained in part by the use of various recruitment techniques and various cognitive tests. Haining and colleagues recruited participants using an online screening method, and three CNB battery items and the Brief Assessment of Cognition in Schizophrenia were utilised to measure cognitive performance (the Continuous Performance Test, the N-Back Task and the Emotion Recognition Task).

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