



# Antipsychotics in CHR-P: Low vs High Dose

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## BACKGROUND

Baseline AP treatment is a major underweighted confounder in CHR-P prognostic research. **Recent meta-analytic evidence** shows

↑ psychosis conversion

↑ severe baseline features

↓ longitudinal outcomes

## OBJECTIVES

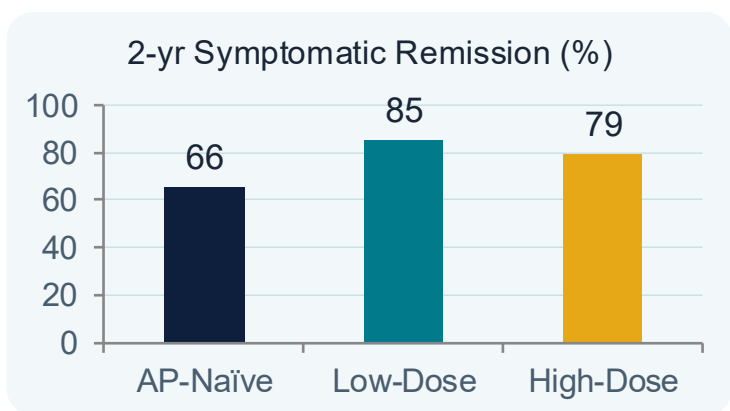
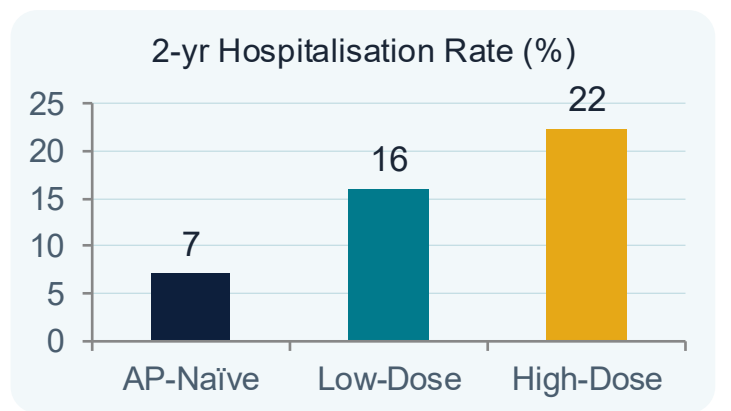
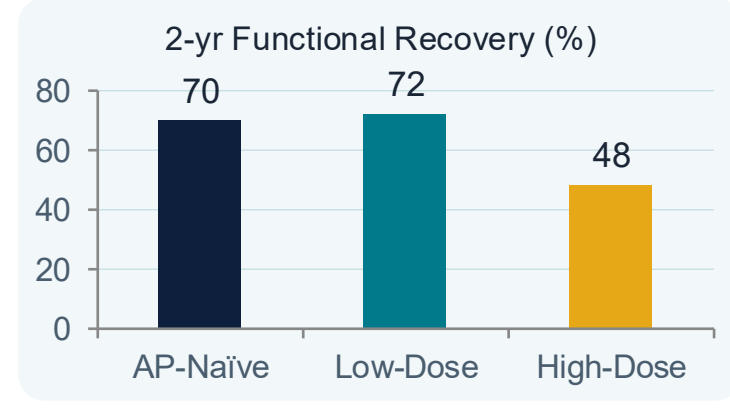
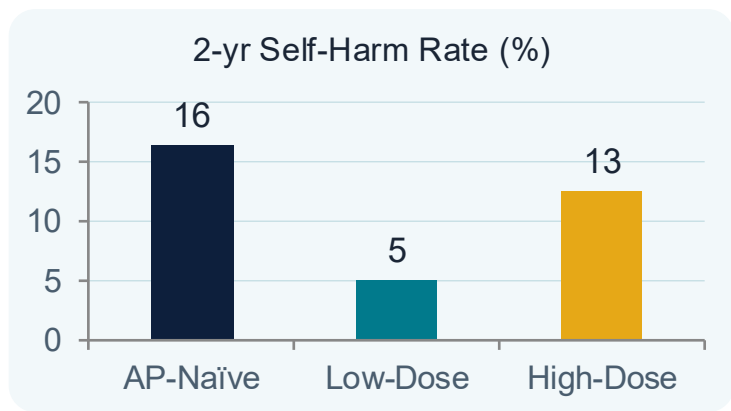
1. AP-naïve Lowest severity
2. Low-dose AP  $PDD/DDD < 0.6$
3. High-dose AP  $PDD/DDD \geq 0.6$

Baseline AP dosage identify **CHR-P subgroups** with different 2year outcomes?

## RESULTS

<b>93</b> AP-Naïve (51.1%)	<b>60</b> Low-Dose AP (33.0%)	<b>33</b> High-Dose AP (18.1%)
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**Age:** 19.6 ± 3.8 yrs **Males:** 50% **Follow-up completion:** 84.1% | AP-naïve: younger, fewer BLIPS, better SOFAS at baseline vs high-dose (all  $p < 0.05$ )



### NO SIGNIFICANT DIFFERENCES

service disengagement · suicide attempt  
psychosis transition · suicidal ideation · negative symptoms  
CHR-P criteria persistence

## DISCUSSION

<b>Low-dose: boosts psychosocial EIP</b>	↑ remission · ↓ self-harm ·
<b>High-dose: severity marker. prognostic flag · NOT a drug effect</b>	↑ hospitalization ↓ functional recovery ·
<b>AP-naïve: Lowest severity</b>	↑ self-harm ↓ remission vs low-dose

No Δ psychosis transition (small sample)

## Conclusion

Dose-based stratification prognostic value	<b>If AP is needed</b> Low-dose · personalised approach
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## LIMITATION

Assessment tools - Small Sample



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