review focuses on the first 3–5 years following onset of illness. Yet they have omitted the 5-year results from the Danish OPUS study[2] and the UK Lambeth Early Onset (LEO) study.[3] Both of these follow-up studies found that, despite promising early results,[4,5] which were included in Bird *et al*'s review, positive effects were not sustained at 5 years.

Bertelsen *et al* concluded that intensive early intervention improved clinical outcomes in OPUS after 2 years, but the effects were 'not sustainable up to five years later'.[2] This finding was not reported by Bird *et al*. In fact, the Bertelsen *et al* study was not cited at all. According to a personal communication from the authors, it was included in their review. However, they used primary references (in this case Petersen *et al*'s analysis of 1- and 2-year outcomes[4]) to refer to all papers for all the trials included in the review. This seems idiosyncratic to say the least. More important, all they reported about the Bertelsen *et al* study is that 'Only one trial of an early intervention service provided long-term data (up to 5 years post-randomisation)'.

Gafoor *et al* similarly found that specialist early intervention did not markedly improve outcomes at 5 years in LEO,[3] in accord with the 5-year findings from OPUS. Again this was not reported and the study was not cited. Bird *et al*'s review was initially submitted in January 2009, long before the publication of Gafoor *et al*'s study in this journal, but the final revision occurred after the latter was published. Although it would not have been practical to include Gafoor *et al* in the meta-analysis, publication of the review could have been delayed, if necessary, to allow a brief discussion of Gafoor *et al*'s findings to be added. They significantly strengthened the evidence that promising early benefits are not sustainable, a very significant finding for a review of the effectiveness of early intervention in psychosis.

Bird *et al* have concluded that 'it remains to be determined whether the effects of early intervention services are sustained', yet they have omitted the best evidence of exactly that.

1 Bird V, Premkumar P, Kendall T, Whittington C, Mitchell J, Kuipers E. Early intervention services, cognitive–behavioural therapy and family intervention in early psychosis: systematic review. *Br J Psychiatry* 2010; **197**: 350–6.

2 Bertelsen M, Jeppesen P, Petersen L, Thorup A, Øhlenschlaeger J, le Quach P, et al. Five-year follow-up of a randomized multicenter trial of intensive early intervention vs standard treatment for patients with a first episode of psychotic illness: the OPUS trial. *Arch Gen Psychiatry* 2008; **65**: 762–71.

3 Gafoor R, Nitsch D, McCrone P, Craig TKJ, Garety PA, Power P, et al. Effect of early intervention on 5-year outcome in non-affective psychosis. *Br J Psychiatry* 2010; **196**: 372–6.

4 Petersen L, Jeppesen P, Thorup A, Abel MB, Øhlenschlaeger J, Christensen TØ, et al. A randomised multicentre trial of integrated versus standard treatment for patients with a first episode of psychotic illness. *BMJ* 2005; **331**: 602.

5 Craig TK, Garety P, Power P, Rahaman N, Colbert S, Fornells-Ambrojo M, et al. The Lambeth Early Onset (LEO) Team: randomised controlled trial of the effectiveness of specialised care for early psychosis. *BMJ* 2004; **329**: 1067.

Melissa Raven, Adjunct Lecturer, Department of Public Health, Flinders University, South Australia, email: melissa.raven@flinders.edu.au

doi: 10.1192/bjp.198.3.239b

Authors' reply: We acknowledge Dr Raven's point about not having considered the 5-year follow-up data fully. Although we noted in our discussion that the evidence for long-term follow-up was limited,[1] we thank Dr Raven for bringing these recent studies to our attention. At the time of submitting the review, the Bertelsen *et al* paper[2] was the only one to have examined the effects of early intervention services at 5-years following randomisation. The study showed no beneficial effect of such services over standard care in terms of positive, negative and general functioning symptoms, making its unique finding tentative. Furthermore, as nearly 50% of participants were not included in the analysis,[2] we felt it would be best to include the lack of evidence as a limitation in the Discussion.

As highlighted by Dr Raven, the more recent paper by Gafoor and colleagues[3] was published after our review had been submitted. This paper also suggests that the beneficial effects of early intervention services at 5-year follow-up are not sustained in terms of number of readmissions, giving more certainty to the view that the beneficial effects of these services may not be sustained once the treatment is ended. It is worth noting that in both studies, the intensive early intervention services were phased out after the end-point data collection period. In our review we concluded that the available evidence 'raises the possibility that comprehensive services comparable to those described here as early intervention services, which include a full range of evidence-based psychological interventions, should be considered for people with established psychosis'.[1] The fact that the effects of early intervention services were not sustained once individuals were referred back to standard care, as demonstrated in the two studies, we think supports this idea. We did not think that it appropriate to delay the paper, as we feel that our conclusion is consistent with that reported by Gafoor and colleagues, who note: 'Aside from limited statistical power, the absence of a difference in outcome between the two groups at 5 year follow up may reflect the withdrawal of the specialised intervention after 18 months (when there was a significant group difference), further investigation of this issue will require trials involving longer duration of specialised treatment'.[3]

It is useful that Dr Raven has brought these papers into the discussion and we feel that, on balance, the evidence from our review is still supported. Although there is now some evidence that the long-term effects of early intervention services in their present format may not be sustained once treatment is removed, a meta-analysis of long-term outcomes would still not be possible, as the papers do not share any common measures of outcome. Therefore, we still believe, as do Gafoor and colleagues,[3] that further research examining all these outcomes is warranted. Furthermore, research is needed to assess the effectiveness of services akin to the early intervention services that we studied, namely ones that provide a high level of support and a full range of interventions for all individuals at any stage of psychosis.

1 Bird V, Premkumar P, Kendall T, Whittington C, Mitchell J, Kuipers E. Early intervention services, cognitive–behavioural therapy and family intervention in early psychosis: systematic review. *Br J Psychiatry* 2010; **197**: 350–6.

2 Bertelsen M, Jeppesen P, Petersen L, Thorup A, Øhlenschlaeger J, le Quach P, et al. Five-year follow-up of a randomized multicenter trial of intensive early intervention vs standard treatment for patients with a first episode of psychotic illness: the OPUS trial. *Arch Gen Psychiatry* 2008; **65**: 762–71.

3 Gafoor R, Nitsch D, McCrone P, Craig TKJ, Garety PA, Power P, et al. Effect of early intervention on 5-year outcome in non-affective psychosis. *Br J Psychiatry* 2010; **196**: 372–6.

Victoria J. Bird, Research worker and PhD student, Institute of Psychiatry, King's College London, email: victoria.bird@kcl.ac.uk; **Preethi Premkumar**, Department of Psychology, Institute of Psychiatry, King's College London; **Tim Kendall**, Royal College of Psychiatrists' Research and Training Unit, London; **Craig Whittington**, National Collaborating Centre for Mental Health, Centre for Outcomes Research and Effectiveness, Research Department of Clinical, Educational & Health Psychology, University College London; **Jonathan Mitchell**, Sheffield Health and Social Care Trust, Sheffield; **Elizabeth Kuipers**, Department of Psychology, Institute of Psychiatry, King's College London, UK

doi: 10.1192/bjp.198.3.240