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Editorial

Revisiting first-episode psychosis and schizophrenia through a multidimensional and longitudinal lens

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Recent contributions published in the *Spanish Journal of Psychiatry and Mental Health* represent an important step forward in understanding first-episode psychosis (FEP) and schizophrenia through an integrative framework that includes clinical, biological, psychosocial, physical health, and gender-related dimensions. This editorial synthesizes key insights from a selection of studies that collectively deepen our comprehension of these complex disorders and reflect notable advancements in the knowledge base surrounding FEP and schizophrenia.

The field of early psychosis has evolved from a symptom-centered model to a broader conceptualization that incorporates functional outcomes, developmental trajectories, and multidimensional risk profiles. Several studies underscore the importance of sex differences in FEP. Amoretti et al.[1] reported that women exhibit fewer negative symptoms and better functional outcomes than men, emphasizing sex as a key determinant in clinical heterogeneity. Safont et al.[2] expanded on this by linking substance use patterns – notably cannabis use – with sex differences in onset and symptom severity. These findings highlight the critical importance of integrated assessment and early intervention strategies that account for both biological and behavioral variables.

Beyond the clinical profile, attention to psychosocial dimensions has also gained ground. Dachs et al.[3] emphasized the significant caregiver burden associated with FEP, particularly when social functioning is impaired and excitative symptoms are present. These findings support recovery-oriented frameworks that include not only patient outcomes but also the systemic impacts on families and communities.

Another key pillar emerging from recent literature is the interconnection between physical and mental health. The studies by Viejo Casas et al.[4] and Parro-Torres et al.[5] confirm an elevated risk of early-onset lung function impairment and tobacco use disorder in people with psychotic disorders. These physical health burdens are often underrecognized yet contribute substantially to premature mortality in this population. Such evidence reinforces the urgency of embedding physical health monitoring and prevention within psychiatric services and developing transdiagnostic models that acknowledge the brain–body continuum.

The COVID-19 pandemic, as reviewed by Kowalski and Misiak,[6] further underscored the biomedical vulnerability of individuals with schizophrenia, particularly in light of shared inflammatory pathways and immune dysregulation. This global event has catalyzed a broader appreciation of neuroimmune interfaces in psychosis, potentially informing future preventive and therapeutic strategies.

Also noteworthy is the inclusion of gender-specific needs, as illustrated by Safont et al.,[7] who explored reproductive health in women with schizophrenia. High rates of unplanned pregnancy and obstetric risk factors reveal gaps in service delivery and point toward the necessity for gender-informed psychiatric care, especially in vulnerable populations.

Importantly, these findings align with growing calls to shift toward early and personalized intervention. The underutilization of clozapine in treatment-resistant cases – highlighted by Amoretti et al.[8] – illustrates the disjunction between evidence and practice. Such delays not only prolong patient suffering but may exacerbate long-term functional decline.

To this end, the value of long-term cohort studies and longitudinal follow-up has never been clearer. The seminal 21-year follow-up study by Cuesta et al.[9] exemplifies the power of extended observation. Their work confirmed that progression through clinical staging in FEP is strongly associated with worsening cognitive function, particularly in processing speed, working memory, and visual learning. The study underscores the construct validity of the clinical staging model and identifies early cognitive decline as a predictive marker of stage transition. These findings validate early staging frameworks and support the notion of a "critical period" for psychosis intervention, especially between years two and five after onset.

Moreover, this trajectory-based approach contributes to the refinement of staging systems in psychiatry and strengthens the argument for incorporating longitudinal cognitive assessments

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into routine practice. By mapping how functional domains evolve alongside clinical course, such research enhances our capacity for risk stratification, prognosis, and tailored intervention.

In summary, these collective findings exemplify a maturing field that is embracing the complexity of psychosis. From sex differences and substance use to immune dysregulation and cardiopulmonary comorbidities, and from caregiver burden to cognitive staging, the landscape of FEP research is expanding. A consistent theme emerges: multidimensional, integrative, and longitudinal research is essential for advancing our understanding and improving outcomes. Future directions should continue to prioritize early detection, transdisciplinary care models, and personalized approaches that bridge mental and physical health.

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