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What explains the increased incidence of psychosis among first-and second generation migrants?

1.Social disadvantage, linguistic distance, ethnicity and first episode psychosis: results from the EU-GEI case-control study

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Abstract (268 words)

Background
Black and minority ethnic (BME) groups face increased risk of psychotic disorders, but causes are complex and not fully understood. We investigated whether social disadvantage, linguistic distance and discrimination contributed to these patterns.

Methods
We used case-control data from the EUropean network of national schizophrenia networks studying Gene-Environment Interactions (EU-GEI) study. Cases, aged 18-64, with first episode ICD-10 psychotic disorder (F20-F33) were recruited from 16 centres in six countries (England, France, the Netherlands, Spain, Italy, Brazil) with population-based controls recruited using quota sampling. Exposures (ethnicity: white majority, black, mixed, Asian, North-African, white minority and other; generational status; social disadvantage; language distance and fluency; discrimination) and confounders (age, sex, paternal age, cannabis use, childhood trauma, parental history of psychosis) were added sequentially to multivariable logistic models, following multiple imputation for missing data.

Results
We included 1,088 cases and 1,495 controls. BME participants had a crude excess odds of psychosis (odds ratio [OR]: 2·03, 95% confidence interval [CI]: 1·69-2·43), which remained after adjustment for confounders (OR: 1·61, 95%CI: 1·31-1·98), being most pronounced in the North African group (OR: 3·11, 95%CI: 1·72-5·62). BME risk was progressively attenuated following further adjustment for social disadvantage (OR: 1·52, 95%CI: 1·22-1·89) and linguistic distance (OR: 1·22, 95%CI: 0·95-1·57), a pattern mirrored in several specific ethnic groups. Linguistic distance and social disadvantage had stronger effects for first and later-generation groups, respectively.

Discussion
Markers of social disadvantage and linguistic distance contributed to elevated odds of psychotic disorders in several BME groups. If confirmed, sociocultural exclusion may represent a modifiable target to reduce longstanding ethnic inequalities in psychosis risk. Full implications will be discussed at the conference.