## Santé mentale au Québec



Retraction: Caractérisation des premiers épisodes de schizophrénie à partir de bases de données administratives de santé jumelées. [Characterization of First Episodes of Schizophrenia from Combined Administrative Databases]. Beaudoin, M., Potvin, S., Dellazizzo, L., Surprenant, M., Lesage, A., Vanasse, A., Ngamini-Ngui, A.† et Dumais, A. Santé mentale au Québec. 2018 Fall; 43(2): 83–105.PMID: 32338687 Rétractation

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## RETRACTION/RÉTRACTATION

Caractérisation des premiers épisodes de schizophrénie à partir de bases de données administratives de santé jumelées. [Characterization of First Episodes of Schizophrenia from Combined Administrative Databases]. Beaudoin, M., Potvin, S., Dellazizzo, L., Surprenant, M., Lesage, A., Vanasse, A., Ngamini-Ngui, A.† et Dumais, A. Santé mentale au Québec. 2018 Fall; 43(2): 83-105.PMID: 32338687

This article has been retracted at the request of the co-authors on the basis of an error in data transmission that occurred in the process of writing this paper following the passing away of the senior analyst, the late A Ngui-Ngamini. We recently obtained a new and more recent database, and after a quick review, we found that the rates of absence of mental health disorders diagnosis in the past seven years before first diagnosis of schizophrenia were much lower than stated in the article, around 20% instead of the reported rate of 65%. The original databases for this article have been deleted as per the ethics committee original acceptance of the research protocol. However, we retrieved the following figure from our deceased colleague's files.

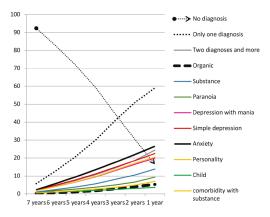


Figure 1: Presence of another mental health disorder diagnosis in the 7 years preceding the first diagnosis of schizophrenia

This graphic gives a very different picture than the figure 2 in the original paper where for men and women, across 3 age groups, the range of no diagnosis in the past 7 years before 1st diagnosis of schizophrenia was about 65%, whereby it is 20% in the present figure 1. Personality disorders, anxiety, maniac-depressive disorders, depression, paranoid disorder and substance use disorders all made a contribution between 10-20% each; co-morbidities among disorders were identified in 25% of the studied population.

This result doesn't change our main conclusion but strengthens it. Indeed, this new result calls for better detection of common mental disorders in primary care context for all age groups since it could allow earlier intervention in the course of schizophrenia and it could facilitate referral to specialist care for cases presenting more severe forms of psychotic disorders. Finally, our research group intends to analyze the new database and share its analysis when funding will be available.

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