Dr Luis Alameda, MD-PhD

Dr Alameda studied at the Universities of Sevilla, Lund and Florence and trained in psychiatry and psychotherapy in Lausanne University Hospital (CHUV). From 2017 to 2022, Dr Alameda worked at the South London and Maudsley as a Consultant psychiatrist specialising in early intervention in psychosis, while conducting a PhD at the Department of Psychosis Studies, Institute of Psychiatry, Psychology & Neuroscience, King's College London. Dr Alameda's research focuses on theunderstanding of the psychological and biological mechanisms linking childhood adversity with psychosis. His PhD particularly explores the role of epigenetics in this association and was awarded the 2022/23 King's Outstanding Thesis Prize and the Psychosis Studies PhD of the Year award, as well as the best Phd of the year by the Spanish Society of Psychiatry and mental health (SEPSM). Dr Alameda has also been awarded the 2019 Research Prize by the European Psychiatric Association for one of his publications and overall has published above 60 papers in his research topic. Dr Alameda combines his academic activity with his clinical duties in early intervention in psychosis and is the head, since 2022, of the Treatment and early Intervention in Psychosis (Tipp) program, in Lausanne Switzerland, specialised in early detection and treatment of young people with early psychosis and at risks mental states.

Predicting symptom remission in early psychosis using static and dynamic machine learning models

The persistence of positive symptoms of psychosis reduces the quality of life and the chances of returning to a normal life in society in those with a psychotic disorder. Evidence at a group level has shown the childhood trauma, in the form of abuse and neglect, plays a role in the persistence of positive symptoms of psychosis and schizophrenia. Evidence suggest that this may occur via a complex interplay involving, among other factors, a redox dysregulation and a genetic risk for the disease. Symptoms are, on the other hand, aggravated by neurocognitive abnormalities as well as mood decline and anxiety, which also interplays with childhood adversity. To date, research, included that of our group has been conducted at a group level an implementation of such findings at an individual level in clinical practise remains a challenge given the heterogeneity in psychosis phenotypes. Despite the advances in precision psychiatry in the last 10 years and the overwhelming evidence pointing at the predictive influence of childhood trauma on psychosis outcomes, no study to date has examined the role of childhood trauma in the context of precision medicine in predicting poor symptomatic remission in young people with early psychosis.
Results of the current study will provide with a trauma-informed predictive models for predicting clinical outcomes in early psychosis. To increase the reproducibility and transparency, our scripts of the code and trained models will be shared on popular open access platforms for replication, external use, and validation.

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