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ORIGINAL ARTICLE

A Study on Clinical Characteristics and Diagnostic Stability in Acute and Transient Psychotic Disorders

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ABSTRACT

Background and Aim: The acute and transient psychotic disorders (ATPDs) as an independent diagnostic entity have become a subject of nosological debate. Numerous studies considered these psychosis as schizophrenia variants or mood disorders leading to diagnostic instability. The present study aimed to investigate the clinical characteristics and diagnostic stability in acute and transient psychotic disorders.

Methodology: A total of 45 acute and transient psychotic disorders diagnosed patients were investigated at Psychiatry and Behavioral Sciences LGH Lahore and Psychiatry unit, Khyber Teaching Hospital Peshawar Pakistan for six months duration from 1st June 2021 to 30th November 2021. All the patients with ages ranging from 17 to 65 years fulfilling ATPDs criteria as per ICD-10 were enrolled. The written informed consent form was taken from the patients' relatives. Patients with drug intoxication, psychotic illness history, brain disorders, mental retardation, and those taking regular antipsychotic treatment were excluded. Patients were followed up for one month and three months and diagnosis was reevaluated after each follow-up. During the follow-up period, global functioning, clinical manifestations, and quality of life were all evaluated on a regular basis.

Results: Of the total 45 ATPD diagnosed patients, male and female patients were 18 (40%) and 27 (60%) respectively. Overall mean age was 29.7±7.9 years. After one month follow-up, the prevalence of ATPD, mood disorder, and schizophrenia was 39 (86.7%), 4 (8.9%), and 2 (4.4%) respectively. After 3 months follow-up, the incidence of diagnosed ATPDs, schizophrenia, and mood disorder were 36 (80%), 5 (11.1%), and 4 (8.9%) respectively. About 36 (80%) patients retained ATPDs whereas diagnosis of psychotic disorders changed in 9 (20%) patients.

Conclusion: The acute and transient psychotic disorder was diagnostically stable entity. Patient's sizable proportion of ATPDs initial diagnosis changed to Schizophrenia-related disorders representing early manifestations.

Keywords: Acute and Transient Psychotic Disorders, Schizophrenia, Diagnostic Stability

INTRODUCTION

Acute and transient psychotic disorders (ATPD) are distinguished by the onset of the acute psychotic symptoms spectrum in the presence of psychological distress (ICD-10). About 8 to 9% of cases of psychotic disorders are caused by ATPD [1], with prevalence varying from 3.9 to 9.6 per 100, 000 population, with higher cases of female patients [2, 3]. Although ATPD is thought to have improved results than relapse increased rates, schizophrenia, and poor stability, in the short or long term, the majority of the patients (almost 30-60%) transition to schizophrenia and affective psychotic disorders [3-5]. Fewer studies focused on the evaluation of ATPD affective diagnostic stability among psychosis patients [6]. As a whole, previous studies found higher ATPD diagnostic stability and relatively lower relapse rate in developing countries, however, these results vary in the developed world. Wajahat et al, found that the ATPD stability rate was 52% and the diagnosis of half of the patients changed after follow-up; relapsed 33%, schizophrenia 15%, and affective disorders to 28% [7]. Singh et al reported that stability of ATPD was prevalent in females as compared to males whereas new and most common diagnoses were delusional or schizophrenia disorder.

Castagnini et al {8] conducted their 6-years study on 503 ATPD diagnosed patients in and out patients and reported that ATPD diagnosis retained in 39% cases and half changed to other psychotic disorders. Also, about 11% cases transitioned to affective disorders. Understanding ATPD diagnostic stability over time has implications for long-term prognosis and appropriate patient management. The degree to which the original diagnosis is confirmed at follow-ups has been defined as diagnostic stability [10]. It is based on longitudinal diagnosis over time and is unaffected by cross-section diagnosis at the time of follow-up. The more consistent the diagnosis, the more likely it is to reflect fundamental and consistent psychopathological or pathophysiological processes. The stability of psychiatric diagnoses is affected by a variety of factors, including changes in symptoms, the effects of treatments on clinical status, reinterpretation of previously gathered data, and the uncertain reliability of diagnostic measures [11]. In this study, we looked at the stability of first-admission ATPD diagnoses ATPD samples.

METHODOLOGY

A total of 45 acute and transient psychotic disorders diagnosed patients were investigated at the department Psychiatry and Behavioral Sciences LGH Lahore and Psychiatry unit, Khyber Teaching Hospital Peshawar Pakistan for six months duration from 1st June 2021 to 30th November 2021. All the patients with ages ranging from 17 to 65 years fulfilling ATPDs criteria as per ICD-10 were enrolled. The written informed consent form was taken from the patients' relatives. Patients with drug intoxication, psychotic illness history, brain disorders, mental retardation, and those taking regular antipsychotic treatment were excluded. Patients were followed up for one month and three months and diagnosis was reevaluated after each follow-up. During the follow-up period, global functioning, clinical manifestations, and quality of life were all evaluated on a regular basis.

Diagnosed ATPDs patients presented to Psychiatry OPD and emergency were evaluated and screened for eligibility. Detail history and physical examination were carried out for each patient. During admission and discharge, a Brief psychiatric rating scale was administered after each follow-up. Patients were followed up at one month and after three months. Psychotic disorders such as acute schizophrenia and associated symptoms patients were followed for one month as per ATPDs maximum duration criteria. For other categories, the duration criteria are three months. Antipsychotic medication was used for treatment and if needed, benzodiazepines and electroconvulsive therapy were used.

RESULTS

Of the total 45 ATPD diagnosed patients, male and female patients were 18 (40%) and 27 (60%) respectively. Overall mean age was 29.7±7.9 years. After one month follow-up, the prevalence of

ATPD, mood disorder, and schizophrenia was 39 (86.7%), 4 (8.9%), and 2 (4.4%) respectively. After 3 months follow-up, the incidence of diagnosed ATPDs, schizophrenia, and mood disorder were 36 (80%), 5 (11.1%), and 4 (8.9%) respectively. About 36 (80%) patients retained ATPDs whereas diagnosis of psychotic disorders changed in 9 (20%) patients. Gender distribution is shown in Figure-1. Prevalence of ATPD, mood disorder, and schizophrenia after one month follow-up is illustrated in Figure-2. The incidence of ATPD, mood disorder, and schizophrenia after three months is shown in Figure-3. Outcome of ATPDs after three months is shown in Figure-4. There was insignificant changes in the diagnosis of ATPDs at significance level at 0.05 and Chi-square test was used.

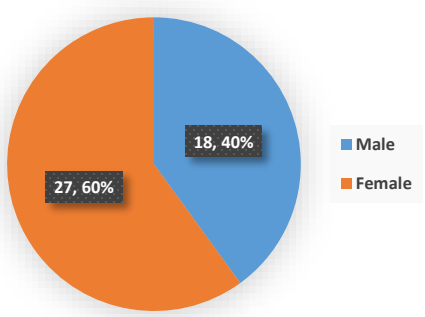

Figure 1: Gender Distribution (n=45)

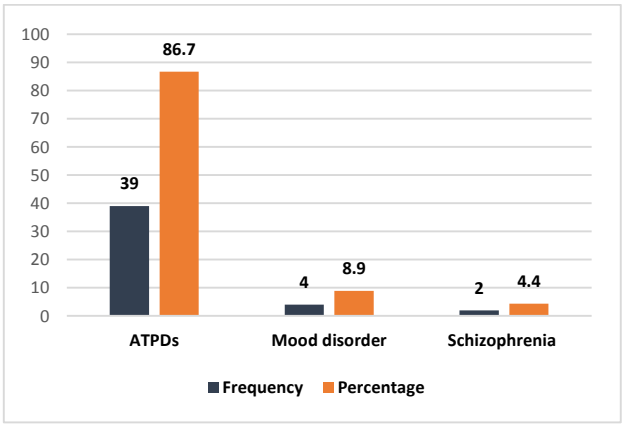

Figure 2: Prevalence of ATPD, mood disorder, and schizophrenia after one month follow-up

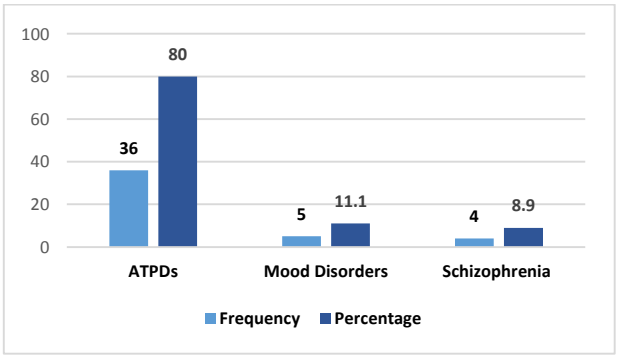

Figure 3: Incidence of ATPD, mood disorder, and schizophrenia after three months follow-up

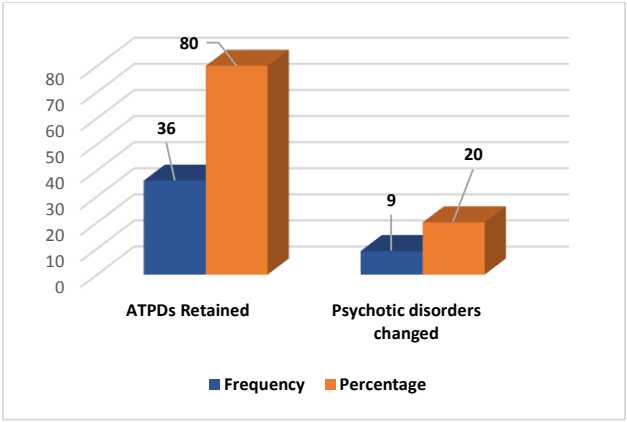

Figure 4: Outcome of ATPDs after three months

DISCUSSION

The present study focused on the diagnostic stability of ATPDs diagnosed patients and complements the observations evidenced from the previous follow-up. ATPDs nosological entity has been evaluated and scrutinized because of independent diagnostic group validity among psychotic disorders. Our findings showed that out of 45 patients with diagnosed ATPDs, 36 cases retained their diagnosis whereas 20% changed their diagnosis in terms of psychotic disorders and schizophrenia. Although several clinical factors and socio-demographic details were assessed with respect to diagnostic transition association with psychotic disorders, but ATPD transition to schizophrenia were predicted in few patients. When compared to patients with stable ATPD diagnoses, mostly young and unmarried patients developed schizophrenia. Remarkably, Alone living patients had similar proportion implying their lack of intimate relationship beside simple isolation might be the diagnostic and predictive factor of schizophrenia.

Rusaka et al. [12], who reported that ATPD patients who developed schizophrenia had significantly worse premorbid heterosexual relationships, back up this assertion. It should also be noted that the significantly younger age of the patients later diagnosed with schizophrenia may explain their less frequent married status; however, it is widely acknowledged that schizophrenia has an earlier onset, indicating that young age and poor intimate relationship are two independent factors associated with a higher risk of developing schizophrenia [13, 14].

In our follow-up study, we discovered significant differences in communal alteration and clinical course with stable ATPD between patients and those who progressed to schizophrenia. During the follow-up, their index ATPD episode, the latter group skilled substantial and gradual worsening in virtually all clinical and social aspects. This is consistent with the assumption that unstable ATPD is not a "transient" psychotic disturbance, but rather an early manifestation of chronic schizophrenic disorder [15-17]. Contrast to diagnostic stability of ATPD patients, schizophrenia transitioned patients revealed social life withdrawal, lack of sufficient mental state in repeatedly hospitalized patients during follow-up period. When compared to their status at index admission, patients with schizophrenia were significantly more likely to be unemployed and not in school as a result of clinical deterioration and repeated prolonged re-hospitalizations. Furthermore, during the follow-up period, both global functioning and quality of life were noticeably improved in the stable ATPD group, but little improvement was seen in the patients who transitioned to schizophrenia [18].

Despite the limitation of a shorter follow-up period, the relatively high diagnostic stability of ATPDs points to a distinct diagnostic entity. The majority of the studies available support our finding that ATPDs are a diagnostically stable entity. A previous study reported that about 75% of all cases with acute psychosis were fully recovered with no relapse of psychotic illness at one year follow-up, 8.7% of cases had 'full remission' with one

psychotic relapse, and less than 1% had full remission with more than one relapse during the one year 1follow-up period. [19].

According to Fusar-poli et al, study, .'s at twenty-four month followup, 75 percent of patients with non-affective acute remitting psychosis (NAARP) were in 'full remission,' and the patients did not experience further episodes after the index episode, indicating that NAARP had a distinct benign course [20]. According to Pillmann et al., non-affective acute remitting psychosis patients had a distinctively benign course: 67 percent were relapse-free after twenty-four months of followup, and the majority of others experienced a very brief relapse with complete recovery [21].

Xie et al. followed up on 48 patients admitted to Roozbeh Hospital in Tehran with first-episode psychosis. Patients were evaluated at the time of discharge from the hospital, as well as three, six, and twelve months late [22]. They discovered that all patients with ATPDs had the same diagnosis at the time of follow-up. On the other hand, a few studies have challenged the notion that ATPD is a stable diagnosis. At one year follow up, Jorgensen et al. discovered that half of the patients (48%) suffering from acute and transient psychotic disorder had diagnostic change, most frequently to schizophrenia (15%) and affective disorder (28%). As a result, they reported that their findings highlight the importance of validating the ATPD concept [23, 24].

According to López-Díaz et alstudy,'s the longitudinal diagnosis of ATPD remained unchanged after three years in eight out of eleven women (73 percent) and only three out of twenty one men (14 percent). As a result, they concluded that ATPDs are a group of nine diagnostically unstable disorders [25]. Our study, on the other hand, confirms and extends findings from most previous follow-up studies that have shown ATPD to be a stable diagnosis. This study backs up the notion that ATPDs are diagnostically stable and deserve to be classified as such.

CONCLUSION

The acute and transient psychotic disorder was diagnostically stable entity. Patient's sizable proportion of ATPDs initial diagnosis changed to Schizophrenia-related disorders representing early manifestations.

REFERENCES

1. Stefano Damiani, Grazia Rutigliano, Teresa Fazia, Sergio Merlino, Carlo Berzuini, Luisa Bernardinelli, Pierluigi Politi, Paolo Fusar-Poli, Developing and Validating an Individualized Clinical Prediction Model to Forecast Psychotic Recurrence in Acute and Transient Psychotic Disorders: Electronic Health Record Cohort Study, Schizophrenia Bulletin, Volume 47, Issue 6, November 2021, Pages 1695–1705, https://doi.org/10.1093/schbul/sbab070.
2. Fusar-Poli P, Cappucciati M, Bonoldi I et al (2016) Prognosis of brief psychotic episodes. JAMA Psychiatry 73:211–220
3. López-Díaz Á, Lorenzo-Herrero P, Lara I et al (2018) Acute stress and substance use as predictors of suicidal behaviour in acute and transient psychotic disorders. Psychiatry Res 269:414–418
4. Rutigliano G, Merlino S, Minichino A et al (2018) Long term outcomes of acute and transient psychotic disorders: the missed opportunity of preventive interventions. Eur Psychiatry 52:126–133
5. Queirazza F, Semple DM, Lawrie SM (2014) Transition to schizophrenia in acute and transient psychotic disorders. Br J Psychiatry 204:299–305
6. Castagnini AC, Foldager L (2014) Epidemiology, course and outcome of acute polymorphic psychotic disorder: implications for ICD-11. Psychopathology 47:202–206
7. Castagnini AC, Foldager L, Bertelsen A (2013) Excess mortality of acute and transient psychotic disorders: comparison with bipolar affective disorder and schizophrenia. Acta Psychiatr Scand 128:370–375
8. Castagnini AC, Fusar-Poli P (2017) Diagnostic validity of ICD-10 acute and transient psychotic disorders and DSM-5 brief psychotic disorder. Eur Psychiatry 45:104–113
9. Singh SP, Burns T, Amin S et al (2004) Acute and transient psychotic disorders: precursors, epidemiology, course and outcome. Br J Psychiatry 185:452–459
10. Wang HY, Guo WJ, Li XJ et al (2018) Higher required dosage of antipsychotics to relieve the symptoms of first-onset Acute and Transient Psychotic Disorder (ATPD) predicted the subsequent diagnostic transition to schizophrenia: a longitudinal study. Schizophr Res 193:461–462
11. Poon JYK, Leung CM (2017) Outcome of first-episode acute and transient psychotic disorder in Hong Kong Chinese: a 20-year retrospective follow-up study. Nord J Psychiatry 71:139–144
12. Rusaka M, Rancāns E (2014) First-episode acute and transient psychotic disorder in Latvia: a 6-year follow-up study. Nord J Psychiatry 68:24–29
13. Malhotra S, Sahoo S, Balachander S. Acute and transient psychotic disorders: newer understanding. Current psychiatry reports. 2019 Nov;21(11):1-1.
14. Steyerberg EW, Vergouwe Y (2014) Towards better clinical prediction models: seven steps for development and an ABCD for validation. Eur Heart J 35:1925–1931
15. Gaebel W, Zielasek J, Cleveland HR (2013) Psychotic disorders in ICD-11. Asian J Psychiatr 6:263–265
16. PubMed Google Scholar
17. Castagnini AC, Munk-Jørgensen P, Bertelsen A (2016) Short-term course and outcome of acute and transient psychotic disorders: differences from other types of psychosis with acute onset. Int J Soc Psychiatry 62:51–56
18. Farooq S, Rehman M, Naeem F (2015) Pharmacological interventions for acute and transient psychotic disorder (ATPD). Cochrane Database Syst Rev. https://doi.org/10.1002/14651858.CD011974
19. American Psychiatric Association (2013) Diagnostic and statistical manual of mental disorders (DSM-5®). American Psychiatric Association, Washington, DC
20. Fusar-poli P, Cappucciati M, De Micheli A et al (2017) Diagnostic and prognostic significance of brief limited intermittent psychotic symptoms (BLIPS) in individuals at ultra high risk. Schizophr Bull 43:48–56
21. Pillmann F, Haring A, Balzuweit S et al (2002) The concordance of ICD-10 acute and transient psychosis and DSM-IV brief psychotic disorder. Psychol Med 32:525–533
22. Xie Q, Fan F, Fan XP, Wang XJ, Chen MJ, Zhong BL, Chiu HF. COVID-19 patients managed in psychiatric inpatient settings due to first-episode mental disorders in Wuhan, China: clinical characteristics, treatments, outcomes, and our experiences. Translational Psychiatry. 2020 Oct 2;10(1):1-1.
23. Wilson L, Szigeti A, Kearney A, Clarke M. Clinical characteristics of primary psychotic disorders with concurrent substance abuse and substance-induced psychotic disorders: A systematic review. Schizophrenia Research. 2018 Jul 1;197:78-86.
24. López-Díaz Á, Fernández-González JL, Lara I, Crespo-Facorro B, Ruiz-Veguilla M. The prognostic role of catatonia, hallucinations, and symptoms of schizophrenia in acute and transient psychosis. Acta Psychiatrica Scandinavica. 2019 Dec;140(6):574-85.
25. López-Díaz Á, Fernández-González JL, Lara I, Ruiz-Veguilla M. Predictors of diagnostic stability in acute and transient psychotic disorders: validation of previous findings and implications for ICD-11. European Archives of Psychiatry and Clinical Neuroscience. 2020 Apr;270(3):291-9.