INTRODUCTION

Most patients diagnosed with a non-affective acute remitting psychosis (NARP), such as schizophreniaform disorder (SFD) or brief reactive psychosis (BRP), are later re-diagnosed with a chronic psychosis (CP), such as schizophrenia (SZ) or affective psychoses (AP)1.

However, in a small group of patients, the psychotic episode remits within six months and the diagnosis does not change2.

Patients with NARP have a better long-term course and outcome, with a shorter disease duration, and little or no social and occupational impairment, compared with patients with CPs.

HYPOTHESES

1. Patients with first episodes of NARP have less disability, a better symptom profile, and functioning and insight during the first psychotic episode than those with CP.

Better global functioning during the first psychotic episode and better premorbid adjustment predict a diagnosis of NARP at follow-up.

METHODS

The ‘CAFÉPS’ study² (prospective longitudinal study)

RESULTS

NARP (N=8)  CP (N=93)  p-value

Age (y), mean (SD)  15.13  15.53  NS

Gender male/female (N)  6/2  64/29  NS

Ethnicity (Caucasian/Hispanic/Other), N  6/0/2  82/65  NS

Parental years of education, mean (SD)  12.63 (6.39)  10.51 (4.71)  NS

History of emergency C-section, N (%)  0 (0%)  12 (13.6%)  <0.001

CGI-S, mean (SD)  3.75 (2.66)  5.67 (0.96)  <0.001

c-GAF score, mean (SD)  45.00 (20.35)  31.97 (14.09)  0.017

DUP in days, mean (SD)  81.75 (64.07)  62.60 (49.97)  NS

PANSS positive score, mean (SD)  21.38 (6.44)  24.66 (6.44)  NS

PANSS negative score, mean (SD)  19.38 (6.26)  20.06 (9.26)  NS

PANSS general score, mean (SD)  40.88 (8.99)  45.00 (10.74)  NS

PANSS total score, mean (SD)  81.63 (18.06)  89.53 (20.38)  NS

PANSS item G12 (insight), mean (SD)  3.38 (1.85)  4.63 (1.67)  0.045

DAS score, mean (SD)  9.29 (5.76)  12.26 (3.25)  0.049

SCOS total score, mean (SD)  57.50 (5.86)  51.55 (7.66)  0.035

No other differences (developmental or obstetric complication history, somatic disease history, family psychiatric history, symptom profile, substance abuse history, suicidal behaviour, premorbid adjustment or cognitive domains)

II) Baseline factors predicting diagnosis of NARP at two-year follow-up

1. During the first psychotic episode, children and adolescents with NARP have less disability and better functioning and insight than those with CP

2. Better functioning during the first psychotic episode predicts a diagnosis of NARP at follow-up

CONCLUSIONS

References

