

Clinical features and stressful life events before development of first-episode acute transient psychosis

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ABSTRACT

Background Acute and transient psychotic disorder (ATPD; F23, ICD-10) have been described as acute psychosis with brief onset, polymorphous symptomatology and rapid resolution.

Methods and Materials Retrospective chart review study of all first time hospitalized patients fulfilling ICD-10 criteria for ATPD (WHO, 1993) treated at the Riga Centre of Psychiatry and Addiction Disorders, Latvia during a 3-year period. During an average of 4.1 years follow-up period, patients were assessed using standardized instruments.

Results During a 3-year period 294 patients were hospitalized with ATPD, 54% (159) females. Over an average of 4.1 years follow-up period 62% (182) of patients were not re-hospitalized. In the subgroup of re-hospitalized patients diagnosis in 71% (80) of them later changed to schizophrenia.

CONCLUSIONS

- Half of the patients were hospitalized only once during follow-up period
- In subgroup of re-hospitalized patients most common diagnostic change was to schizophrenia, with higher rates in males
- Patients with ATPD, which develops to schizophrenia, presented higher rates of hallucinations, but "pure" ATPD presented more typical polymorphic symptomatology and abrupt onset
- Stressful life events before the first episode presented in 44% ATPD patients
- Clinical features of the disease at the first episode and possible provoking factors could help to predict further development of disease
- Further prospective research on the topic is warranted

BACKGROUND

Acute and transient psychotic disorder (ATPD; F23, ICD-10) have been described as acute psychosis with brief onset, polymorphous symptomatology and rapid resolution. [1]

METHODS

Retrospective chart review study of all first time hospitalized patients fulfilling ICD-10 criteria for ATPD (WHO, 1993) treated at the Riga Centre of Psychiatry and Addiction Disorders, Latvia during a 3-year period. During an average of 4.1 years follow-up period, patients were assessed using standardized instruments.

RESULTS

During a 3-year period 294 patients were first time hospitalized with ATPD Table 1.

Table 1. Demographics of the study group

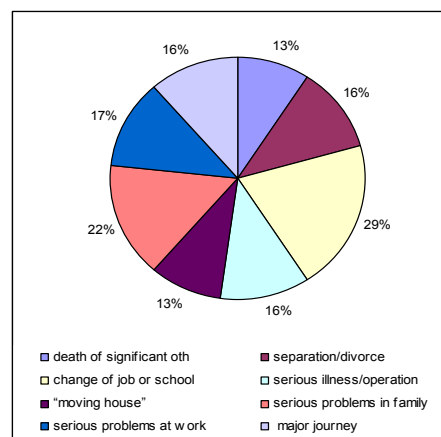
Demographic variables	Total n (%)	Males n (%)
Number	294 (100%)	135 (46%)
Not re-hospitalized	182 (62%)	84 (62%)
Re-hospitalized	112 (38%)	51 (37%)
ATPD changed to schizophrenia	80 (71%)*	45 (88%)*
ATPD relapses	20 (18%)	6 (12%)
ATPD changed to other dg	12 (11%)	0 (0%)

*Statistical analysis by Fisher exact test, two-tailed, shown; $p < 0.001$

Stressful life events before the first episode were found in 44% of patients (129) Figure 1.

Unemployment during index episode was present in 89 patients (11% of all males, and 19% of all females; $p = 0.05$)

Figure 1. Stressful life events before the first episode



Comparing ATPD subgroups we found that the percentage of patients "with schizophrenic symptoms" (F23.1) was higher 55% (161) Table 2.

Table 2. ICD-10 codes of diagnosis at index episode

ICD-10 Codes	ATPD ("pure") n=202 (%)	ATPD (develops to schizophrenia) n=80 (%)	Total n=294 (%)
F 23.0	38 (19%)*	7 (9%)*	48 (16%)
F23.1	104 (52%)	51 (64%)	161 (55%)
F23.2	41 (20%)	20 (25%)	63 (21%)
F23.3	11 (5%)	2 (2%)	13 (5%)
F23.8	4 (2%)	0 (0%)	5 (2%)
F23.9	4 (2%)	0 (0%)	4 (1%)

*Statistical analysis by Fisher exact test, two-tailed, shown; $p < 0.05$

We found ATPD "without schizophrenic symptoms" (F23.0) diagnosis was more frequent for "pure" ATPD patients 19% (38), than for ATPD, which later developed into schizophrenia ($p < 0.001$).

An abrupt ATPD onset was higher for "pure" ATPD 29%, than for ATPD, which later developed into schizophrenia 6% ($p < 0.001$) Table 3.

Table 3. Symptomatology of the first acute episode

Symptomatology	ATPD ("pure") n=202 (%)	ATPD (develops to schizophrenia) n=80 (%)	ATPD (develops to other dg.) n=12 (%)
Hallucinations	48 (24%)*	42 (53%)*	3 (25%)
Affective disturbance	71 (35 %)	25 (31%)	5 (41%)
Anxiety	124 (61 %)	42 (52%)	5 (42%)
Delusions of control, influence	21 (10%)	12 (15%)	0 (0%)
Depressed mood	61 (30%)	17 (21%)	5 (41%)
Polymorphic symptomatology	64 (32%)*	5 (6%)*	4 (33%)
Abrupt onset (within 48 hours)	59 (29%)*	5 (6%)*	0 (0%)
Acute onset (less than two weeks)	152 (71%)	75 (94%)	12 (100%)
Thought disorder	78 (37%)	39 (49%)	6 (50%)
Sleep disturbance	146 (72%)	53 (66%)	7 (58%)

*Statistical analysis by Fisher exact test, two-tailed, shown $p < 0.05$

REFERENCES

1. Marneros, A. & Pillmann, F. Acute and Transient Psychoses. Cambridge, 2004, Cambridge University Press.

No potential conflict of interest