INTRODUCTION

Co-occurrent drug abuse is a very frequent condition among patients presenting their first episode of psychosis, prevalence rates ranging between 25 and 60% (DeLisi, 2008). Formulating a psychiatric diagnosis in patients who experience the onset of psychotic symptoms during episodes of current or recent psychoactive substance use is often challenging, even though some key predictors, such as differences in demographic, family, and clinical domains, could help emergency clinicians to correctly classify early-phase psychotic disorders that co-occur with substance use (Caton et al., 2000). In patients who use drugs during a first episode of psychosis, evidence that psychotic symptoms are primary or independent requires persistence of the symptoms during a period of sustained abstinence from psychoactive substances. On the other hand, drug-induced psychoses are expected to resolve during a period of sustained abstinence from psychoactive substances. When patients present current or recent drug abuse and onset of psychosis, the key diagnostic question is whether or not the psychotic symptoms are accounted for by the drug use (Rounsaville, 2007).

METHODS

The study reports a long-term follow-up assessment of a sample of 48 patients (43 M, 5 F) who had concomitant drug abuse at the time of the first admission for psychosis. We focused on the diagnostic distinction between primary psychosis with concomitant drug abuse and drug-induced psychosis, in order to observe whether the diagnoses are stable over time and whether the course of the clinical picture significantly differs.

RESULTS

Mean follow-up period was 4.96 years (3.81 SD). Mean age at onset were 25.6 (5.65 SD) years and 28.39 (7.60 SD) years for Primary Psychotic Disorder patients with comorbid Drug Abuse and Drug-Induced Psychotic Disorder respectively. Primary Psychotic Disorder with comorbid Drug Abuse patients exhibited higher scores in the item Unusual Content of Thought at baseline than Drug-Induced Psychotic Disorder patients: 5.48 (3.87 SD) vs 4.39 (3.75 SD) (F= 2.19, p<0.05) while Primary Psychotic Disorder with comorbid Drug Abuse and Drug-Induced Psychotic Disorder patients groups did not differ in any of the BPRS items evaluated at follow-up.

The Primary Psychosis with comorbid Drug Abuse group and the Substance-Induced Psychosis group were substantially similar regarding diagnostic stability, and a diagnosis of Schizophrenia at follow-up occurred in a similar percentage of cases (40.0 % of and 34.8% of patients respectively). There was no evidence that Drug-Induced psychotic patients' symptoms tend to improve more after cessation of drug abuse, compared to Primary Psychotic patients. An earlier age of onset was found in Primary Psychotic patients compared to Drug-Induced Psychotic patients, particularly for patients diagnosed as affected by Schizophrenia at follow up.

CONCLUSIONS

These results might reflect the uncertainty of the diagnostic distinction between Primary and Drug-Induced Psychosis and the difficulties in applying the current diagnostic criteria for diagnosing comorbid drug use disorders and psychotic disorders.

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