



English Teachers On Call

Schizophrenia and Related Disorders

Brief Psychotic Disorder



<http://www.minddisorders.com/Br-Del/Brief-psychotic-disorder.html#b>

Brief psychotic disorder consists of delusions, hallucinations, or other psychotic symptoms for at least 1 day but < 1 mo, with eventual return to normal **premorbid functioning**. It is typically caused by severe stress in susceptible people.

Brief psychotic disorder is uncommon. Preexisting personality disorders (eg, paranoid, histrionic, narcissistic, schizotypal, borderline) predispose to its development. A major stressor, such as loss of a loved one, may **precipitate** the disorder. The disorder causes at least one psychotic symptom:

- Delusions
- Hallucinations
- Disorganized speech
- **Grossly** disorganized or **catatonic behavior**

This disorder is not diagnosed if a psychotic mood disorder, a schizoaffective disorder, schizophrenia, a physical disorder, or an adverse drug effect (prescribed or illicit) better accounts for the symptoms. Differentiating between brief psychotic disorder and schizophrenia in a patient without any prior psychotic symptoms is based on duration of symptoms; if the duration exceeds 1 mo, the patient no longer meets required diagnostic criteria for brief psychotic disorder.

Treatment is similar to that of an acute exacerbation of schizophrenia; supervision and short-term treatment with antipsychotics may be required.

Schizophreniform Disorder



http://www.vbhcs.org/poc/view_doc.php?type=doc&id=29052&cn=7

Schizophreniform disorder is characterized by symptoms identical to those of schizophrenia but that last ≥ 1 mo but < 6 mo.

At presentation, schizophrenia is likely to be suspected. Psychosis secondary to substance abuse or to a physical disorder must also be ruled out. Differentiating between schizophreniform disorder and schizophrenia in a patient without any prior psychotic symptoms is based on duration of symptoms. If duration of symptoms or

disability exceeds 6 mo, the patient no longer meets required diagnostic criteria for schizophreniform disorder, and the diagnosis is likely to be schizophrenia, although the acute psychosis may also **evolve** into a psychotic mood disorder, such as bipolar or schizoaffective disorder. **Longitudinal observation** is often required to establish the diagnosis and appropriate treatment.

Treatment with antipsychotics and supportive psychosocial care is indicated. After symptoms resolve, drug treatment is continued for 12 mo and then gradually **tapered** while closely monitoring for the return of psychotic symptoms.

Substance-Induced Psychotic Disorder

Psychotic symptoms, particularly delusions and hallucinations, can result from a wide variety of substances, including alcohol, amphetamines, marijuana, cocaine, hallucinogens, inhalants, opioids, phencyclidine, and certain sedatives and anxiolytics.

Diagnosis

The diagnosis is made when symptoms begin during or < 1 mo after **intoxication** with or withdrawal from the implicated substance and after other psychotic disorders are **ruled out**. Because symptoms may **overlap** with brief psychotic disorder, schizophreniform disorder, and acute episodes of psychotic mania or schizophrenia, differentiating these conditions may be difficult. Diagnosis may require several days of observation.

Treatment

- Symptomatic

Treatment may vary depending on the drug involved. Hallucinogen and phencyclidine psychosis may not respond well to antipsychotics. A supportive approach is preferred, with reassuring, structured, and protective surroundings. **Agitation** may be best treated with short-acting benzodiazepines, such as lorazepam given po or IM.

Reference: <http://www.merckmanuals.com>



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