

Course and Stability Diagnosis over Time in Functional Psychosis

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Introduction: Diagnosis stability and clinical course of functional psychoses are complex phenomena and represent an important aspect for clinical practice and research. Diagnosis stability is the degree to which a diagnosis remains constant between a baseline and a follow-up subjects assessments.

Material and method: This work is part of a project developed in Timișoara Psychiatric Clinic (PTTEP) starting with 1985 and is a longitudinal study of functional psychosis. Subjects (59) were selected based on inclusion criteria. The following parameters were analyzed: socio-demographic characteristics of each subject, the average duration of evolution, diagnosis of the first episode of psychosis and diagnosis after 5 and 10 years of evolution.

Results: Sample study analysis shows that most subjects have changed their diagnosis after a period of between 5 to 8 years after the first episode of psychosis. Usually, after a period of about 10 years since the first episode of psychosis the diagnosis remains stable with the appearance of the same kind of episodes. It can be noticed that the most stable diagnosis was of delusional disorder followed by schizophrenia. On the opposite side – the most unstable diagnosis was of acute and transient psychotic disorder.

Conclusion: The clinical diagnosis changes during the first 5 to 7 years of evolution after the first episode of psychosis and becomes stable after about 10 years.

Keywords: functional psychosis, stability diagnosis, long-term evolution, follow-up study

Introduction

Diagnosis stability and clinical course of functional psychoses are complex phenomena and represent an important aspect for clinical practice and research [1]. The diagnosis of a psychotic disorder is based on the presence or absence of characteristic symptoms. Diagnostic stability is the degree to which a diagnosis remains constant between a baseline and a follow-up subjects assessments [2].

Some subjects with functional psychoses experience a single diagnosis and a few hospital admissions, while others will change their diagnosis and have repeated hospital admissions. These differences may well reflect the heterogeneity of the functional psychosis.

Stability of diagnosis in the functional psychoses has two aspects: prospective and retrospective consistencies. Prospective consistency is defined as the proportion of subjects in a category at baseline assessment who retained the same diagnosis at the end of the follow-up period. Retrospective consistency is the proportion of subjects whose diagnosis at the end of follow-up is the same as that made at the baseline assessment [3].

Material and method

This work represents a sample of a project that studies the evolution of functional psychosis, taking place in Timișoara, since 1985 (PTTEP – Timișoara Project Study of Typology and Evolution of Functional Psychoses). The

project was started in 1985 and is managed until now by the same scientific team. Registration of cases was based on symptoms described in the PSE-9, later the PSE-10 and SCAN-WHO. The diagnostic criteria were those of the ICD-9 and were afterwards reviewed by research criteria of the ICD-10.

The distinction between episode and disorder was accepted, which allowed for registration over time of episodes with different diagnoses of the same case. The ICD-9 diagnoses focused on 3 poles were accepted: schizophrenia, seasonal affective disorders (bipolar disorder and mono-polar depression) and acute and persistent delusional disorders.

Episodes like those schizoaffective have been recorded and interpreted as intermediary between these poles. In the same direction, the affective episodes with incongruent delusions were recorded and interpreted, of which, in this case, depressive-paranoid episodes were evidenced. In the PTTEP project, the idea of continuum and psychotic spectrum was accepted.

This study included and analyzed a sample of 59 subjects who were selected based on inclusion and exclusion criteria. We mention that, given the small number of subjects statistical sampling methodology has not been used.

Inclusion criteria

1. First episode of psychosis was between 1985–2000 and required hospitalization in Timișoara Psychiatric Clinic
2. Hospitalization in the Clinical Ambulatory Timișoara;
3. Subjects agreed to participate in the study.

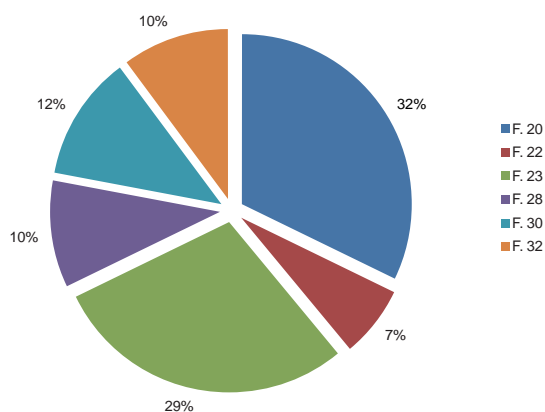


Fig. 1. Distribution of the sample based on the diagnosis of onset

Exclusion criteria

1. Presence of personality disorders or mental retard;
2. Presence of a disease caused by drug use or an organic disorder.

The following parameters were analyzed:

1. Socio-demographic characteristics of each subject.
2. The average duration of evolution.
3. Diagnosis of the first episode of psychosis and present
4. Diagnosis at 5, 10 years of evolution

Results

The 59 subjects were predominantly female (57.6%) with a period of evolution between 10 and 25 years.

Regarding the onset diagnosis, the predominance of the subjects diagnosed with schizophrenia (32.2%) and acute and transient psychotic disorder (17%) is underlined (Figure 1).

Diagnosis evolution at 5 and 10 years after onset are presented in Table I.

Discussions

Sample study analysis shows that most subjects have changed their diagnosis after a period of between 5 to 8 years after the first episode of psychosis. Usually, after a period of about 10 years since the first episode of psychosis the diagnosis remains stable with the appearance of the same kind of episodes. It can be noticed that the most stable diagnosis was of delusional disorder followed by schizophrenia. On the opposite side – the most unstable diagnosis was of acute and transient psychotic disorder.

Of the 19 subjects who were diagnosed at onset with schizophrenia, 63% presented after 10 years of evolution the same diagnosis. A rate of 30% of the subjects developed affective symptoms and after 10 years of evolution the diagnosis was switched to schizoaffective disorder. A single subject presented at the onset schizoaffective episodes and after 7 to 8 years of evolution subject had only affective episodes, current diagnosis being bipolar disorder.

Subjects initially diagnosed with acute and transient psychotic disorder were those who suffered the most significant metamorphosis because until present they all presented other episodes of disease. It is notable that a single case had only acute psychotic episodes, while others experienced episodes of schizophrenia, schizoaffective episodes or delusional episodes.

Currently 30% of subjects have a diagnosis of schizoaffective disorder, 30% have a diagnosis of delusional disorder and 36% of schizophrenia.

The diagnosis of manic episode was followed by episodes of depression or schizoaffective episodes, current diagnosis being bipolar disorder (71%) and schizoaffective disorder (29%).

The diagnosis of depressive episode (note that all cases had mood-congruent or mood-incongruent psychotic

Table I. Diagnosis evolution at 5 and 10 years after onset

Initial diagnosis	No. of cases	Diagnosis at 5 years	No. of cases	Diagnosis at 10 years	No. of cases
Schizophrenia	19				
Acute psychosis	7				
Manic episode	1	Schizophrenia	31	Schizophrenia	22
Depressive episode	1			Schizoaffective	9
Other psychosis	3				
Acute psychosis	2	Schizoaffective	4	Schizoaffective	3
Schizophrenia	2			Bipolar disorder	1
Manic episode	7				
Depressive episode	2	Bipolar disorder	10	Bipolar disorder	9
Acute psychosis	1			Schizoaffective	1
Delusional disorder	3				
Acute psychosis	5	Delusional disorder	9	Delusional disorder	9
Depressive episode	1				
Acute psychosis	3	Acute psychosis	3	Schizophrenia	1
				Bipolar disorder	
				Delusional disorder	
Depressive episode	2	Depressive disorder	2	Bipolar disorder	1
				Delusional disorder	1

features) was followed by manic episodes, schizoaffective episodes or delusional episodes. Currently, 33% of the subjects have a diagnosis of bipolar disorder, 33% schizoaffective disorder and 33% delusional disorder.

Subjects who initially had a psychotic episode which was placed in other types of psychosis, have had subsequently schizoaffective or affective episodes, now having a diagnosis of schizoaffective disorder (66%) and bipolar disorder (34%).

Conclusions

This work presents a study that exposes the long-term perspective of the clinical diagnosis of functional psychosis. It is generally known that the clinical course of functional psychosis is in the form of episodes.

We can see that the clinical diagnosis of the first episode of psychosis changes thereafter, generally during the first 5 to 7 years of evolution by the development of several types of clinical episodes. Subsequently after about 10 year of evolution the diagnosis is established.

The most stable diagnosis from the perspective of longitudinal evolution was delusional disorder followed by schizophrenia. Acute and transient psychotic disorder was one of the diagnoses maintained during the first 5 years of evolution and after that period all the cases have presented other types of episodes.

In the medium and long term course, the main tendency observed is an increase of the number of schizoaffective cases.

The research points out that it would be important, from a scientific point of view, to study by comparison the cases that maintain their long-term diagnosis with the cases with a the diagnosis that changes over time.

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