Diagnosis and treatment of first-episode psychosis

People who are admitted to hospital with a psychotic disorder may have their illness misclassified. Diagnosis should be reassessed periodically to ensure that the most appropriate interventions are being used.

**Overview:** Psychosis is a mental disorder in which thought processes are disturbed, causing the affected person to lose contact with reality. Symptoms include delusions, hallucinations, loss of emotion, mania, depression and abnormal behaviour.

Some people will only experience one psychotic episode, while others may experience repeated episodes throughout their life.

Psychosis most frequently occurs in schizophrenia, bipolar disorder (manic depression), or as a result of drug or alcohol misuse.

**Current advice:** Prompt treatment is recommended for someone who is experiencing psychosis. In the short-term, medicines are used to treat a psychotic episode. The need for long-term treatment will depend on the underlying cause.

NICE has guidance on disorders in which psychosis may occur. These include: schizophrenia; bipolar disorder and psychosis with coexisting substance misuse. NICE recommends that a diagnosis of schizophrenia should be reviewed for people whose illness has not responded adequately to pharmacological or psychological treatment.

**New evidence:** A cohort study of 470 first-admission patients with psychotic disorders was systematically assessed, using The Diagnostic and Statistical Manual of Mental Disorders, in order to determine the long-term stability of diagnostic categories (Bromet et al. 2011). The diagnoses, determined at baseline, and at 6 month, 2 year, and 10 year follow-ups, were: schizophrenia spectrum disorders, bipolar disorder with psychotic features, major depression with psychotic features, substance induced psychosis, and other psychotic conditions (primarily psychosis not otherwise specified).

Results showed that diagnoses were changed for 50.7% of study participants at some point during the study. Most participants who were initially diagnosed with schizophrenia or bipolar disorder retained the diagnosis 10 years later (89.2% and 77.8% respectively).

The authors raise concerns given that treatments are recommended long-term based on presumptive diagnoses. They suggest that misclassification also has serious implications for research which may be based on erroneous assumptions and may not be reproducible.

The findings highlight the need to periodically re-evaluate clinical diagnoses to ensure that patients are receiving appropriate interventions. The authors suggest that criteria for psychiatric diagnosis should give greater consideration to temporal reliability and predictive validity, rather than cross-sectional reliability.
Commentary: "Current diagnostic systems delineate categories of psychotic disorders using duration criteria (as in schizophrenia and related disorders), presence of mood symptoms (affective psychoses), temporal association with drug use (substance induced psychoses), the presence of overt brain pathology (organic psychoses) or a combination of these. The longitudinal stability and predictive validity of these categories is uncertain. Most patients with enduring psychotic symptoms receive multiple diagnoses over their illness course. Diagnostic instability is particularly evident early in the course of emerging psychosis.

"This study adds to the growing literature on diagnostic instability in psychosis. In a cohort of first-admission patients, schizophrenia and bipolar disorders were the most stable diagnoses over 10 years, with more patients moving into these categories than moving out. UK studies on first-episode psychosis have found that within the schizophrenia spectrum, acute and transient psychoses are most diagnostically unstable (Amin et al, 1999 and Singh et al, 2004). Brief remitting psychoses, especially those that occur in association with substance abuse present clinicians with particular challenges: how long to continue medication; what to tell families and patients about subsequent risk; whether to use the label schizophrenia or not. Misclassification also has the potential for patients receiving inappropriate, insufficient or unnecessary treatments.

"This study reinforces the need for periodic reassessment of diagnosis in all first episode cases of psychosis. The European approach of phenomenological validity has given way understandably to the American operational criteria approach, which has improved cross-sectional inter-rater reliability of psychiatric diagnoses. One hopes that advances in neuroimaging will one day identify validating markers of underlying pathophysiology and improve both diagnostic stability and predictive validity in the future. Meanwhile clinicians need to be humbly mindful of the limitations of our current diagnostic systems." - Professor Swaran P Singh, Head of Division, Mental Health and Wellbeing, Warwick Medical School.

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