Psychotic Disorders List

Delusional Disorder 297.1 (F22)

Delusional Disorder is a mental disorder characterized by the presence of one or more delusions that persist for at least 1 month. A diagnosis of delusional disorder is not given if an individual has ever had symptoms that meet criteria for schizophrenia. Apart from the direct impact of the delusions, impairments in psychosocial functioning may be minor compared to those seen in other psychotic disorders such as schizophrenia.

Epidemiology

- The lifetime prevalence of delusional disorder has been estimated at around 0.2%, and the most frequent subtype is persecutory.
- There are no major gender differences in the overall frequency of delusional disorder.
    - Delusional disorder, jealous type, is probably more common in males than in females.

Prognosis

Delusional disorder in late life increases the risk for dementia and neurocognitive disorders.

Risk Factors

Immigration, isolation, family history, sensory impairment, and advanced age are risk factors for delusional disorder.

Diagnostic Criteria

A. The presence of one (or more) delusions with a duration of 1 month or longer.

B. Criterion A for schizophrenia has never been met.

Note: Hallucinations, if present, are not prominent and are related to the delusional theme (e.g., the sensation of being infested with insects associated with delusions of infestation).

C. Apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired, and behavior is not obviously bizarre or odd.

D. If manic or major depressive episodes have occurred, these have been brief relative to the duration of the delusional periods.

E. The disturbance is not attributable to the physiological effects of a substance or an other medical condition and is not better explained by another mental disorder, such as body dysmorphic disorder or obsessive-compulsive disorder.

Specify whether:

- **Erotomanic type:** This subtype applies when the central theme of the delusion is that another person is in love with the individual.
- **Grandiose type:** This subtype applies when the central theme of the delusion is the conviction of having some great (but unrecognized) talent or insight or having made some important discovery.
- **Jealous type:** This subtype applies when the central theme of the individual's delusion is that his or her spouse or lover is unfaithful.

- **Persecutory type:** This subtype applies when the central theme of the delusion involves the individual's belief that he or she is being conspired against, cheated, spied on, followed, poisoned or drugged, maliciously maligned, harassed, or obstructed in the pursuit of long-term goals.
- **Somatic type:** This subtype applies when the central theme of the delusion involves bodily functions or sensations.
- **Mixed type:** This subtype applies when no one delusional theme predominates.
- **Unspecified type:** This subtype applies when the dominant delusional belief cannot be clearly determined or is not described in the specific types (e.g. - referential delusions without a prominent persecutory or grandiose component).
- **With bizarre content:** Delusions are deemed bizarre if they are clearly implausible, not understandable, and not derived from ordinary life experiences (e.g. - an individual's belief that a stranger has removed his or her internal organs and replaced them with some one else's organs without leaving any wounds or scars).

Brief Psychotic Disorder 298.8(F23)

Brief Psychotic Disorder is a psychotic disorder that involves at least one positive psychotic symptom (delusions, hallucinations, disorganized speech), and/or grossly abnormal psychomotor behaviour, including catatonia. The symptoms must characteristically last for at least 1 day but no longer than 1 month. Individuals with brief psychotic disorder typically experience emotional turmoil or overwhelming confusion, and the although the duration can be brief, the symptoms may be severe (e.g., poor judgment, cognitive impairment, or acting on delusions). A diagnosis of brief psychotic disorder requires a *full remission* of *all* symptoms and a *full return* to the premorbid level of functioning within 1 month of the onset of the disturbance.

Epidemiology

- Brief psychotic disorder may appear in adolescence or early adulthood, and onset can occur across the life span.
    - The average age at onset is in the mid-30s.
- Brief psychotic disorder may account for up to 7% of cases of first-episode psychosis according to some epidemiological studies.
    - Some of these cases are a prodrome, and evolve into a future diagnosis of schizophrenia.

Prognosis

- About 50% of individuals with a brief episode of psychosis experience a relapse.
    - Despite this, for most individuals, most individuals retain good social functioning and symptom control.

Comorbidity

There appears to be an increased risk of suicidal behaviour, particularly during the acute episode.

Diagnostic Criteria

A. Presence of one (or more) of the following symptoms. At least one of these must be (1), (2), or (3):

1. Delusions

2. Hallucinations

3. Disorganized speech (e.g., frequent derailment or incoherence)

4. Grossly disorganized or catatonic behavior

Note: Do not include a symptom if it is a culturally sanctioned response.

B. Duration of an episode of the disturbance is at least 1 day but less than 1 month, with eventual full return to premorbid level of functioning.

C. The disturbance is not better explained by major depressive or bipolar disorder with psychotic features or another psychotic disorder such as schizophrenia or catatonia, and is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

Specify if:

- **With marked stressor(s) (brief reactive psychosis):** If symptoms occur in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the individual's culture.
- **Without marked stressor(s):** If symptoms do not occur in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the individual's culture.
- **With postpartum onset:** If onset is during pregnancy or within 4 weeks postpartum.
- **With catatonia**

Schizophreniform Disorder 295.40 (F20.81)

Schizophreniform Disorder is characterized by a symptomatic presentation equivalent to that of schizophrenia except for its duration (less than 6 months) and the absence of a requirement for a decline in functioning.

Prevalence

- Incidence of schizophreniform disorder across sociocultural settings is likely similar to that observed in schizophrenia. In the United States and other developed countries, the incidence is low, possibly fivefold less than that of schizophrenia.
- In developing countries, the incidence may be higher, especially for the specifier "with good prognostic features"; in some of these settings schizophreniform disorder may be as common as schizophrenia.

Diagnostic Criteria

A. At least 2 of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be (1), (2), or (3):

1. Delusions

2. Hallucinations

3. Disorganized speech (e.g., frequent derailment or incoherence)

4. Grossly disorganized or catatonic behaviour

5. Negative symptoms (i.e., diminished emotional expression or avolition)

B. An episode of the disorder lasts at least 1 month but less than 6 months. When the diagnosis must be made without waiting for recovery, it should be qualified as "provisional."

C. Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out because either 1) no major depressive or manic episodes have occurred concurrently with the active-phase symptoms, or 2) if mood episodes have occurred during active-phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.

D. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

Specify if:

- **With good prognostic features:** This specifier requires the presence of at least two of the following features: onset of prominent psychotic symptoms within 4 weeks of the first noticeable change in usual behavior or functioning; confusion or perplexity: good premorbid social and occupational functioning; and absence of blunted or flat affect.
- **Without good prognostic features:** This specifier is applied if two or more of the above features have not been present.
- **With catatonia** (refer to the criteria for catatonia associated with another mental disorder).

Schizophrenia 295.40 (F20.81)

Schizophrenia is a mental disorder characterized by the presence of positive symptoms (delusions, hallucinations), disorganization, and negative symptoms (poverty of thought, amotivation).

Epidemiology

- The prevalence is the same between men and women, but differs in the course and onset of illness.
- The incidence of first episode psychosis is highest for men between the ages of 18 and 24, and the incidence subsequently declines rapidly.
- In women, there is a bimodal distribution, and they experience a secondary peak at ages 50 to 54 (women are more likely to have late-onset schizophrenia than men).
    - Generally speaking, women tend to have more positive symptoms and less negative symptoms, in particular with late-onset schizophrenia.
    - Though conventional clinical wisdom suggests that the incidence of psychosis is the same across the world, this is not actually the case. The incidence of psychosis can vary up to eightfold between different cities across the world.

Prognosis

- Suicide is a major cause of mortality in patients with schizophrenia, with some studies estimating between 5 to 13% of patients dying by suicide.
    - Individuals at higher risk for suicide include being male, high socioeconomic background, high intelligence, high expectations, being single, lack of social supports, having awareness of symptoms, and recent discharge from the hospital.
- Over the course of the illness, symptoms of psychosis can wax and wane.
    - Treatment with antipsychotic medications can significantly decrease the risk for violence and crime in schizophrenia.
- Poor prognostic factors include: young or insidious age of onset, lack of obvious precipitating factors, poor pre-morbid social functioning, withdrawn behaviors, isolation, family history, negative symptoms, neurological signs and symptoms, history of perinatal trauma, lack of remission, recurrent relapses, and history of violence/assault.

- Despite new treatment options proposed for schizophrenia, only about 13% of individuals with schizophrenia meet the criteria for recovery.
- Individuals with schizophrenia in developing countries may have paradoxically better outcomes than individuals in developed countries.

Risk Factors

- Schizophrenia is a highly heritable disorder, accounting for about 80% of the liability of the illness
- The baseline general population risk for schizophrenia is 1%. A second-degree relative doubles the risk to 2%. Non-twin siblings have a 9% risk. If one parent has schizophrenia the risk is about 13%. If both parents have schizophrenia, the offspring has a 30 to 50% chance of developing schizophrenia. In concordance studies of twins. The concordance rates of schizophrenia for monozygotic (identical) twins have been found to be about 40 to 50%.
- Advanced paternal age is a risk factor for schizophrenia in the offspring.

Diagnostic Criteria

A. Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be (1), (2), or (3):

1. Delusions

2. Hallucinations

3. Disorganized speech (e.g., frequent derailment or incoherence)

4. Grossly disorganized or catatonic behavior

5. Negative symptoms (i.e., diminished emotional expression or avolition)

B. For a significant portion of the time since the onset of the disturbance, level of functioning in one or more major areas, such as work, interpersonal relations, or self-care, is markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, there is failure to achieve expected level of interpersonal, academic, or occupational functioning).

C. Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or by two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

D. Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out because either 1) no major depressive or manic episodes have occurred concurrently with the active-phase symptoms, or 2) if mood episodes have occurred during active-phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

F. If there is a history of autism spectrum disorder or a communication disorder of child hood onset, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations, in addition to the other required symptoms of schizophrenia, are also present for at least 1 month (or less if successfully treated).

Specify if:

- **First episode, currently in acute episode:** First manifestation of the disorder meeting the defining diagnostic symptom and time criteria. An acute episode is a time period in which the symptom criteria are fulfilled.
- **First episode, currently in partial remission:** Partial remission is a period of time during which an improvement after a previous episode is maintained and in which the defining criteria of the disorder are only partially fulfilled.
- **First episode, currently in full remission:** Full remission is a period of time after a previous episode during which no disorder-specific symptoms are present.
- **Multiple episodes, currently in acute episode:** Multiple episodes may be deter mined after a minimum of two episodes (i.e., after a first episode, a remission and a minimum of one relapse).
- **Multiple episodes, currently in partial remission**
- **Multiple episodes, currently in full remission**
- **Continuous:** Symptoms fulfilling the diagnostic symptom criteria of the disorder are remaining for the majority of the illness course, with subthreshold symptom periods being very brief relative to the overall course.
- **Unspecified**

Schizoaffective Disorder

Schizoaffective Disorder is a mental disorder characterized by a major mood episode (either manic or depressive) that co-occurs at the same time with symptoms of schizophrenia.

Epidemiology

There are limited studies on the prevalence of schizoaffective disorder. It is estimated that 30% of cases occur between the ages of 25 and 35, and it occurs more frequently in women than men. There is an estimate lifetime prevalence of 0.3%.

Prognosis

Prognostic studies have been difficult due to the diagnostic challenges associated with schizoaffective disorder. One study found that 50% of cases showed favourable outcomes (i.e. - minimal symptoms, no symptoms, and/or employment).

Diagnostic Criteria

A. An uninterrupted period of illness during which there is a major mood episode (major depressive or manic) concurrent with Criterion A of schizophrenia.

Note: The major depressive episode must include Criterion A1: Depressed mood.

B. Delusions or hallucinations for 2 or more weeks in the absence of a major mood episode (depressive or manic) during the lifetime duration of the illness.

C. Symptoms that meet criteria for a major mood episode are present for the majority of the total duration of the active and residual portions of the illness.

D. The disturbance is not attributable to the effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

Specify whether:

- **Bipolar type:** This subtype applies if a manic episode is part of the presentation. Major depressive episodes may also occur.
- **Depressive type:** This subtype applies if only major depressive episodes are part of the presentation.

Specify if:

The following course specifiers are only to be used after a 1-year duration of the disorder and if they are not in contradiction to the diagnostic course criteria.

- **First episode, currently in acute episode:** First manifestation of the disorder meeting the defining diagnostic symptom and time criteria. An acute episode is a time period in which the symptom criteria are fulfilled.
- **First episode, currently in partial remission:** Partial remission is a time period during which an improvement after a previous episode is maintained and in which the defining criteria of the disorder are only partially fulfilled.
- **First episode, currently in full remission:** Full remission is a period of time after a previous episode during which no disorder-specific symptoms are present.
- **Multiple episodes, currently in acute episode:** Multiple episodes may be determined after a minimum of two episodes (i.e., after a first episode, a remission and a minimum of one relapse).
- **Multiple episodes, currently in partial remission**
- **Multiple episodes, currently in full remission**
- **Continuous:** Symptoms fulfilling the diagnostic symptom criteria of the disorder are remaining for the majority of the illness course, with subthreshold symptom periods being very brief relative to the overall course.
- **Unspecified**

Substance/Medication-Induced Psychotic Disorder

Substance/Medication-Induced Psychotic Disorder is a psychotic disorder diagnosed after an individual uses a substance (e.g. - a drug of abuse, a medication, or a toxin exposure) that leads to prominent symptoms of psychosis.

Diagnostic Criteria

A. Presence of one or both of the following symptoms:

1. Delusions

2. Hallucinations

B. There is evidence from the history, physical examination, or laboratory findings of both (1)and (2):

1. The symptoms in Criterion A developed during or soon after substance intoxication or withdrawal or after exposure to a medication.

2. The involved substance/medication is capable of producing the symptoms in Criterion A.

C. The disturbance is not better explained by a psychotic disorder that is not substance/ medication-induced. Such evidence of an independent psychotic disorder could include the

following:

The symptoms preceded the onset of the substance/medication use; the symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication: or there is other evidence of an independent non-substance/medication-induced psychotic disorder (e.g., a history of recur rent non-substance/medication-related episodes).

D. The disturbance does not occur exclusively during the course of a delirium.

E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Note: This diagnosis should be made instead of a diagnosis of substance intoxication or substance withdrawal only when the symptoms in Criterion A predominate in the clinical picture and when they are sufficiently severe to warrant clinical attention.

Additional Notes

J.D. is a 29-year-old individual with a diagnosis of Schizophrenia, confirmed following multiple assessments over a 6-month period. The initial onset of symptoms was noted at around the age of 27, shortly after J.D. experienced significant personal and professional stressors, including the loss of a close family member and job termination.

At the time of evaluation, J.D. exhibited a variety of symptoms including auditory hallucinations, delusional thinking (primarily persecutory in nature), and significant social withdrawal. J.D. reported "hearing voices" that frequently commanded him to perform tasks or warned him of nonexistent dangers. These experiences contributed to considerable distress and functional impairment.

J.D. has a familial history of mental health disorders, including an aunt with bipolar disorder and a grandfather with late-onset schizophrenia. No history of substance misuse. The significant stressors preceding symptom onset are noted as potential triggers for the manifestation of the disorder.

The current treatment plan, including both medication and psychotherapy, appears effective for J.D. Ongoing assessment is necessary, however, to monitor for any potential side effects of the medication, and to adapt therapeutic strategies as J.D.'s needs evolve. Emphasis on vocational rehabilitation is planned for the upcoming months to facilitate J.D.'s desire to return to the workforce. Additionally, work with J.D.'s family is recommended to foster a supportive home environment, further promoting J.D.'s recovery and reintegration into community life.

References

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

PsychDB. (2021, January 15). *Psychotic disorders.* PsychDB. https://www.psychdb.com/psychosis/home