Accurate Diagnosis of Primary Psychotic Disorders

The Care Transitions Network

National Council for Behavioral Health
Montefiore Medical Center
Northwell Health
New York State Office of Mental Health
Netsmart Technologies
Objectives

• By the completion of this webinar, participants should understand that the diagnoses of primary psychotic disorders will change early in the course of illness.

• Participants will understand that when mood and psychotic symptoms overlap, diagnosis can further change over the patient’s lifetime.

• Participants will be able to use DSM-5 criteria to diagnose primary psychotic disorders and schizoaffective disorder.
What diagnoses are on your differential?

Think broadly.
Differential should Include...

• Schizophrenia
• Schizotypal Disorder
• Brief Psychotic Disorder
• Delusional Disorder
• Other Specified Psychotic Disorder
• Unspecified Psychotic Disorder
Differential should exclude...

Symptoms due to a medical condition or the effects of a medication or substance abuse

Mood disorders with psychosis
The **timeline** of psychotic symptoms is crucial for distinguishing between schizophrenia-spectrum disorders.
For psychotic disorders, the most accurate diagnosis can change as symptoms change over time.

- **Unspecified Psychotic Disorder**
- **Brief Psychotic Disorder**
- **Schizophreniform Disorder**
- **Delusional Disorder**
- **Schizophrenia**
Brief Psychotic Disorder

Delusional Disorder

Schizophreniform Disorder

Schizophrenia

1 month mark

Symptoms resolve

6 month mark

Symptoms resolve
Also important for distinguishing schizophrenia-spectrum disorders are
.....the psychotic symptom domains
....the frequency & severity of symptoms
Schizophrenia
Schizophrenia

Disorganized Signs
Grossly Disorganized or Catatonic Behavior

1. Hallucinations
2. Delusions
3. Disorganized Speech
4. Grossly Disorganized or Catatonic Behavior

Positive Symptoms

5. Negative Signs & Symptoms

≥ 2/5 key symptom domains
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)
Schizophrenia

**Positive Symptoms**
1. Hallucinations
2. Delusions

**Disorganized Signs**
3. Disorganized Speech
4. Grossly Disorganized or Catatonic Behavior

**Negative Signs & Symptoms**
5. For a significant portion of the time since the onset of the disturbance, **level of functioning in ≥ 1 major area**, is **markedly below** the level achieved prior to onset
   - Work
   - Interpersonal Relations
   - Self-care
Schizophrenia

**Disorganized Signs**
Grossly Disorganized or Catatonic Behavior

- Disorganized Speech

**Positive Symptoms**
Delusions

- Hallucinations

**Negative Signs & Symptoms**

When the onset is in childhood or adolescence, there is failure to achieve expected level of:
- Interpersonal
- Academic, or
- Occupational functioning
Schizophrenia

Disorganized Signs
Grossly Disorganized or Catatonic Behavior

Disorganized Speech

Positive Symptoms
Delusions

Hallucinations

If there is a history of autism or childhood-onset communication disorder...

...additional diagnosis of schizophrenia is made only if there are prominent delusions or hallucinations.
Continuous signs of disturbance **persist for at least 6 months**

This includes at least 1 month of **active-phase symptoms** (or less if successfully treated)

The **6 month period** may include periods or **prodromal** or **residual** symptoms

- May manifest as only **negative symptoms**
- May manifest as ≥ 2 symptoms in **attenuated form**
Schizophrenia

No Mood Episode here

• No major **depressive or manic episodes** have occurred **concurrently** with the active-phase symptoms

→ **Depressive or Bipolar disorder** with psychotic features has been ruled out
Mood episodes have occurred concurrently with active-phase symptoms (but have been present for a minority of the total duration of the active and residual periods of illness)

→ Schizoaffective disorder has been ruled out
Schizoaffective Disorder
Requirement #1

An uninterrupted period of illness during which there is both....

Major Mood Episode (Major depressive or manic)
*If major depressive, must include depressed mood

≥ 2/5 key symptom domains
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)

These criteria are the same as for schizophrenia
Schizoaffective Disorder
Requirement #2

During the lifetime duration of the illness, a period of ≥ 2 weeks with both...

The absence of a Major Mood Episode + Delusions or Hallucinations
Major Mood episodes have been present for the majority of the total duration of the active and residual periods of illness.
Schizoaffective Disorder

- The disturbance is not attributable to the effects of a substance or another medical condition.
Major mood episodes have occurred concurrently with active-phase symptoms (and have been present for a majority of the total duration of the active and residual periods of illness).
Schizophreniform Disorder

The criteria are the same as for schizophrenia except for...
...there is a shorter duration of illness, and
...functional decline is not necessary for the diagnosis
Schizophreniform Disorder

These criteria are the same as for schizophrenia

Disorganized Signs
- Grossly Disorganized or Catatonic Behavior

Positive Symptoms
- Delusions
- Hallucinations

Disorganized Speech

Negative Signs & Symptoms
- ≥ 2/5 key symptom domains
- 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)
Schizophreniform Disorder

An episode lasts at least 1 month but less than 6 months

Reminder: for schizophrenia, continuous signs of disturbance persist for at least 6 months
Provisional Schizophreniform Disorder

An episode lasts at least 1 month but less than 6 months.

When a diagnosis must be made without waiting for recovery, it should be qualified as “provisional”
Schizophreniform Disorder

Prodromal Symptoms → Active Symptoms → Residual Symptoms

Provisional Schizophreniform Disorder

Prodromal Symptoms → Active Symptoms → Residual Symptoms

Either

- **No major depressive or manic episodes** have occurred *concurrently* with the active-phase symptoms

→ Depressive or Bipolar disorder with psychotic features has been ruled out

Symptoms Resolve

6 month mark

JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE

No Mood Episode here
Schizophreniform Disorder

Provisional Schizophreniform Disorder

Mood episodes have occurred concurrently with active-phase symptoms (but have been present for a **minority of the total duration** of the active and residual periods of illness)

→ Schizoaffective disorder has been ruled out
Brief Psychotic Disorder

The essential feature of brief psychotic disorder is the sudden onset of at least one of the positive or disorganized symptoms.
Brief Psychotic Disorder

- **Sudden onset** is defined as change within 2 weeks from a non-psychotic state to a clearly psychotic state, usually without a prodrome.

- Although the disturbance is brief, the level of impairment may be severe.
Brief Psychotic Disorder

- The criteria for brief psychotic disorder differ from that of schizophrenia and schizophreniform disorder based on...
  ...fewer symptoms required
  ...there is shorter duration of illness, and
  ...like schizophreniform, but unlike schizophrenia, functional decline is not necessary for the diagnosis
Brief Psychotic Disorder

**Disorganized Signs**
Grossly Disorganized or Catatonic Behavior

**Positive Symptoms**
Delusions

**Hallucinations**

**Schizophrenia and schizophreniform disorder require ≥ 2/5 key symptom domains**

**≥ 1/4 key symptom domains**
At least one of these must be (1), (2), or (3)
Duration of an episode is at least 1 day but less than 1 month. There is eventual full return to premorbid level of functioning.

Reminder: For Schizophreniform disorder, an episode lasts at least 1 month but less than 6 months.

For schizophrenia, continuous signs of disturbance persist for at least 6 months.
Brief Psychotic Disorder

- The disturbance is not better explained by...
  ...major depressive or bipolar disorder with psychotic features
  ...another psychotic disorder such as schizophrenia or catatonia
Delusional Disorder

Key criteria are...

...presence of at least 1 delusion to exclusion of other psychotic symptoms
...duration of illness is at least 1 month
...unlike schizophrenia, functioning is not markedly impaired
Delusional Disorder

Unlike schizophrenia, or schizophreniform disorder behavior cannot be obviously bizarre or odd.

**Disorganized Signs**

1. Disorganized Speech
2. Disorganized Behavior

**Positive Symptoms**

3. Delusions
4. Grossly Disorganized or Catatonic Behavior

**Negatives Signs & Symptoms**

5. Negative Signs & Symptoms

≥ 1 delusion

*hallucinations, if present, are not prominent and are related to the delusional theme

Unlike schizophrenia, or schizophreniform disorder behavior cannot be obviously bizarre or odd. Unlike Schizophrenia, apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired in delusional disorder.
Delusional Disorder

At least 1 delusion
Hallucinations, if present, are not prominent & are related to the delusional theme
No other psychotic symptoms

An episode lasts at least 1 month

Reminder: for Schizophrenia, continuous signs of disturbance persist for at least 6 months
For Schizophreniform disorder, an episode lasts at least 1 month but less than 6 months
For Brief Psychotic Disorder, duration of an episode is at least 1 day but less than 1 month.
Delusional Disorder

At least 1 delusion
Hallucinations, if present, are not prominent
& are related to the delusional theme
No other psychotic symptoms

If manic or major depressive disorders have occurred, these have been brief relative to the duration of the delusional periods.
Symptoms are not better explained by another mental disorder, such as body dysmorphic disorder or obsessive-compulsive disorder.
Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

When nothing else fits...
When there is not enough information....
Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

▪ Applies to presentations in which symptoms predominate which are...

▪ ...characteristic of a schizophrenia spectrum and other psychotic disorder and...

▪ ...cause clinically significant distress or impairment in social, occupational, or other important areas of functioning...

▪ ...but do not meet the full criteria for any of the disorders in the schizophrenia spectrum and other psychotic disorders diagnostic class.
Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

▪ For brevity, let's call this “Unspecified Psychotic Disorder”

▪ This category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific schizophrenia other psychotic disorder

▪ This includes presentations in which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings).
Other Specified Schizophrenia Spectrum and Other Psychotic Disorder

- For brevity, let's call this “Other Specified Psychotic Disorder”

- This category is similar to “Unspecified Psychotic Disorder”, except it is used in situations in which the clinician chooses to specify the reason that the criteria are not met for a specific schizophrenia spectrum disorder.
Let’s return to the case...

- 22 y/o male with no prior history
- Stressors may include finals and break up
- Family notice he is different over the week he is home around winter break
- Isolative
- Often fearful
- Denies sadness or anger and seems indifferent when not fearful
- Odd social media posts
- Can’t understand him in conversation
- Messages from TV
- Hearing voices
- Medical workup and drug screen are normal
Active Symptoms

**Unknown Symptom History during this time**

At least 1 week of delusions, hallucinations, and thought disorder.

Absence of mood symptoms, medical illness, or substance use.

Symptoms haven’t resolved so cannot yet be brief psychotic disorder.

Yet there is not evidence for diagnosis with longer timeline of symptoms.

Diagnosis is “**Unspecified Psychotic Disorder**” or “**Other Specified Psychotic Disorder**”.

Symptoms have not yet resolved
What if we add information...

What’s he doing?
Arrest him!
He’s a criminal.

“They’re following me.... it's gerkufl...stop the presses... it all makes sense now!”
3 months of prodromal negative symptoms, followed by...

2 months of active symptoms including delusions, hallucinations, and disorganized language

Total of 5 months of symptoms which have not yet resolved

Use “Schizophreniform Disorder” for an episode that lasts at least 1 month but less than 6 months

When a diagnosis must be made without waiting for recovery, it should be qualified as “provisional”
What if we add information...
3 months of prodromal negative symptoms, followed by...

2 months of active symptoms including delusions, hallucinations, and disorganized language (plus additional 1 week while hospitalized and meds started)

5 weeks of residual negative symptoms (and resolution of positive and disorganized symptoms in context of continued antipsychotic treatment started during active phase)

Total of 6 & 1/2 months of symptoms which have not yet resolved

The diagnosis is "Schizophrenia" for an episode that lasts at least 6 months
Pattern of Functioning in Untreated Schizophrenia
In summary, key points to remember...

The **timeline** of psychotic symptoms is crucial for distinguishing between schizophrenia-spectrum disorders.
Also...

The **amount and overlap of mood symptoms** differentiates between...

- Primary Psychotic Disorders with mood episodes,
  - Schizoaffective disorder, and
- Major depressive disorder or Bipolar disorder with psychotic features
Next Steps...

• Set up a training of diagnosing psychotic disorders for your clinicians.

• Chart diagnoses are often inaccurate. Review the history of patients with mood and psychotic disorders and update the diagnosis if necessary.
References

• American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.)
Thank you!

www.CareTransitionsNetwork.org
CareTransitions@TheNationalCouncil.org

The project described was supported by Funding Opportunity Number CMS-1L1-15-003 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services.

Disclaimer: The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.