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Predictors of the evolution towards schizophrenia or mood disorder in patients with schizophreniform disorder

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Abstract

In this study, 56 patients affected by schizophreniform disorder (SFD), as their first lifetime mental disorder, were re-evaluated 7.9±4.7 yrs (2–17 yrs) after their first hospitalization.

At follow-up, schizophrenia (SC) was diagnosed in 25 patients (46%), a mood disorder (MD) in 19 (35%), a non-SC psychotic disorder in 10 (18%) and no disorder in 2 (4%).

The evolution towards SC was predicted by the presence of blunted affect (OR: 1.88) and by poor pre-morbid functioning (OR: 1.10) at the index hospitalization.

Our data suggest that SFD may represent the first psychotic presentation of different disorders and the evolution towards SC or a MD seems to be influenced by the pre-morbid level of functioning and by the presence of blunted affect.

Keywords: Schizophreniform disorder; Schizophrenia; Bipolar disorder; Major depression; Blunted affect; Pre-morbid functioning

1. Introduction

Schizophreniform disorder (SFD) is a diagnostic category indicating a brief form of schizophrenia-like symptoms. This diagnosis is not considered to be stable, because at follow-up, most patients with SFD met the criteria for another disorder (Strakowsky, 1994). Recent studies also confirmed that individuals previously diagnosed with SFD often developed schizophrenia (SC) or a mood disorder (MD) (Schwartz et al., 2000; Zarate et al., 2000; Iancu et al., 2002; Naz et al., 2003; Schimmelman et al., 2005).

Since the DSM-III-R (APA, 1987), four predictors of a favorable evolution of SFD have been identified: acute onset of psychotic symptoms, presence of confusion or perplexity, good premorbid functioning and absence of blunted affect. However, the relevance of these good prognostic features (GPFs) has been questioned, with some studies confirming their validity (Benazzi, 1998; Benazzi et al., 1992; Iancu et al., 2002; Naz et al., 2003) and others showing less predictive power of GPFs

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(Guldberg et al., 1990). Moreover, the DSM criteria consider that each GPF is characterized by the same prognostic effect, even though some studies point out that confusion (Guldberg et al., 1990; Iancu et al., 2002), premorbid functioning (Beiser et al., 1988; Sautter et al., 1993; Casacchia et al., 1996) or absence of blunted affect (Beiser et al., 1988) showed a greater prognostic power, whereas other studies concluded that the higher the number of GPFs, the better the outcome of SFD (Iancu et al., 2002; Benazzi, 1998; Benazzi et al., 1992; Naz et al., 2003).

The aims of this study were to: 1) identify diagnostic outcomes for individuals previously diagnosed with SFD; 2) identify socio-demographic and clinical differences between SFD patients who develop SC and those who develop MD; 3) identify which and how well GPFs predict diagnostic outcome.

2. Materials and method

2.1. Sample

The study participants were recruited from patients who were consecutively admitted to the Psychiatric Clinic of the University of Parma and to the Psychiatric Hospital "Villa Maria Luigia", Monticelli, Parma, from January 1989 to December 2002.

Patients were included in the study if: 1) they were aged over 17; 2) they were hospitalized for the first time in a psychiatric ward; 3) they were discharged with a diagnosis of SFD, according to the DSM-III-R (form 1989 to 1994) or DSM-IV (after 1995); 4) the SFD was the first lifetime mental disorder they presented; 5) they gave a written informed consent.

Patients were excluded from the study if: 1) they were affected by drug abuse or drug dependence, delirium, mental retardation or organic mental disorders; 2) they were previously treated with psychotropic medications.

2.2. Baseline assessment

Socio-demographic variables recorded at baseline were: age, gender, years of education, marital and employment status, age at onset of SFD.

For diagnostic purpose, we used the best-estimate diagnostic procedure (Leckman et al., 1982): to formulate the diagnosis, we used the information obtained from the Italian version of the Structured Clinical Interview for DSM-III-R (until 1994) and for DSM-IV (from 1995), carried out by trained psychiatrists, together with the information collected from family members, medical records and primary treating physicians.

To evaluate the presence of GPFs, the acute onset was established on the basis of all anamnestic information available, whereas the presence of blunted affect and confusion was based on both clinical judgment and the score (4 or higher) on the items "blunted affect" and "disorientation" of the Brief Psychiatric Rating Scale (BPRS) (Overall, 1988). Moreover, the premorbid level of functioning was evaluated using the Global Assessment of Functioning scale (GAF) (0–100 scale; APA, 1987, 1994), and the severity of symptoms were measured with the BPRS (18 items).

The baseline evaluation was carried out within the first week of hospitalization and the final diagnoses and the presence of GPFs were discussed with two expert psychiatrists.

2.3. Follow-up evaluation

Patients were re-examined in the year 2005 by a psychiatrist, blind to the baseline evaluation. The follow-

Table 1
Demographic and clinical features at baseline and diagnostic change at follow-up evaluation in 71 patients hospitalized for a schizophreniform disorder

Schizophreniform disorder	*n.* 71	
	n.	%
Demographic characteristics		
Female gender	28	39.4
Never married	25	35.2
Unemployed	25	35.2
Education (years)	9.4 ±3.0	
Clinical features		
Age at onset of SFD	28.3±10.8	
Acute onset	33	46.5
Confusion or perplexity (present)	16	22.5
Blunted affect (present)	39	54.9
Premorbid good level of functioning	38	53.5
GAF	74.8±12.2	
BPRS total score	47.5±8.4	
Length of hospitalization (days)	35.7±17.9	
Diagnosis at follow-up evaluation		
Lost at follow-up	15	21.1
Schizophrenia	25	35.2
Bipolar disorder	15	21.1
Delusional disorder	5	7.0
Major depression	4	5.6
Schizoaffective disorder	3	4.2
Brief psychotic disorder	2	2.8
No mental disorder	2	2.8