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Original article

Is the psychopathology of acute and transient psychotic disorder different from schizophrenic and schizoaffective disorders?

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Abstract

***Objective.* –** This study explores psychopathological aspects of acute and transient psychotic disorders (ATPD), a diagnostic category introduced with ICD-10, to elucidate its relationship with schizophrenia and schizoaffective psychoses.

***Methods.* –** We recruited all consecutive inpatients fulfilling the ICD-10 criteria of ATPD (F23) during a 5-year period as well as control groups with "positive" schizophrenia (PS) and bipolar schizoaffective disorder (BSAD) matched for gender and age at index episode. For the evaluation of psychopathological parameters during index episode a standardized symptom list was used. Prepsychotic (prodromal) symptoms were also assessed.

***Results.* –** During the prepsychotic period few differences between the groups were detected. The most important difference between ATPD and the other two other psychotic disorders regarding phenomenology of the full-blown episodes was a higher frequency of "rapidly changing delusional topics", "rapidly changing mood" and anxiety in ATPD.

***Conclusion.* –** ATPD show a characteristic psychopathological picture consistent with earlier concepts such as cycloid psychoses and bouffée délirante. Nevertheless, psychopathology alone is not enough to establish ATPD as an independent nosological entity.

Keywords: Acute and transient psychotic disorders; Schizophrenia; Bipolar schizoaffective disorder; Psychopathology; Prodromal

1. Introduction

In the last edition of the International Classification of Diseases, ICD-10 [32], the World Health Organization created the category F23 named "acute and transient psychotic disorders" (ATPD). This was the consequence of WHO investigations showing that there are psychotic disorders having phenomenological similarities with schizophrenia but differing in several other aspects like duration of symptoms, short and long-term prognosis or premorbid sociobiographical features. These investigations include the "International Pilot Study on Schizophrenia", IPSS [5,14,28], the "Determinants of Outcome of Severe Mental Disorders Study", DOSMD [10,29], the "Cross-Cultural Study of Acute Psychoses", SCAAPS [6,22], and the "ICD-10 Field Study" [27].

In the new category "ATPD" psychopathological syndromes have been submitted that had been described many decades before the above mentioned international studies were carried out. The most important concepts involved in the new category were the "cycloid disorders" in Germany, "bouffée délirante" in France, "atypical psychoses" in Japan, "reactive and psychogenic psychoses" in Scandinavia as well as the "remitting schizophrenia" and the "good prognosis schizophrenia" in Northern America [15,17,24]. It is obvious that the contamination of such concepts and descriptions can only be based on a consensus in disregard of the concise psychopathological syndromes described by concepts such as that of cycloid disorders, bouffée délirante or schizophreniform disorders. It also possible that the ATPD category involves phenomenological syndromes identical with schizophrenia differing only in regard to two essential defining criteria, namely the acuteness of onset and the short duration of symptomatology. In the present study, part of the "Halle Study on Brief and Acute Psychoses" (HASBAP) [15], we try to win a

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precise psychopathological picture of the episodes diagnosed as belonging to ATPD.

2. Methods

2.1. Samples

The details of the recruitment procedure and of data acquisition have been previously described [15,26]. Briefly, the index sample described in this study is composed of all patients with ATPD treated as inpatients at the Department of Psychiatry and Psychotherapy of Martin Luther University Halle-Wittenberg during a 5-year period from 1993 to 1997 ($n = 42$). Patients with a clinical discharge diagnosis of ATPD were considered for inclusion in the study. All diagnoses were reviewed by two experienced research psychiatrists (F.P. and A.H.) on the basis of a checklist incorporating ICD-10 research criteria. Only subjects in whom a diagnosis of ATPD was confirmed were included in the study. In total, we found 42 subjects fulfilling the ICD-10 criteria of ATPD (4.1%) among 1036 patients treated for nonorganic psychotic or major affective disorders (F2 or F3 of ICD-10) during the study period. Patients with ATPD formed 8.5% of all patients with nonorganic psychotic disorder (F2 of ICD-10).

We recruited two clinical control groups matched for gender and age with the index patients. These control groups comprised (a) patients with an acute episode of "positive" schizophrenia and (b) patients with an acute episode of bipolar schizoaffective disorder (BSAD). For the schizophrenic control group, to ensure comparability, only patients with an episode of "positive" schizophrenia (PS) were selected. "Positive" schizophrenia (PS) was defined as an acute episode of schizophrenia with positive symptoms such as hallucinations or delusions (F20.0, F20.2, F20.3); patients with chronic schizophrenia or residual schizophrenia (F20.5) were excluded. We included only BSAD for two reasons: Firstly, given the heterogeneity of schizoaffective disorder, the restriction was necessary to obtain a more homogeneous sample. Secondly, a bipolar nature of symptoms has been suggested as an important feature in concepts of brief remitting psychoses related to ATPD [15,17]. For recruitment of the control groups, a database was used containing discharge diagnoses and demographic data on all inpatients treated at Halle University Hospital during the recruitment period. For every index patient with ATPD, a control with identical gender and a discharge diagnosis of schizophrenia was selected. The patient nearest in age to the index patient was chosen.

Details on sociodemographic data and illness course of index patients and controls are given in Table 1. Fourteen of the ATPD patients (33.3%) belonged to the subtype "acute polymorphic psychosis with symptoms of schizophrenia", 14 (33.3%) to the subtype "acute polymorphic psychosis without symptoms of schizophrenia" (F23.1), 11 (26.2%) to the subtype "acute schizophrenia-like psychoses" (F23.2), one (2.4%) to the subtype "other acute predominantly delusional psychoses" (F23.3) and two (4.8%) to the subtype "other acute and transient psychoses" (F23.8).

Table 1
Characteristics of the samples

	ATPD	PS	BSAD
Gender			
Female	33 (78.6%)	33 (78.6%)	33 (78.6%)
Male	9 (21.4%)	9 (21.4%)	(21.4%)
Age at first episode [a]			
Mean (standard deviation)	35.8 (11.1)	35.3 (13.9)	28.6 (10.8)
Range	18.7–70.0	16.3–73.1	15.8–61.2
Age at index admission			
Mean (standard deviation)	41.2 (12.5)	41.1 (12.4)	42.4 (12.0)
Range	18.7–73.2	19.5–74.1	21.6–71.0

[a] Difference significant in ANOVA ($F = 4.66$, d.f. = 2.123, $P = 0.011$), in post-hoc Scheffé tests BSAD < ATPD, BSAD < PS.

2.2. Data collection

All patients were investigated and interviewed by the authors themselves (four psychiatrists and a clinical psychologist). For inclusion in the study, all diagnoses were reviewed on the basis of a checklist incorporating ICD-10 research criteria [33]. A consensus was reached for each patient. Only subjects in whom a diagnosis of ATPD was confirmed were included. For all groups we systematically recorded demographic, sociobiological and clinical features. Data from the clinical records and patients' answers to specified questions at semi-structured follow-up interviews were entered on a standardized form designed to assess several features including the symptomatology of the index episode. All available information was used, including hospital charts and—with the patient's consent—data from informants such as family members. For the evaluation of psychopathological parameters during index episode a symptom list derived from the AMDP system was used [2,4], extended by some items from the Present State Examination [31], the Scale for Assessment of Negative Symptoms [1] and the Bonn Scale for the Assessment of Basic Symptoms [9]. A number of items regarded typical for acute polymorphic psychoses was added including rapidly changing mood and rapidly changing delusions. All items were rated as "present" or "absent". For analysis, items were combined to form more comprehensive categories.

The present study is part of the HASBAP. In the course of this study, index patients and controls have been followed prospectively and investigated repeatedly with standardized instruments including the WHO Schedules for Clinical Assessment in Neuropsychiatry (WHO-SCAN [30]), WHO Psychological Impairments Rating Schedule (PIRS [3]) and WHO Disability Assessment Schedule (DAS [11]), as well as a semi-structured interview for the evaluation of sociobiographic features. Results of the follow-up investigations are being reported separately [15,18,19].

2.3. Data analysis

Statistical analyses were performed using the Statistical Package for Social Sciences (SPSS), version 9.0. Chi Square