

THE PSYCHOTIC PROCESS BETWEEN ONSET AND DYNAMIC EVALUATION

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REZUMAT

Scop: identificarea perioadelor bazale a proceselor psihotice.

Instrumente și metode: 134 de pacienți cu diagnosticul de prim episod psihotic au fost urmăriți activ pe timpul evoluției lor.

Rezultate: Criteriile diagnostice se schimbă pe parcursul evoluției, de asemenea modificări ale categoriilor diagnostice apar la diferite intervale de timp.

Concluzii: Instabilitatea diagnosticului inițial (la debut) poate influența atât evoluția bolii cât și complianța pacienților cu diagnosticul de prim episod psihotic.

Cuvinte cheie: categorizare nozologică, abordare inițială, prim episod psihotic, instabilitate, modificarea diagnosticului

ABSTRACT

Aim: is to identify the basic periods of the psychotic process.

Instruments and methods: 134 patients with a diagnosis of first psychotic episode at onset have been actively followed-up during their evolution.

Results: There are several diagnostic criteria which change dramatically over time. Changes in diagnostic categorization appear at certain time intervals.

Conclusions: The instability of the initial diagnosis (on onset) can influence both the course of illness and the therapeutic compliance of patients with a first psychotic episode diagnostic.

Key Words: nosological categorization, initial approach, first psychotic episode, instability, diagnostic change.

INTRODUCTION

After decades of more or less successful trials, conceptual restructuring¹ and prolonged pro- and against debates, we are now noticing the development of a new approach of the psychotic process, especially regarding the first psychotic episode (early psychosis).^{2,3}

The large variety of diagnosis criteria used to define the psychotic process, is already well-known but, even now, there is no clear distinction between episode and illness.^{4,6}

The present paper, evaluates the dynamic of the psychotic process and identifies its basic periods from a nosological and evolutionary perspective.

INSTRUMENTS AND METHODS

The study included an initial number of 337 patients hospitalized during 1995-2000 in the Timisoara Psychiatric Clinic, with a diagnosis of first psychotic episode. From the initial number, 134 were selected and included in the study, as their diagnosis met the ICD-10 criteria for:

- schizophrenia;
- brief acute and transitory psychotic disorder:
 - with schizophrenic symptoms
 - predominantly delusional;
- persistent delusional disorder;
- schizo-affective disorder;
- affective episode with psychotic symptoms.

The patients were followed up during their ambulatory care attendance. Retrospective assessment of the onset of the psychotic process and periodic evaluations were performed in all patients.

RESULTS AND DISCUSSIONS

The initial diagnosis of the first psychotic episode was established according to the ICD-10 criteria. In

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the study group, at onset, we have noticed the predominance of the Brief Psychotic Disorder diagnosis (over 40% of all diagnoses), followed by the Persistent Delusional Disorder (22%), Schizophrenia (16%), Affective episode with psychotic symptoms (15%), Schizo-affective Disorder (4%) (Fig 1).

As the main aim of the study was the following of the psychotic process' dynamics, we have assessed the time changes of onset diagnosis. During the period of patients' assessment we have noticed changes in the nosological categorization of patients in the study. Among the factors we have found to justify these changes, we mention:

- New information was elicited, not available during the first interview;⁷
- The presence of several differences in using the available nosological systems by different diagnosticians;
- Last, but not least, endogeneity, which influences the course of psychotic process.^{8,9}

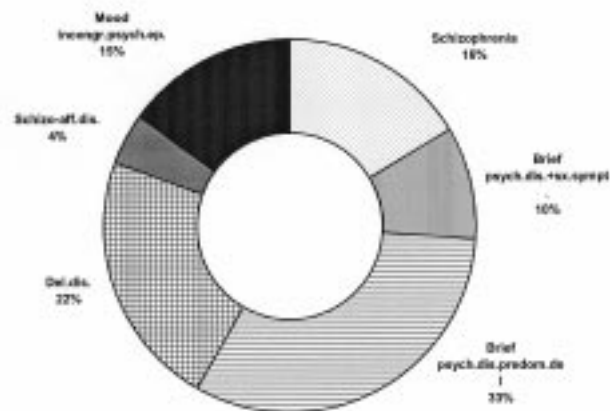


Figure 1. Distribution of sample according to patients diagnostic at onset

In the studied sample, certain diagnoses presented a more or less stable persistence over time. The most stable diagnosis proved to be Schizophrenia, followed by Persistent Delusional Disorder and Schizo-affective Disorder.

The most instable diagnoses over time, from which, at catamnesis, have derived the whole spectrum of psychiatric pathology, were the diagnostic of Brief Psychotic Disorder with delusional symptoms, and Brief Psychotic Disorder with schizophrenic symptoms (Fig 2).

An interesting and less studied problem is the time period from onset to diagnosis changes. We have noticed that the change towards an affective pathology occurs generally after 6 years from onset, towards a mixed affective and schizophrenic-type pathology after 3-4 years and towards a schizophrenic-type pathology after 3 years of illness. Therefore, at catamnesis (2002), the group presented a whole new different diagnostic

distribution (Fig.3) as compared to the distribution of diagnoses at onset.

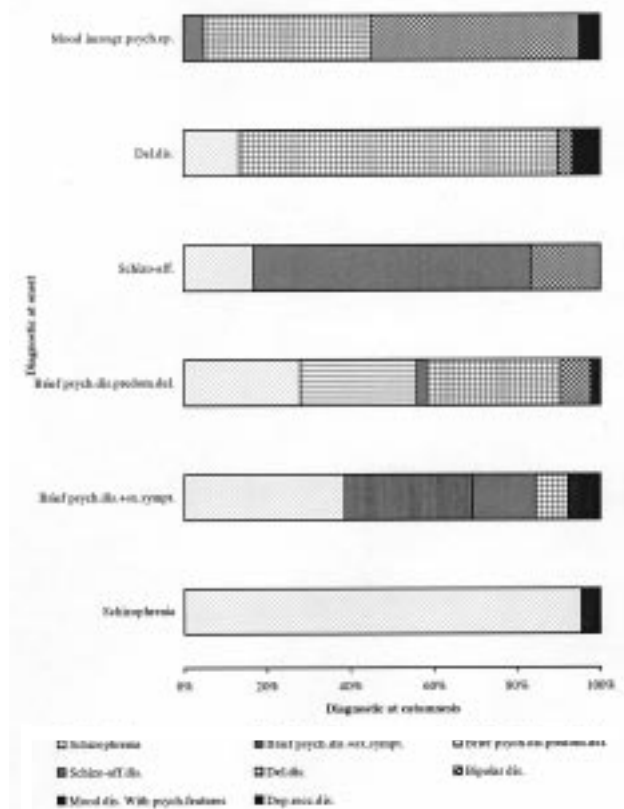


Figure 2. Time change of diagnoses

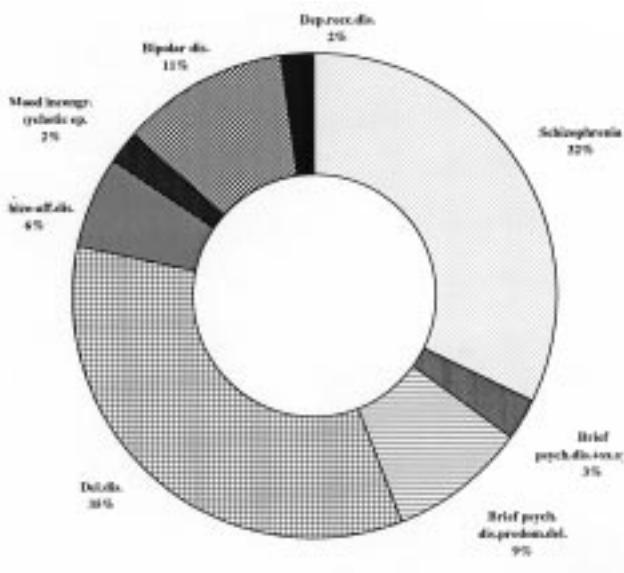


Figure 3. Distribution of patients depending on diagnosis at catamnesis

CONCLUSIONS

Certain diagnostic categories change in time. Therefore, most of the time, the diagnosis of the episode is not identical with the illness diagnosis.

The implications of this result are both theoretical

and practical, as it shows the need for finding common working instruments to allow a complete assessment of the first psychotic episode. Finding a common working and nosological instrument would also solve the ethical problems involved in determining the optimal time for a therapeutic intervention.

The dynamic perspective over the psychotic process can give the clinician the opportunity to start a specific therapeutic intervention plan, in which high-risk patients can be identified in time, and the patient-therapist relation can improve.

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