

FIRST EPISODE PSYCHOSIS - PRODROMAL SYMPTOMS

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REZUMAT

Scopul acestei lucrări este de analiza câțiva parametri specifici primului episod de psihoză, parametri cu importanță în practica clinică. Primul episod de psihoză este unul din domeniile care a atras interesul clinicienilor și teoreticienilor în decursul ultimilor ani. Recent, studiile s-au axat în principal pe investigarea perioadei ce precede primul episod de psihoză. **Instrumente și metodă:** Lucrarea prezintă un studiu de urmărire cu durata de un an, în care au fost cuprinse toate cazurile cu diagnostic de prim episod psihotic, internate în Clinica Psihiatrică Timișoara în cursul anului 2003. Au fost analizați mai mulți parametri specifici primului episod de psihoză cu importanță clinică: prodromul sau stadiul pre-psihotic, durata psihozei netratate, precum și relația dintre acești parametri și severitatea fazei psihotice, durata acesteia și prognosticul pe termenul scurt și lung. Ca instrumente de evaluare au fost utilizate: The Structured Interview for Prodromal Syndromes (SIPS); The Scale of Prodromal Symptoms (SOPS); Brief Psychiatric Rating Scale (BPRS); Global Assessment of Functioning (GAF), care sunt instrumente standardizate utilizate pe plan internațional. **Rezultate:** Studiul a indicat că perioada prodromală este o realitate clinică. Mai mult, au fost identificate simptome pre-psihotice tranzitorii și permanente care pot fi interpretate ca semne premonitorii ai debutului psihozei. **Concluzii:** Studiul atrage atenția asupra importanței detectării timpurii a simptomelor predictive pentru psihoză, permițând o intervenție terapeutică optimă.

Cuvinte cheie: primul episod de psihoză, stadiu pre-psihotic, prodrom, simptome prodromale

ABSTRACT

Aim of the study: to analyze several parameters of early psychosis that are important in clinical practice. One of the fields of interest that has become lately the focus of many clinicians and theoreticians is the research of early psychosis. Recently the research has focused mainly on exploring the period preceding the first psychotic episode. **Instruments and methods:** This paper presents a one-year follow-up study in which all cases with the diagnosis of first psychotic episode hospitalized in the Timisoara Psychiatric Clinic during 2003 were included. The study analyzes several parameters of early psychosis of practical importance for clinicians: the prodrome, or pre-psychotic state, duration of untreated psychosis (DUP), as well as the relations between these parameters and the severity of the psychotic state, its length and short and long-term prognosis. As assessing instruments the Structured Interview for Prodromal Syndromes (SIPS); the Scale of Prodromal Symptoms (SOPS); Brief Psychiatric Rating Scale (BPRS); Global Assessment of Functioning (GAF) were used. **Results:** The study shows that the prodromal period is a clinical reality. Moreover, the study identifies transient and permanent pre-psychotic symptoms that act as warning signs for the onset of psychosis. **Conclusions:** The study emphasizes the importance of an early detection of psychosis predictive symptoms, in order to enable an optimal therapeutic intervention.

Key Words: early psychosis/first psychotic episode, pre-psychotic stage/prodrome, prodromal symptoms

INTRODUCTION

During the last years, we are noticing an increased preoccupation of international experts, clinicians and theoreticians alike, in the field of the first psychotic

episode.¹⁻⁴ This preoccupation emerges in the context of an increased public health interest towards early diagnosis and therapeutic interventions and identification of the needs of the potential clients of mental health services.

More recently, professionals in the field of mental health have shown interest in the research of the premorbid stages of psychosis.⁵⁻⁷ According to recent literature early psychosis/first psychotic episode includes three stages:

1. The pre-psychotic stage or the prodromal stage;
2. The psychotic stage/manifest psychosis = first psychotic episode;
3. The remission stage (complete or with residual symptoms).

There is already enough evidence to support the

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fact that early psychosis/first psychotic episode are preceded by a longer or a shorter period with pre-psychotic symptoms.

The premorbid (prodromal) period can be defined as following:^{8,9}

- The time period to precede the intervention of the causal fact/facts for the onset of psychosis, or:
- The time period to precede the emergence of first specific or non-specific symptoms of psychosis, or:
- The time period to precede the acute phase of florid, manifest symptoms

For the pre-psychotic (prodromal) phase, some authors use the term of “at risk mental state”.

Several studies have identified and suggested a list of prodromal symptoms to more accurately describe this phase. DSM-III-R describes the prodromal phase only through nine non-specific symptoms.

Furthermore, recent studies indicate that some positive symptoms, such as hallucinations and delusions, can be considered as phenomena formed in the continuity of so-called “normal” experiences. Particular perceptions, like hallucinations, ideas of particular meanings of common experiences or ideas of reference can be transient or attenuated, but permanent, symptoms, which, at certain moments, like a continuum, can change into manifest clinical symptoms.^{10,11}

However, from the whole range of prodromal symptoms, which one is more predictive for psychosis? There are not enough studies yet to allow the identification of persistent and transient symptoms.

The present study aims to identify such groups of symptoms, as well as their impact on the severity of clinical state, further evolution and prognostic.

In addition, we wish to analyze one of the parameters of early psychosis of practical importance for the clinicians: DUP (Duration of Untreated Psychosis), which is the period between the emergence of first manifest psychotic symptoms and the beginning of an adequate antipsychotic treatment. Beside the assessment of average duration of prodromal symptoms, we will analyze the average duration of DUP and the possible relations between this parameter and the severity of clinical episode and the duration of first psychotic episode until remission.

We also intend to extend the study period with the six months following the onset (an important period in the outcome of a first psychotic episode).

INSTRUMENTS AND METHODS

This paper presents a one-year long follow-up study performed in 2003, that included 30 patients (16

men - 53%, 14 women - 47%) hospitalized in 2003 in the Psychiatric Clinic from Timisoara with a diagnosis of first psychotic episode.

Inclusion criteria:

1. A diagnosis (according to ICD-10 criteria) of:
 - Short psychotic disorder:
 - Delusional
 - With schizophrenic symptoms
 - Polymorphic
 - Schizophreniform disorder
 - Schizophrenia
 - Schizo-affective episode
 - Affective episode with incongruent psychotic symptoms
 2. Cases diagnosed on first admission with persistent delusional disorder (not really included in the schizophrenic-like psychosis group).
- The distribution of patients in diagnostic groups (ICD-10 criteria) is as follows: most frequent diagnoses in the group: F20.0 (27%); F23.3 (17%); less frequent: F23.0; F22.1; F23.8; F30.2 (3%). (Fig. 1)
3. Age between 18 and 45 years.

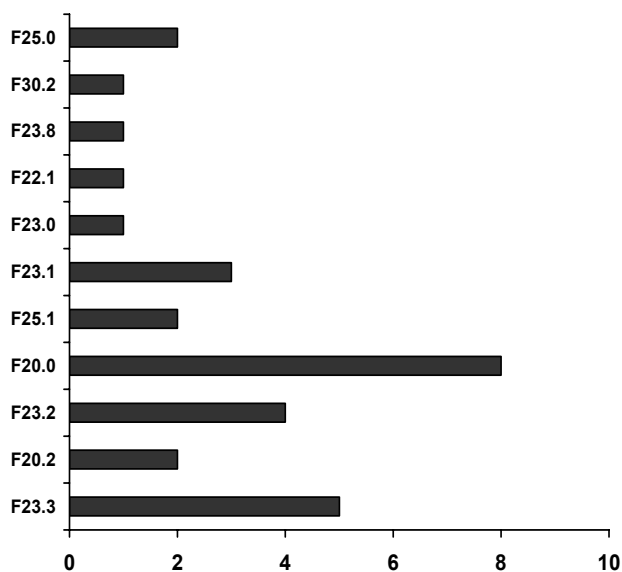


Figure 1. Distribution of sample according to ICD-10 diagnosis on admission

Instruments used:

- a) Structural interview for Prodromal Symptoms (SIPS); this scale identifies 3 types of prodromal symptoms:
 - Type A, with recent and transient psychotic symptoms;
 - Type B with positive psychotic symptoms of attenuated intensity but with high frequency;
 - Type C, the prodromal group that combines genetic risk and recent functional impairing.
- These prodromal types are not mutual exclusive; a

patient could present criteria for all three types.

b) Scale of Prodromal Symptoms (SOPS); the scale describes and quantifies prodromal symptoms according to their duration, frequency, intensity and repercussions, with symptoms grouped into: positive, cognitive, disorganized and general.

c) Brief Psychiatric Rating Scale (BPRS), administered to each patient two times: at admission and discharge.

d) Global Assessment of Functioning (GAF).

Statistical methods: As the number of patients is low (N=30), non-parametrical tests have been used, i.e. the Spearman R correlation and the Mann-Whitney test (for differentiating between groups according to socio-demographic characteristics).

RESULTS AND DISCUSSIONS

The average duration of DUP was 6.2 weeks (std. dev. = 9.61) with a minimum duration of 0 weeks and a maximum of 45 weeks. The average duration of the prodrome was 15.76 weeks (std. dev. = 17.21), with a minimum duration of 0 weeks (no prodrome) and a maximum duration of 56 weeks.

These results are similar with the results of several other international studies carried on larger groups: Craig and coworkers (2000) indicated an average duration of DUP of 14 weeks; Verdoux and coworkers (1998) reported an average duration of DUP of 12 weeks.¹²

After the administration of SIPS and SOPS scale, we identified: 3 cases with no prodromal symptoms (10%); 8 cases with prodromal symptoms type B (25%); 5 cases with prodromal symptoms type C (17%); 3 cases with prodromal symptoms type A (10%). (Fig 2)

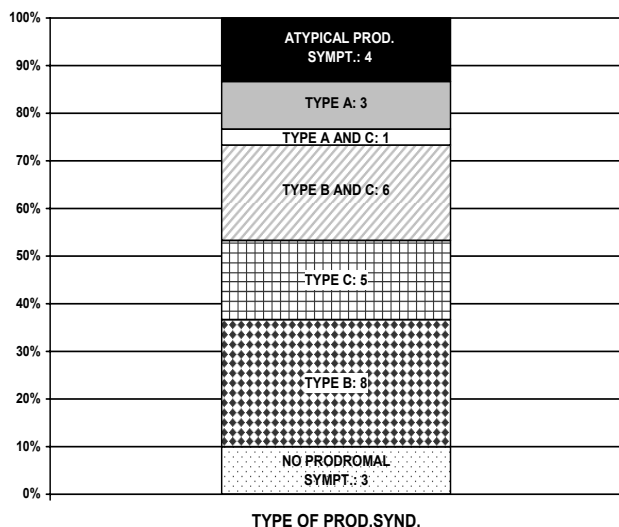


Figure 2. Distribution of sample according to presented types of prodromal syndrome

The most frequent prodromal symptoms presented by patients were: (Fig. 3)

- Delusional mood and perplexity;
- Odd behavior;
- Social anhedonia;
- Dysphoric mood;
- Deterioration of role functioning.

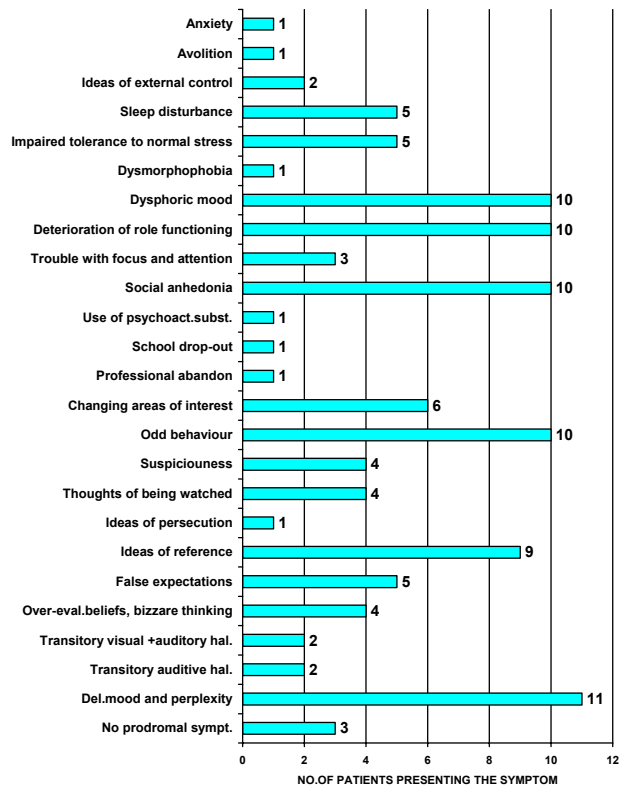


Figure 3. Frequency of prodromal symptoms

The identification of prodromal symptoms of first psychotic episode proved to be difficult for cases with an insidious onset and a greater DUP duration, mainly due to the anamnestic distortions. Jackson and coworkers (1995) also mentioned that prodromal symptoms of schizophrenia can be accurately assessed only at the first contact of the patient with the mental health services.¹³

There is an indirect correlation between the DUP and the GAF scores ($R = -0.466$, $p = 0.009$) with high statistical significance, indicating that the longer the DUP is, the lesser the GAF scores tend to be; longer DUP-s are associated with poor global functioning. (Fig. 4)

There is a direct correlation between the DUP and the BPRS scores ($R = 0.600$, $p=0.004$) with high statistical significance, indicating that longer DUP-s are associated with higher BPRS scores, i.e. high level of psychiatric symptoms. (Fig. 5)

Larsen and coworkers (1998, 2000) also mentioned a correlation between an increased DUP and a more severe functional impairment in the pre-morbid

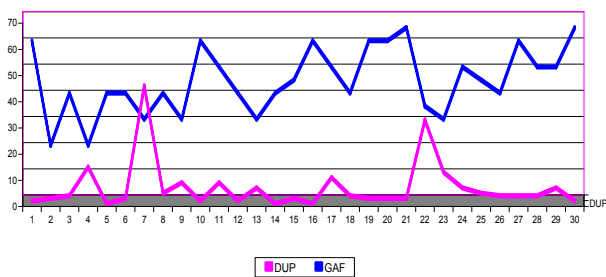


Figure 4. The relation between DUP and GAF scores

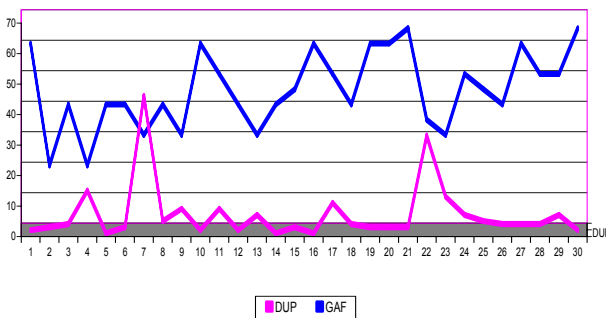


Figure 5. The relation between DUP and BPRS scores

phase, and also between DUP and the severity of symptomatology.⁷

De Haan, Van der Haaga and Wolthaus (2000) found the same correlation between DUP and the intensity of symptoms, but no other significant correlations with other variables.³

There are no significant differences between married or not married patients regarding either DUP or type of prodromal symptoms; also, no relation was found between DUP or prodromal symptoms and other socio-demographic characteristics.

CONCLUSIONS

1. The prodromal period is a clinical reality.^{14,15}
2. SIPS and SOPS can be used as assessment

instruments. Their advantages are:

- the possibility to identify prodromal symptoms;
- increased accuracy in identifying psychotic predictive symptoms;
- detection of cases in need of an early therapeutic intervention

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