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Acute psychosis – A cross sectional study

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Abstract

Background: Acute psychosis is a descriptive entity recognized by WHO in 1992, with acute onset, presence of typical syndromes and associated with acute stress. It is a condition with change from a non-psychotic to a clearly psychotic state within 2 weeks or less. Abrupt onset is defined as the change from a non-psychotic to a clearly psychotic state within 48hrs or less.

Methods: This is a cross sectional study done in a tertiary hospital. A semi structured Performa was used to screen the patients admitted in psychiatry ward. The first 56 consecutive patients who fulfilled the criteria of ICD 10 for acute psychosis, first episode was included in the study. The study tools used in the study were PANSS, PSLES and semi structured Performa for recording the clinical profile and sociodemographic data.

Results: In our study out of the 56 patients, 55.4% (31) were males and 44.6% (25) females. Majority of the study subjects (30.4%) belong to the age group 21- 30 years. Family history of psychiatric illness was found in 16 subjects (28.6%) of the total study sample. Majority of the subjects, 38 study subjects (67.9%) had 3-5 stressful life events. In our study patients had a greater number of positive symptoms when compared to the negative symptoms.

Conclusion: On analyzing the PSLES number of events and PSLES total score based on sex, females showed an increase in both the PSLES number of events and PSLES total score which was found to be statistically significant.

Keywords: Acute Psychosis, Stress, First Episode

Introduction

Acute Psychosis as a descriptive entity was recognized by WHO in 1992 with the advent of ICD-10(1). It was named as Acute and Transient Psychotic disorders and coded under (F 23). According to ICD 10 it should have.

- An acute onset (within 2 weeks) and full remission within 1 to 3 months;
- The presence of typical syndromes;
- The presence of associated acute stress.

In the 19th century Emil Kraepelin (1856-1926) was the first to have a vision to disease entities in psychiatry like other fields of medicine. According to his principle, disease entities in psychiatry have to be determined by identical symptoms, identical course, identical etiology, identical path morphology and identical treatment. Kraepelin's vision of disease entities still remains,

however, only a dream of psychiatrists. His dichotomous concept (2) of viewing psychiatric disorders into two divisions dementia praecox (schizophrenia) and manic-depressive psychosis (affective disorders) was the first step towards understanding psychiatry in a scientific way.

In France a syndrome called Bouffee Delirante was introduced by Valentin Magnan (1835–1916) and Paul-Maurice Legrain (3) (1860–1939) which had an acute onset with psychiatric manifestations and a changing course with no organic etiology. It had a recurrent course that was supposed to occur in successive generations of 'degenerate' families.

A acute onset of illness with good prognosis called Schizophreniform Psychosis was proposed by Gabriel Langfeldt (27) (1937–1966) a Norwegian psychiatrist and was adopted in DSM III.

In India, In 1967 Wig & Singh (6) made the first observation of acute psychosis of uncertain origin with good outcome indicating a clinical picture different from schizophrenia. In 1981 Singh and Sachdeva (4) studied the phenomenology of acute schizophrenic episode.

In India studies done by vijoy and malhotra et al (5) showed that psychomotor excitement, hypomanic symptoms, marked depression, variable delusions and hallucinations were more common in acute psychosis compared to schizophrenia.

Acute onset is defined as the change from a non-psychotic to a clearly psychotic state within 2 weeks or less. Abrupt onset is defined as the change from a non-psychotic to a clearly psychotic state within 48hrs or less.

Materials and methods

This is a hospital based cross sectional study done in a tertiary care hospital in south India. The study was approved by the institutional ethical committee. Patients with past history of psychiatric illness, features suggestive of mental retardation or dementia or delirium, severe co morbid medical illness and acute intoxication or drug withdrawal state were excluded from the study. The study population was between age between 18-65yrs, should be the first episode and drug naïve and duration of illness less than 28 days, these patients should fulfil the criteria from Acute psychosis as per ICD-10.

The first 62 consecutive patients admitted in psychiatry ward, who fulfilled the criteria of Acute psychosis according to ICD 10 Diagnostic criteria were chosen for the study. Each patient and informant were explained about the nature of the study and motivated to participate in the study of the 62 patients, four patients did not give consent for the study. Two patients discontinued from study. Finally, 56 patients were included in the study. After getting informed consent, cross sectional clinical interview of patients with a semi structured Performa was done on the first day of admission. The semi structured Performa includes sociodemographic details, patient's complaints, history of presenting illness, past history, family history, clinical examination and mental status examination findings.

Statistical design was formulated using the data collected as above, for each of the scales and socio demographic variables and analyzed.

Study tools

The study tools used in the study were

1. Presumptive stressful life events scale (PSLES) - the scale of stressful life events designed for Indian population. In our study one year prior to the illness PSLES events were studied.
2. Positive and negative symptom scale (PANSS) - This scale is used to assess both the positive and negative symptoms of psychotic patients. Both positive and negative scales consist of 7 items each, with a score

ranging from I to 7. The total minimum score in both scales is 7 and total maximum score is 49.

3. ICD -10 criteria for acute psychosis were applied.

Results

In our study out of the 56 patients, 55.4% (31) were males and 44.6% (25) females. Majority of the study subjects (30.4%) belong to the age group 21- 30 years. Most of the study subjects (55.4%) were from the rural areas. Of the 56 study subjects 41.1% had only Primary school education and 21.4% were uneducated. Majority of the study subjects (78.6%) had an acute onset of illness. Substance use was found only in 21 (37.5%) of the 56 study subjects. Suicide attempt during the illness was present in 18 (32.1%) of the study subjects. Family history of psychiatric illness was found in 16 subjects (28.6%) of the total study sample.

Table 1: PSLES number of life events

Number of PSLES events	Cases(N=56) n	Percentage
2 or less	8	14.3
3 – 5	38	67.9
6 – 8	10	17.8

Table shows the number of life events in PSLES scale. Majority of the subjects, 38 study subjects (67.9%) had 3-5 life events, and 10 subjects (17.8%) had 6- 8 life events. 2 or less no of stressful life events were present in 8 subjects (14.3%). On the comparison of PSLES no of events and PSLES total score with respect to sex, there was a big difference which is statistically significant at a p value < 0.05.

Table 2: Number of PANSS positive symptoms

PANSS number of positive symptoms	Cases(N=56) n	Percentage
1	1	1.8
2	6	10.7
3	10	17.9
4	14	25.0
5	16	28.6
6	5	8.9
7	4	7.1

Table shows the number of PANSS positive symptoms in the 56 study subjects. Majority of the study subjects 50(87.5%) had 3 or more number of positive symptoms. 16 subjects (28.6%) have 5 positive symptoms, and 14 subjects (25.0%) have 4 positive symptoms. Among the 56 subjects, 4 subjects (7.1%) had 7 positive symptoms.

Table 3: PANSS no of negative symptoms

PANSS number of negative symptoms	Cases (N = 56) n	Percentage
0	1	1.8
1	13	23.2
2	10	17.9
3	5	8.9
4	8	14.3
5	9	16.1
6	9	16.1
7	1	1.8

Table shows the number of PANSS negative symptoms. The majority of the subjects, 32 subjects (57.2%) had 3 or more negative symptoms.13 subjects (23.2%) and 10 subjects (17.9%) had 1 and 2 negative symptoms respectively. Only on subject (1.8%) had 7 negative symptoms.

Discussion

This is a cross sectional study done in a tertiary hospital to study the acute psychosis first episode in terms of its presentation and association of stress. Those patients who fulfilled the ICD -10, diagnostic criteria were included in the study. The patients were assessed with a semi

structured Performa, PSLES and PANSS scale respectively.

Among the 56 patients in the study sample, 31 patients were males (55.4%) and 25 patients were females (44.6%), showing that in our study males have a slight preponderance for Acute psychosis. But the previous studies have shown more female preponderance for Acute Psychosis (7).

On assessing the PANSS positive symptoms, in our study, we found that 50 subjects (87.5%) have 3 or more number of positive symptoms, 16 subjects (28.6%) have 5 positive symptoms, and 14 subjects (25.0%) have 4 positive symptoms. This shows that in our study patients had a greater number of positive symptoms when compared to the negative symptoms which is correlating with the previous studies (Gupta et al (8).

32.1% patients had at least one suicide attempt during the illness in our study, which shows that suicide attempts are very high in the acute psychosis patient which is in concordance with the previous studies. Sajith et al (9) in his study found that suicide attempts in acute psychosis patients was high in both males and females.

Chavan & Kulhara(11) in their study reported that family history of psychiatric illness was common in patients with acute psychosis. In our study the analysis of family history of psychiatric illness did not reveal any significant findings

On analyzing the PSLES number of events and PSLES total score based on sex, females showed an increase in both the PSLES number of events and PSLES total score which was found to be statistically significant. Savitha Malhotra (10) showed that nearly 60% patients with acute psychosis had significant stress prior to the onset, with females showing more frequency than males. Previous studies have shown that abrupt onset of illness in more common in patients with a greater number of PSLES events. (Frank Pillmann et al)12. Das et al (13), also had similar findings in their studies. Rusaka, M., Rancans (14) in 2014 did a follow-up study of first episode of acute psychosis in which they found that 40 – 50 % patients had significant life stressors prior to the episode.

Conclusion

Acute psychosis was less common in females than males in our study. Most of the patients had more than three stressful life events. Females had more stressful life events compared to males. The major limitation of the study is this is a cross sectional study done in a tertiary care hospital and hence cannot be generalized.

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