Psychotic Disorders
Schizophreniform Disorder, Brief Psychotic Disorder, Delusional Disorder, Shared Psychotic Disorder, Substance-induced Psychotic Disorder, Psychotic Disorder due to a Medical Condition, Paraphrenia, Psychotic Disorder NOS

What are psychotic disorder symptoms and signs?

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<td>Usually with any psychotic disorder, the person's inner world and behavior notably change.</td>
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Behavior changes might include the following:

- Social withdrawal
- Agitation or anxiety
- Depersonalization (intense anxiety and a feeling of being unreal)
- Loss of appetite
- Worsened hygiene
- Disorganized speech and behaviors
- Catatonic behavior, in which the affected person's body may be rigid and the person may be unresponsive

Changes/problems with thinking that may occur in a psychotic disorder include

- delusions (beliefs with no basis in reality),
- hallucinations (for example, hearing, seeing, or perceiving things not actually present),
- the sense of being controlled by outside forces,
- disorganized thoughts.

A person with a psychotic disorder may not have any outward appearance of being ill. In other cases, the illness may be more apparent, causing bizarre behaviors. For example, a person suffering from psychosis may wear aluminum foil in the belief that it will stop one's thoughts from being broadcasted and protect against malicious waves entering the brain.

People with psychosis vary widely in their behavior as they struggle with an illness beyond their control. Some may ramble in illogical sentences or react with uncontrolled anger or violence to a perceived threat. Characteristics of a psychotic disorder may also include phases in which the affected individuals seem to lack personality, movement, and emotion (also called a flat affect). People with a psychotic disorder may alternate between these extremes. Their behavior may or may not be predictable.

In order to better understand psychotic disorders, the concept of clusters of symptoms is often used. Thus, people with psychosis can experience symptoms that may be grouped under the following categories:
- **Positive symptoms:** hearing voices or otherwise hallucinating, suspiciousness, feeling under constant surveillance, delusions, or making up words without a meaning (neologisms)

- **Negative (or deficit) symptoms:** social withdrawal, difficulty in expressing emotions (in extreme cases called blunted affect), difficulty in taking care of themselves, inability to feel pleasure (These symptoms cause severe impairment.)

- **Cognitive symptoms:** difficulties attending to and processing of information, in understanding the environment, and in remembering simple tasks

- **Affective (or mood) symptoms:** often manifested by depression, accounting for a very high rate of attempted suicide in people suffering from schizophrenia and other psychotic disorders

Postpartum psychosis usually develops within the first three months after childbirth, often within three to 14 days. Symptoms may include auditory or visual hallucinations, delusions, or rapid mood swings. The hallucinations may have themes of violence toward herself or her baby. This condition may be associated with significant problems in thinking, ranging from mental confusion and indecision to intrusive and bizarre thoughts. Also, symptoms can arise and disappear suddenly, with the mother appearing lucid one moment and psychotic the next.

### Schizophreniform Disorder

Schizophreniform disorder is a short-term type of schizophrenia, a serious mental illness that distorts the way a person thinks, acts, expresses emotions, perceives reality, and relates to others. Like schizophrenia, schizophreniform disorder is a type of "psychosis" in which a person cannot tell what is real from what is imagined. Although schizophrenia is a lifelong illness, schizophreniform disorder involves symptoms that are present for less than six months. When symptoms persist longer than six months, the diagnosis is typically changed to schizophrenia.

### Brief Psychotic Disorder

As the name suggests, brief psychotic disorder is a short-term illness with psychotic symptoms. The symptoms often come on suddenly, but last for less than one month, after which the person usually recovers completely. There are three basic forms of brief psychotic disorder:

- **Brief psychotic disorder with obvious stressor (also called brief reactive psychosis):** This type, also called brief reactive psychosis, occurs shortly after and often in response to a trauma or major stress, such as the death of a loved one, an accident, assault, or a natural disaster. Most cases of brief psychotic disorder occur as a reaction to a very disturbing event.

- **Brief psychotic disorder without obvious stressor:** With this type, there is no apparent trauma or stress that triggers the illness.

- **Brief psychotic disorder with postpartum onset:** This type occurs in women, usually within 4 weeks of having a baby.

**What Are the Symptoms of Brief Psychotic Disorder?**
The most obvious symptoms of brief psychotic disorder include:

- **Hallucinations**: Hallucinations are sensory perceptions of things that aren't actually present, such as hearing voices, seeing things that aren't there, or feeling sensations on your skin even though nothing is touching your body.

- **Delusions**: These are false beliefs that the person refuses to give up, even in the face of contradictory facts.

Other symptoms of brief psychotic disorder include:

- Disorganized thinking
- Speech or language that doesn't make sense
- Unusual behavior and dress
- Problems with memory
- Disorientation or confusion
- Changes in eating or sleeping habits, energy level, or weight
- Inability to make decisions

**What Causes Brief Psychotic Disorder?**

The exact cause of brief psychotic disorder is not known. One theory suggests a genetic link, because the disorder is more common in people who have family members with mood disorders, such as depression or bipolar disorder. Another theory suggests that the disorder is caused by poor coping skills, as a defense against or escape from a particularly frightening or stressful situation. These factors may create a vulnerability to develop brief psychotic disorder. In most cases, the disorder is triggered by a major stress or traumatic event. Childbirth may trigger the disorder in some women.

**What Is the Outlook for People with Brief Psychotic Disorder?**

Brief psychotic disorder, by definition, lasts for less than one month, after which most people recover fully. Some people, however, may have recurrent episodes of psychotic symptoms, but this is rare.
Delusional Disorder

Delusional disorder refers to a condition associated with one or more nonbizarre delusions of thinking—such as expressing beliefs that occur in real life such as being poisoned, being stalked, being loved or deceived, or having an illness, provided no other symptoms of schizophrenia are exhibited.

Delusions may seem believable at face value, and patients may appear normal as long as an outsider does not touch upon their delusional themes. Mood episodes are relatively brief compared with the total duration of the delusional periods. Also, these delusions are not due to a medical condition or substance abuse.

Themes of delusions may fall into the following types: erotomanic type (patient believes that a person, usually of higher social standing, is in love with the individual); grandiose type (patient believes that he has some great but unrecognized talent or insight, a special identity, knowledge, power, self-worth, or special relationship with someone famous or with God); jealous type (patient believes his partner has been unfaithful); persecutory type (patient believes he is being cheated, spied on, drugged, followed, slandered, or somehow mistreated); somatic type (patient believes he is experiencing physical sensations or bodily dysfunctions—such as foul odors or insects crawling on or under the skin—or is suffering from a general medical condition or defect); mixed type (characteristics of more than one of the above types, but no one theme dominates); or unspecified type (patient's delusions do not fall in described categories).

What Is Shared Psychotic Disorder?

Shared psychotic disorder, also known as folie a deux ("the folly of two"), is a rare condition in which an otherwise healthy person (secondary case) shares the delusions of a person with a psychotic disorder (primary case), such as schizophrenia. An example: A person with a psychotic disorder believes aliens are spying on him or her. The person with shared psychotic disorder will also begin to believe in spying aliens. The delusions are induced in the secondary case and usually disappear when the people are separated. Aside from the delusions, the thoughts and behavior of the secondary case usually are fairly normal.

Shared psychotic disorder usually occurs only in long-term relationships in which one person is dominant and the other is passive. In most cases, the person in whom the delusions are induced is dependent on or submissive to the person with the psychotic disorder. The people involved often are reclusive or otherwise isolated from society and have close emotional links with each other. The disorder also can occur in groups of individuals who are closely involved with a person who has a psychotic disorder.

What Are the Symptoms of Shared Psychotic Disorder?

The person with shared psychotic disorder has delusions that are similar to those of someone close who has a psychotic disorder.

What Causes Shared Psychotic Disorder?

The cause of shared psychotic disorder is not known; however, stress and social isolation are believed to play a role in its development.
**Substance-induced psychotic disorder**

A substance-induced psychotic disorder is subtyped or categorized based on whether the prominent feature is delusions or hallucinations. Delusions are fixed, false beliefs. Hallucinations are seeing, hearing, feeling, tasting, or smelling things that are not there. In addition, the disorder is subtyped based on whether it began during intoxication on a substance or during withdrawal from a substance. A substance-induced psychotic disorder that begins during substance use can last as long as the drug is used. A substance-induced psychotic disorder that begins during withdrawal may first manifest up to four weeks after an individual stops using the substance.

A substance-induced psychotic disorder, by definition, is directly caused by the effects of drugs including alcohol, medications, and toxins. Psychotic symptoms can result from intoxication on alcohol, **amphetamines** (and related substances), cannabis (marijuana), cocaine, hallucinogens, inhalants, opioids, phencyclidine (PCP) and related substances, sedatives, hypnotics, anxiolytics, and other or unknown substances. Psychotic symptoms can also result from withdrawal from alcohol, sedatives, hypnotics, anxiolytics, and other or unknown substances.

Some medications that may induce psychotic symptoms include anesthetics and analgesics, anticholinergic agents, anticonvulsants, antihistamines, antihypertensive and cardiovascular medications, antimicrobial medications, antiparkinsonian medications, chemotherapeutic agents, corticosteroids, gastrointestinal medications, muscle relaxants, nonsteroidal anti-inflammatory medications, other over-the-counter medications, antidepressant medications, and **disulfiram**. Toxins that may induce psychotic symptoms include anticholinesterase, organophosphate insecticides, nerve gases, carbon monoxide, carbon dioxide, and volatile substances (such as fuel or paint).

The speed of onset of psychotic symptoms varies depending on the type of substance. For example, using a lot of cocaine can produce psychotic symptoms within minutes. On the other hand, psychotic symptoms may result from alcohol use only after days or weeks of intensive use.
The type of psychotic symptoms also tends to vary according to the type of substance. For instance, auditory hallucinations (specifically, hearing voices), visual hallucinations, and tactile hallucinations are most common in an alcohol-induced psychotic disorder, whereas persecutory delusions and tactile hallucinations (especially formication) are commonly seen in a cocaine- or amphetamine-induced psychotic disorder.

**Psychotic Disorder Due to a General Medical Condition**

In determining whether the psychotic disturbance is due to a general medical condition, the clinician must first establish the presence of a general medical condition. Further, the clinician must establish that the psychotic disturbance is etiologically related to the general medical condition through a physiological mechanism.

A variety of general medical conditions may cause psychotic symptoms, including neurological conditions (e.g., neoplasms, cerebrovascular disease, Huntington's disease, multiple sclerosis, **epilepsy**, auditory or visual nerve injury or impairment, deafness, migraine, central nervous system infections), endocrine conditions (e.g., hyper- and hypothyroidism, hyper- and hypoparathyroidism, hyper- and hypoadrenocorticism), metabolic conditions (e.g., hypoxia, hypercarbia, **hypoglycemia**), fluid or electrolyte imbalances, hepatic or renal diseases, and autoimmune disorders with central nervous system involvement (e.g., systemic lupus erythematosus). Those neurological conditions that involve subcortical structures or the temporal lobe are more commonly associated with delusions. The associated physical examination findings, laboratory findings, and patterns of prevalence or onset reflect the etiological general medical condition.

**Paraphrenia** is a mental disorder characterized by an organized system of paranoid delusions with or without hallucinations (the positive symptoms of schizophrenia) without deterioration of intellect or personality (its negative symptoms). This disorder is also distinguished from schizophrenia by a
lower hereditary occurrence, less premorbid maladjustment, and a slower rate of progression. Onset of symptoms generally occurs later in life, near the age of 60. The prevalence of the disorder among the elderly is about 2—4%.

Psychotic Disorder: Not Otherwise Specified (NOS)

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This category includes psychotic symptomatology (i.e., delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior) about which there is inadequate information to make a specific diagnosis or about which there is contradictory information, or disorders with psychotic symptoms that do not meet the criteria for any specific psychotic disorder.

Examples include:

Postpartum psychosis.

Psychotic symptoms that have lasted for less than 1 month but that have not yet remitted, so that the criteria for Brief Psychotic Disorder are not met.

Persistent auditory hallucinations in the absence of any other features.

Persistent nonbizarre delusions with periods of overlapping mood episodes that have been present for a substantial portion of the delusional disturbance.

Situations in which the clinician has concluded that some type of psychotic disorder may be present, but is unable to determine whether it is primary, due to a general medical condition, or substance induced.