

Department of Psychiatry, First
Faculty of Medicine, Charles
University and General
University Hospital in Prague



ACUTE PSYCHOTIC DISORDERS





Acute and transient psychotic disorders


- ICD-10: F23.x
- DSM-IV: Brief psychotic disorder 298.8

Basic schizophrenic symptoms

- Thought echo, thought insertion or withdrawal, thought broadcasting=intrapsychic hallucinations
- Delusions of control, influence or passivity, delusional perception
- Hallucinatory voices giving a running commentary on the patient's behaviour, voices coming from some part of the body
- Persistent delusions culturally inappropriate (religious or political identity, superhuman powers, in communications with another world)

Basic schizophrenic symptoms- cont.

- Persistent hallucinations [accompanied by delusions]
- Breaks or interpolations in the train of thought, incoherent speech, neologisms
- Catatonic behavior [excitement, posturing, negativism, stupor....]
- Negative symptoms [apathy, blunting of emotional responses, social withdrawal, lowering of social performance]
- A significant change in the overall quality of personal behavior



Key features of acute and transient psychotic disorders

- an acute onset within 2 weeks
- the presence of typical syndromes
- the presence of associated stress

Key features

- acute onset - a change from a state without psychotic features to a clearly abnormal psychotic state within less than 2 weeks
abrupt onset within 48 hours
- typical syndromes – rapidly changing and variable state – polymorphic
- associated acute stress – within about 2 weeks of an event regarded as stressful [bereavement, unexpected loss of partner or job, psychological trauma of combat, terrorism, torture]



Clinical types of dg F23.x

- Acute polymorphic psychotic disorder without symptoms of schizophrenia
- Acute polymorphic psychotic disorder with symptoms of schizophrenia
- Acute schizophrenia-like psychotic disorder
- Other acute predominantly delusional psychotic disorders



Brief psychotic disorder – DSM IV.

- Presence of one or more of the following symptoms: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior
- Duration 1 day – 1 month
- Excluded: mood disorder, schizophrenia, substance or general medical condition
- With /without marked stressor, with postpartum onset

Treatment of acute psychotic states

- Antipsychotics 1st generation:
 - ◆ Phenothiazines [chlorpromazine 50-100mgs i.m., levomepromazine 25-50mgs i.m.]
 - ◆ Butyrophenons [haloperidol 5mgs i.m., melperon-Buronil p.o.]
 - ◆ Thioxanthenes [zuclopenthixol {Cisordinol Acutard} 50-150mgs i.m., chlorprothixen]

Treatment of acute psychotic states – cont.

■ Antipsychotics 2nd generation:

- ◆ Selective antagonists of dopamine receptors [D2, D3] – sulpiride {Dogmatil}, amisulprid {Solian}
- ◆ SDA [antagonists of serotonin and dopamine receptors] – risperidon {Risperdal, Rispen}, ziprasidon {Zeldox}
- ◆ MARTA [multireceptors antagonists] – clozapin {Leponex}, olanzapin {Zyprexa}, quetiapin {Seroquel}, zotepin {Zoleptil}
- ◆ Aripiprazol {Abilify}

Treatment of acute psychotic states-cont.

■ Antipsychotics 2nd generation

- ◆ olanzapin (Zyprexa) – inj.i.m. 10mgs
Zyprexa Velotab 5-10mgs p.o.
- ◆ risperidon sol. 1ml=1mg (Risperdal)
quicklet 1 tab.=2mg
- ◆ ziprasidon (Zeldox) – 10-40mg i.m.

Treatment of acute psychotic states – cont.

■ Benzodiazepines

- ◆ diazepam {Apaurin, Valium, Seduxen...} – 10-20mgs i.m. or i.v. [very slowly]
- ◆ clonazepam {Rivotril} – 1mg i.v.

Delirium- F05.x

- An etiologically nonspecific syndrome
- Qualitative change of consciousness
- Disturbance of perception (illusions, hallucinations), thinking (transient delusions, some degree of incoherence), memory (immediate recall and recent memory), anxiety, fears, disorientation, reversal of the sleep-wake cycle (sundown sy).




Delirium-neurological signs

- Tremor
- Nystagmus
- Myoclonus
- Hyperreflexia
- EEG changes (slow waves, low voltage, disorganized graph)



Delirium – cont.

- Delirium not superimposed on dementia
- Delirium superimposed on dementia
(vascular d., m. Alzheimer,...)



Delirium - etiology

- Hypoxia of brain, dehydration, metabolic changes,
- Arteriosclerosis, infectious diseases, tumors
- Liver disorders
- Intoxication
- Withdrawal states
- Brain injury, postoperative states
- Severe stress

Delirium- treatment

- Treatment of the underlying physical disorder (hydration, antibiotics, antiinflammatory agents, vitamines B,...)
- Antipsychotics : tiaprid 100-200mgs i.m., max. daily dose up to 1.400mgs i.m. olanzapin, risperidon, melperon, haloperidol
- Clomethiazol (Heminevrin) in delirium tremens
- Psychological approach

Malignant neuroleptic syndrome

- A rare syndrome appearing in some patients using antipsychotics of 1st generation
- Hyperthermia, extrapyramidal signs, autonomic symptoms {sweating, tachycardia, decrease of blood pressure
- Increased serum level of creatinase and myoglobinuria
- Treatment: dantrium, diazepam , ECT