

Stability and metamorphosis of diagnosis in the long term evolution (> 10 years) of functional psychoses

M.Lăzărescu¹, Jeni Blajovan¹, Codruța Suflea¹, Cătălina Giurgi-Oncu², M.Roșu¹

¹Psychiatric Clinic of Timișoara

²Discipline of Psychiatry, Department of Neurosciences, "Victor Babes" University of Medicine and Psychiatry

Introduction

Psychiatric nosology following the DSM III (1980) was based largely on the diagnosis of the episode, while the longitudinal perspective of casuistry did not constitute a diagnosis objective with a clear methodology. In the area of functional psychoses, the evolutionary forms of Schizophrenia, Bipolar and monopolar disorders were, however, commented on.

After the emergence of the diagnosis of Schizoaffective Disorder, the issue of the difference between episode and disorder became important, and remains unclear to date, regarding:

- To what extent one can speak of a well-defined (longitudinally) Schizoaffective Disorder and what is the significance of isolated and rare schizoaffective episodes in the frame of Schizophrenia and mood disorders?
- What is the significance (difference) of affective episodes with incongruent delusion when compared with schizoaffective episodes? And do they not represent an interference with Persistent Delusional Disorders, instead of an interference with Schizophrenia?
- What is the status of Acute and Transient Psychoses in their relationship with other functional psychotic disorders?

Problems such as these are discussed in terms of the doctrine of "the unique psychosis", the "autistic spectrum" and of the interference of the Bipolar and Schizophrenia spectra. Detailed and accurate longitudinal studies are necessary, in order to perform a classification in these areas.

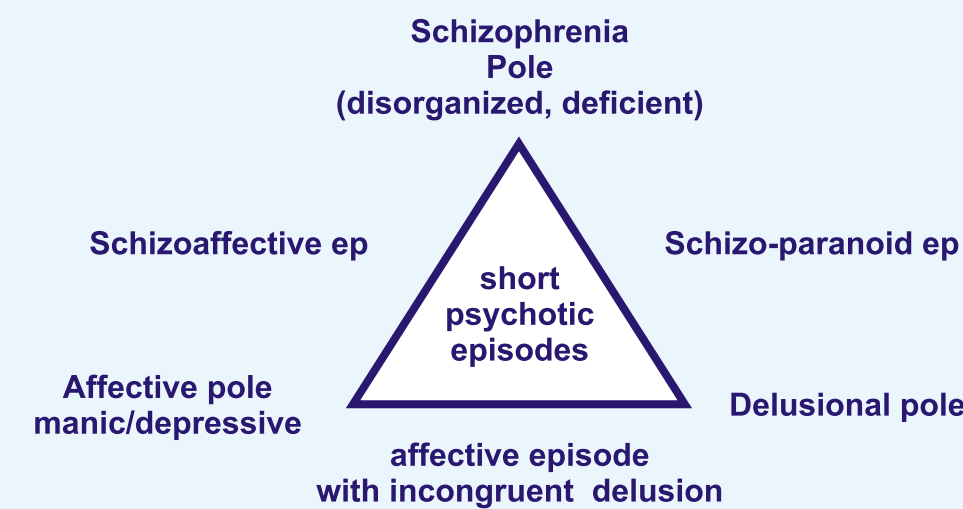
Objective

The objective of our research was to study the clinical-evolutionary characteristics of functional psychoses in the perspective of a long-term evolution (> 10 years) by means of a direct prospective follow-up of the casuistry.

As guidelines, the following were accepted:

- The difference between episode and overall disorder, with the episode being recorded with the symptoms that are highlighted, irrespective of the previous diagnosis.
- The aggregation of the episodes (syndromes) of functional psychoses in the direction of three poles, with intermediate areas:

- On the long-term, some cases with syndromes of the same type or of the same class relapse, while others may have different episodes from various classes. There may be specific or atypical evolutionary models;
- Short-term evaluations, of up to 5 years, only give an approximate image regarding the nosological classification.



Method

We have conducted a longitudinal study on 597 cases from the Case Register of Functional Psychoses of Timișoara (CRFPT).

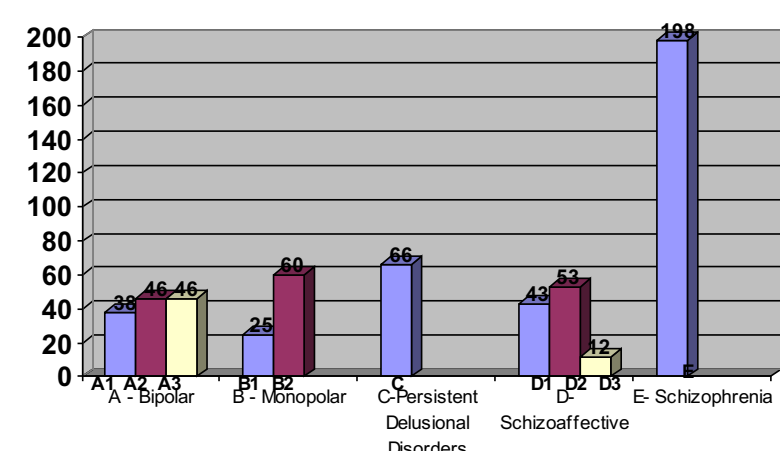
Inclusion criteria:

- A cathamnesis of over 10 years
- A stable diagnostic over the last 5 years
- A minimum of 2 admissions
- A continuous case-management throughout the evolution, sufficient information, direct contact

The Case Register of Functional Psychoses of Timișoara (CRFPT) operates continuously since 1985, and has recorded, between 1985-2004, 1621 cases (sample I), which were diagnosed as functional psychoses in the Psychiatric Clinic of Timișoara (Romania). The diagnostic criteria have been in accordance with the ICD 9/10, and the symptomatology was defined by the PSE 9/SCAN. To this first sample, we have added another sample consisting of well known cases of psychoses, already in case management, with their onset before 1985 (Sample II). From its initiation to date, the CRFPT was coordinated scientifically and administratively by the same team. All case managers were trained in the Psychiatric Clinic of Timișoara and maintain regular contact with the research team.

Results

The structure of the studied casuistry was grouped in relation to the current diagnosis (stable over the last 5 years), as well as with the longitudinal perspective, into the following categories:



A. Bipolar Disorder

- A1 – Pure Bipolar Disorder
- A2 – Bipolar Disorder with psychotic onset
- A3 – Bipolar Disorder with interference with incongruent delusion

B. Monopolar Depressive Disorder

- B1 Pure Monopolar Depressive Disorder
- B2 Monopolar Depressive Disorder with interference with incongruent delusion

C. Persistent Delusional Disorder

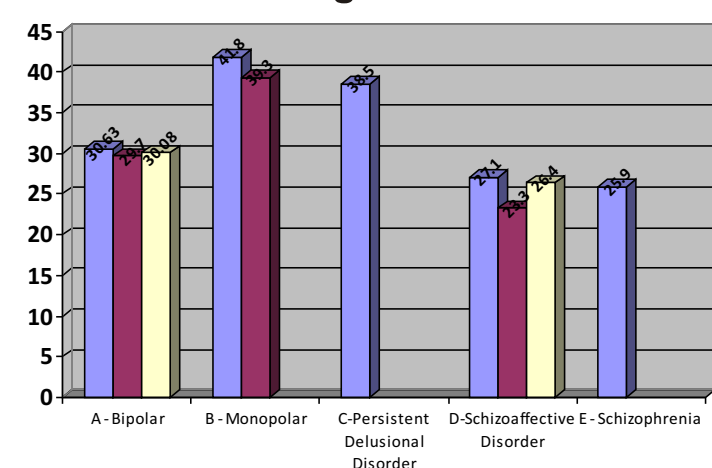
- D Schizoaffective Disorder
- D1 Schizoaffective Disorder in all episodes
- D2 Schizoaffective Disorder with Schizophrenia onset
- D3 Schizoaffective Disorder with a Monopolar Depressive Disorder onset
- E. Schizophrenia

Diagnosis sub-types

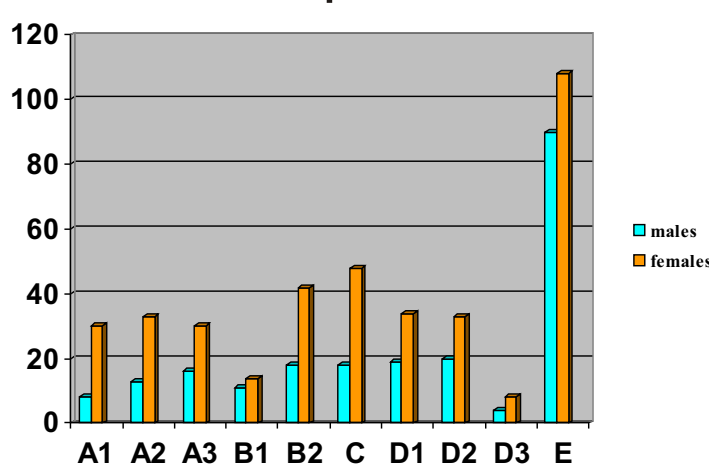
| | | | | | | | | | |
|---------|----|----|-----------|----|--------------------------------|--------------------------|----|----|---------------|
| 38 | 46 | 46 | 25 | 60 | 66 | 43 | 53 | 12 | 198 |
| A1 | A2 | A3 | B1 | B2 | | D1 | D2 | D3 | |
| A | | | B | | C | D | | | E |
| Bipolar | | | Monopolar | | Persistent Delusional Disorder | Schizoaffective Disorder | | | Schizophrenia |

Socio-demographic parameters.

Age of onset



Gender representation



Changes of diagnosis over time

In two of those groups, where this change is included in the circumscribing itself, the data are: The switch from the diagnosis of psychosis to that of Bipolar Disorder = 46 cases (Acute and Transient Psychosis, Persistent Delusional Disorder, Schizophrenia)

| Years | <5 years | 6-10 years | > 10 years | Total |
|--------------|----------|------------|------------|-------|
| No. of cases | 27 | 11 | 8 | 46 |
| % | 60% | 22% | 18% | |

It is worth noting that other 46 cases presented, throughout their evolution, an interference with incongruent delusions, and in 15 other cases, Bipolar Disorder was mixed longitudinally with Schizoaffective episodes. The Switch from the diagnosis of Schizophrenia to that of Bipolar-type Schizoaffective Disorder

| Years | < 5 years | 6-10 years | >10 years | Total |
|--------------|-----------|------------|-----------|-------|
| No. of cases | 12 | 15 | 26 | 53 |
| % | 22% | 28% | 49% | |

It should be noted that, on a longitudinal perspective, the switch towards Schizobipolar increases progressively after five years, and especially after 10 years.

Discussions

A study of the main types of functional psychosis should take into account the longitudinal perspective.

Studying a large number of cases over a long period of time indicates that, besides the samples that keep a stable diagnosis along their evolution, there are samples where diagnoses change at various times. After 5 years and after 10 years of evolution, there is the possibility that a clinical picture of other types might emerge.

The main issues highlighted by this study were:

- The psychotic onset of Bipolar Disorder is frequent. This is expressed both as Acute and Transient Psychosis, as well as Persistent Delusional psychosis or Schizophrenia. Up to 5 years, the Schizo-delusional psychosis diagnosis can turn into Schizoaffective or pure Bipolar, and thereafter remaining stable.
- Schizophrenia can turn into schizoaffective episodes after 5 or 10 years, with the percentage increasing with the duration of the disorder. There are also cases that, subsequently, present pure episodes.
- The non-Schizophrenic delusional pathology has longitudinal particularities and can be clearly identified on large cohorts followed over long periods of time. The Bipolar and monopolar depressive with incongruent delusions casuistries can be seen as interfering with this pathology and not with the Schizophrenia one.
- It is not required that the Schizophrenia specificity should be searched for in the (hallucinatory) delusion, if there are not enough or persistent specific symptoms (from Schneider's first rank symptoms, disorganization and deficient depersonalization).
- The retrospective analysis of a case with long-term evolution could bring some clarification.