A PSYCHOPATHOLOGICAL CHARACTERIZATION OF A SAMPLE OF FIRST EPISODE PSYCHOSIS INPATIENTS

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Introduction

In first episode psychosis (**FEP**), the term **psychosis** is merely descriptive and doesn't allow for any assumptions regarding etiology or prognosis. Given the heterogeneity of psychopathology in FEP there is great uncertainty regarding the establishment of an accurate diagnosis.

Objectives

Psychopathological characterization and comparison between diagnostic groups of inpatients with FEP.

Methods

Retrospective observational study including patients with FEP admitted to the inpatient unit of the Psychiatry Service of São João University Hospital Center, Porto, Portugal between January 1st 2007 and December 31st 2018. Sociodemographic data, psychopathological variables and most probable diagnosis, based on ICD-10 criteria (WHO, 1992) were collected from their medical records. Psychotic symptoms were compared between three groups of patients:

- Group 1 – Schizophrenia, Schizotypal Disorder, Schizoaffective Disorder and Non-Organic Non-Specific Psychosis;
- Group 2 – Mental and behavioral disorders due to the use of cannabinoids, cocaine and multiple drugs;
- Group 3 – Bipolar Disorder, Severe Depressive Episode with Psychotic Symptoms, Shared Psychotic Disorder and Acute Transient Psychotic Disorder

Results

The sample included **239** patients, **185** males, with a mean age of **25.8 years** ($\pm 5,70$). The majority of patients were single (**n=214**), unemployed (**n=107**) and with a literacy between 6th to 12th grade (**n=109**). The most prevalent diagnosis was **Mental and behavioral disorders due to the use of cannabinoids** (F12, ICD-10) (**n=81**), followed by **Schizophrenia** (F20, ICD-10) (**n=56**) and **Non-Organic Non-Specific Psychosis** (F29, ICD-10) (**n=55**).

There were some **statistically significant differences** (**p<0.05**) between the three groups regarding prodromal symptoms of psychosis (graph 1), such as insomnia, anxious mood, social isolation, suspicion, deterioration of overall functioning, unusual perceptual experiences, and bizarre thoughts/speech. These symptoms were more frequent in **group 1**.

Kurt Schneider's first-rank symptoms (third person auditory hallucinations, thought withdrawal, thought broadcasting, thought insertion, delusional perception, passivity phenomena and somatic hallucinations) and negative symptoms (alogia, abulia and reduced affective display) were globally more prevalent in **group 1** subjects, in comparison with the other two groups. A **statistically significant difference** (**p <0.05**) was found on the following symptoms: third person auditory hallucinations, passivity phenomena, aboulia and reduced affect display.

A **statistically significant difference** (**p<0.05**) among all groups was found, concerning affective symptoms, in particular, dysphoria and mania, which were more prevalent in individuals from **group 2**.

There was also a **statistically significant difference** (**p<0.05**) between **groups 1 and 2** regarding aggressiveness. This symptom was more prevalent in **group 2**. There were **no statistically significant differences** (**p>0.05**) between the groups concerning disorganized thought/speech.

Table 1: Sociodemographic data and diagnosis.

Age (years)		Gender (N)		Marital Status (N)		Work Status (N)		Literacy (N)		Diagnosis (N)					
Mean	25,8	Masculine	185	Single	214	Unemployed	107	< 6 th grade	32	F12	81	F21	1	F29	55
Standard Deviation	± 5.70	Feminine	54	Married	13	Employed	72	6 th – 12 th grade	109	F14	1	F23	10	F31	13
Minimum	18			Divorced	11	Student	58	College	90	F19	15	F24	1	F32.3	5
Maximum	40			Widower	1	Pensionist	1	Missing	8	F20	56	F25	1		

Legend: F12 – Mental and behavioural disorders due to the use of cannabinoids; F14 – Mental and behavioural disorders due to the use of cocaine; F19 – Mental and behavioural disorders due to the use of other psychoactive substances; F20 – Schizophrenia; F21 – Schizotypal disorder; F23 – Acute psychotic and transient disorders; F24 – Acute and transient psychotic disorders; F25 – Schizoaffective disorders; F29 – Unspecified nonorganic psychosis; F31 –Bipolar affective disorder; F32.3 – Severe depressive episode with psychotic symptoms

Graph 1: Psychopathological comparison between groups

Legend: * Group 1 vs Group 2: p<0,05; + Group 1 vs Group 3: p<0,05; # Group 2 vs Group 3: p<0,05; ** Group 1 vs Group 2: p<0,01; ++ Group 1 vs Group 3: p<0,01; ## Group 2 vs Group 3: p<0,01

Conclusion

The importance of carefully and extensively characterize psychopatology in FEP patients relates to the impact it could have on treatment, prognosis and quality of life, especially in those with severe mental illnesses.

References:

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