Other Psychotic disorders

- Dr. Ashish Arya

Assistant Professor, Dept of Psychiatry

Schizoaffective disorder

- Features of affective disorder and schizophrenia which are present in approx equal proportion
- Lifetime prevalence is 0.5-0.8 %

ICD 10

- Schizophrenia and affective symptoms simultaneously present and both are equally present
- Excludes pts with separate episodes of Schizophrenia and affective disorder, and when episodes are in context of substance use or other medical disorder

Types

1. Schizoaffective disorder, manic(or bipolar) type
2. Schizoaffective disorder, depressed type
3. Schizoaffective disorder, mixed type

Treatment

1. Antipsychotics – Olanzapine, Risperidone
2. Mood Stabilizers – Lithium, Valproate
3. Anti depressants – SSRIs, SNRIs
4. ECT

Delusional Disorder

Clinical Features

- Preoccupation with usually single theme, non-bizarre delusions
- Thought process is generally unimpaired
- Observed behaviour, speech and mood, may be affected by the emotional tone of delusional content
- Hallucinations may occur, but are not prominent
- Cognition and memory are generally intact
- Insight and judgement are impaired

Subtypes

- Erotomanic
- Grandiose
- Jealous (Othello syndrome)
- Persecutory
- Somatic
- Mixed and unspecified

Aetiology

- Genetics
- Biological: excessive dopaminergic activity, lesions of temporal lobe, basal ganglia and limbic system
- Psychological: Freud proposed delusions as defensive function
- Other: social isolation, distrust, jealousy, low self esteem

Treatment

- Hospitalization: if there is risk of harm to self or violence towards others
- Separation: from the source or focus of delusional ideas (if possible)
- Pharmacological:

  Antipsychotics: FGAs, SGAs – mainstay of treatment

  Antidepressants/BZD – for comorbid depression/anxiety
- Psychotherapy

  Cognitive therapy

  Individual therapy

  Supportive therapy

Acute and Transient Psychotic Disorder

Clinical features

- Sudden onset
- Variable presentation of
  - Perplexity
  - Inattention
  - Formal thought disorder
  - Delusions or hallucinations
  - Disorganized or catatonic behaviour

- Usually resolving within less then 3 months

Aetiology

- Acute stressor
- Genetics

Management

- Assessment to rule out organicity
- Short term admission may be necessary
- Antipsychotics
- Benzodiazepines
- Mood stabilizers/Antidepressants
- Address specific social issues, reality oriented, supportive psychotherapy