ORIGINAL RESEARCH PAPER
Volume-8 | Issue-9 | September - 2019 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

ACUTE AND TRANSIENT PSYCHOTIC DISORDER: A STUDY OF SOCIO-DEMOGRAPHIC FACTORS AND ROLE OF PRECIPITATING FACTORS ON ITS PREVALENCE IN PATIENTS ATTAINDING TERTIARY CARE CENTER IN SOUTH EAST RAJASTHAN

Psychiatry

Dr. Mithlesh Khinchi* Assiatant Professor, Department of Psychiatry, Government Medical College, Kota (Rajasthan). *Corresponding Author

Dr. Rajendra Singh Rathore Associate Professor, Department of Psychiatry, Government Medical College, Kota (Rajasthan).

Dr. Rajesh Kumar Swami 3rd year P.G. Resident, Department of Psychiatry, Government Medical College, Kota (Rajasthan).

Dr. Neeraj Sharma 3rd year P.G. Resident, Department of Psychiatry, Government Medical College, Kota (Rajasthan).

ABSTRACT

BACKGROUND: Acute and transient psychotic disorder (ATPD) characterized by acute onset of polymorphic psychotic symptomatology and rapid resolution. Stressful life events as precipitating factors have been associated with an increased risk of mental disorders.
OBJECTIVE: To study the socio-demographic profiles and the extent to which stressful life events play a triggering etiologic role in onset of ATPD.
MATERIAL AND METHODOLOGY: This study is based on data collected from case notes of OPD patients who were diagnosed as suffering from ATPD according to the ICD-10 diagnostic criteria.
OBSERVATION & RESULT: Out of 202 patients, 51 % were males, having mean age of 27 year. The majority of the patients were from age group 20-29 years, Hindu, from rural locality, Educated up to middle, Unemployed, Married and Living in a nuclear family. Most of patients had a precipitating factor in the onset of illness, in which them most common was stressful life events and physical illness. Family history of psychiatric illness and substance use also have significant role in the onset of ATPD.
CONCLUSION: Finding of this study shows that ATPD occurs in early adulthood and shows slight young male preponderance. It also indicates that the stressful events occurring in the life play an important role as precipitating factors for the onset of ATPD.

KEYWORDS

Acute and Transient Psychotic Disorder, ATPD, Stressful Life Events, Precipitating Factors.

INTRODUCTION

The tenth revision of the International Classification of Mental and Behavioural Disorders (ICD-10), introduced the category F23 as acute and transient psychotic disorders as a three-digit code. Acute and transient psychotic disorders (ATPD) are defined as a heterogeneous group of disorders, with acute onset of psychotic symptoms such as delusions, hallucinations, perceptual disturbances and by the severe disruption of ordinary behaviour.[6] The key features are an acute onset (within 2 weeks), presence of typical syndromes which are described as rapidly changing, polymorphic states and typical schizophrenic symptoms, evidence for associated acute stress in a substantial number of cases and complete recovery in most cases within 2-3 months.[24] Apart from these diagnostic criteria, ICD-10 also provides diagnostic guidelines which include: (a) Not meeting the criteria for manic or depressive episodes although affective symptoms may be prominent. (b) Absence of organic causation although perplexity, confusion and inattention may be present. (c) Absence of obvious intoxication by drugs or alcohol.[6]

The relevance of ATPD as a separate diagnostic entity has been questioned because of its diagnostic instability due to overlap of symptoms with schizophrenia and affective psychosis in many cases. The diagnostic shift is more commonly either towards schizophrenia or bipolar disorder.[9] ATPDs are clinically different from schizophrenia, The ATPDs tend to be brief and recurrent, whereas schizophrenia is typically chronic and can be recurrent.[17] So, the abrupt onset and shorter duration of the episode are differentiating features between ATPD and schizophrenia.[12] However, their clinical features are frequently indistinguishable when they present acutely for the first time.

In both of these disorder, the risk of harm to self and others increases with each episode of the disorder and there is also an excess mortality risk compared with that of the general population, which become particularly more striking for patients with ATPD in a developing country.[17] Clinical experience suggests that in the affective disorders spectrum, the presenting clinical presentation features of manic episode often resemble ATPD. Manic patients often present with agitation, excitement, irritability and over-activity all of which are common in ATPD. It often requires a period of time before the presumptive diagnosis of ATPD is revised to bipolar manic disorder.[5]

Life events are objective experiences that disrupt or threaten to disrupt an individual's usual activities, causing a substantial readjustment in that individual's behaviour.[5] Stressful life events have been associated with an increased risk of mental disorders. Stressful life events, especially in the preceding 3 months, may trigger the first episode of psychosis. Repeated exposure to stress causes dys-regulation of the hypothalamic pituitary adrenal axis may subsequently give rise to increased dopamine receptor densities and dopamine release, dopaminergic abnormalities commonly thought to be present in psychosis.[12]

The onset of acute and transient psychotic disorders is early adulthood and early treatment is necessary to avoid its progression to more devastating disorder.[6] The statistics of the prevalence, epidemiology, its course of disease and its association with other relevant factors and prognosis is inadequate.[22]

AIMS & OBJECTIVE:

Acute and transient psychotic disorder has been accepted as a distinct diagnostic entity in the ICD-10. This study aimed to examine the socio-demographic profile of patients with acute and transient psychotic disorder and the variables associated precipitating factors with the onset of illness in an Indian setting.

METHODS:

This retrospective type of study was carried out in the Department of Psychiatry, New Hospital, Government Medical College, Kota (Rajasthan). Data were collected from record of case notes of OPD patients. Only those patients who were diagnosed with acute and transient psychotic disorder according to the ICD-10 diagnostic criteria and the diagnosis confirmed by a consultant psychiatrist, were included in the study. Wherein 202 patients diagnosed as acute and transient psychotic disorder from September 2017 to August 2018 were analysed. A structural proforma was designed to enter data which was pretested and validated by subject export. The proforma consisted

date of OPD consultation, OPD number, name, father's name and Socio-demographic variables like age, sex, marital status, occupation, education level, income, religion, domicile, family type and variables associated with the onset of illness like presence of any precipitating factors (i.e. physical factors, life events, economic or work related factors and substance abuse etc.) prior to the onset of illness, any family history of psychiatric illness were noted. Thus the data collected were analysed with the help of SPSS Windows version 22.

Ethical considerations:
The study was done after taking permission from higher authority to take data record from case notes of OPD patients.

RESULTS:

A total of 202 patients data were analysed, consulted during the study period. Overall, 51 % of the patients were males and 49 % were females. Most of the patients (35.6 %) were from age group 20-29 years, followed by < 20 years (26.2 %) and 30-39 years (24.8 %), having mean age of 25 year for male and 28 year for female. The majority of the patients were Hindu (91.6 %), from rural background (86.1 %), Educated up to middle school (47.5 %), followed by illiterate (23.3 %), middle to senior secondary (18.8 %) and graduate and post-graduate (10.4 %), Unemployed (72.8 %) including housewife, followed by skilled and semi-skilled worker and farmer (25.2 %) by occupation, Married (66.8 %) and Living in a nuclear family (50.5 %) followed by joint family (42.6 %) and extended nuclear family (6.9 %). **(Table 1)** Among the socio-demographic variables, a significant correlation was found between age, sex and marital status of patients. Beyond that, age and marital status also had significant correlation with education and occupation.

When we study the role of precipitating factor in the onset of illness, it was found that 54 % of the total patients had a precipitating factor, in which the most common factor was life events (50.5 %) like quarrel, death, marriage, delivery, failure in examination etc., followed by physical illness (33.9 %), substance abuse (8.3 %) and economic and job related problems (7.3 %). **(Table 2)** Precipitating factors also had significant correlation with sex, education and occupation of affected individuals.

Overall, 22.8 % patients had a family history of psychiatric illnesses, prior to the onset of their illness.

Table 1. Distribution of patients according to Socio-demographic profile (n =202)

Variable		N	N %
Sex	Male	103	51
	Female	99	49
Age (years)	< 20	53	26.2
	20-29	72	35.6
	30-39	50	24.8
	≥ 40	27	13.4
Religion	Hindu	185	91.6
	Muslim	17	8.4
Domicile	Rural	174	86.1
	Urban	28	13.9
Education	Illiterate	47	23.3
	Up to Middle school	96	47.5
	Middle to Senior Secondary school	38	18.8
	Graduate and Postgraduate	21	10.4
Occupation	Unemployed (Including housewife)	147	72.8
	Skilled worker/ Semi-skilled worker/ Farmer	51	25.2
	Professional	3	1.5
	Retired person	1	0.5
Marital status	Married	135	66.8
	Unmarried	67	33.2
Family type	Nuclear	102	50.5
	Extended nuclear	14	6.9
	Joint	86	42.6

Table 2. Distribution of patients according to precipitating factors

Precipitating factors		N		N %	
Present or not	Yes	109	M 50	54	M 45.87
			F 59		F 54.13
	No	93		46	
Type of factors	Physical factors	37	M 12	34	M 32.43
			F 25		F 67.57
	Life events	55	M 23	50.5	M 41.81
			F 32		F 58.18
	Economic factors	8	M 6	7.3	M 75
			F 2		F 25
	Substance abuse	9	M 9	8.2	M 100
			F 0		F 0

M – Male, F – Female

DISCUSSION

The present study was designed to understand the various socio-demographic factors and identifying the role of precipitating factors like stressful life events, physical illnesses or economic factors associated with the onset of Acute and Transient Psychotic Disorder.

Table – 1. Shows socio-demographic characteristics of the patients diagnosed as suffering from Acute and Transient Psychotic Disorder on OPD basis. It shows 103 (51%) male and 99 (49 %) females, indicating that incidence of Acute and Transient Psychotic Disorder was slightly higher in male (female to male ratio, 0.96:1). In our study, the mean age of onset of Acute and Transient Psychotic Disorder was 27 years. It was earlier in males (25 years) than females (28 years). Mahima Acharya et al (2013) also found that mean age of onset was 27.9 years and Rajesh kumar et al (2013) found that mean age of onset was 21.9 years.[13][19] More or less similar to other studies, most common age-group of our study patients was 20-29 years.

Most of patients were from rural area, similar to that reported in many Indian studies, like S Mehta et al (2014), Rajesh kumar et al (2013), Ranjan et al (2012) etc.[24][20] Around half of our study patients belonged to nuclear families and more than half were married. Ranjan et al (2012) also found that most of the patients belonged to nuclear family and were married. S Mehta et al (2014) also found majority for married patients, indicating a tradition of early marriage in Rajasthan. Occupational status analysis shows that majority of patients were unemployed including housewives, skilled and semi-skilled workers and farmers, which is similar finding to Jankiramiah N et al (1992).[10] Analysis of educational status showed that majority of patients were educated up to middle class. S Mehta et al (2014) also found that around three-fourth of cases were educated up to middle class.

Similar to studies by Malhotra et al, which reported presence of precipitating factors in almost 60% of the cases, more than half of our patients (54%) also have precipitating factors prior to onset of illness.[14] Factors related to life events like quarrel, death, delivery etc. were most common event among those who have some precipitating factors prior to onset of illness. Fever was the most common precipitating factor, related to physical illness. In many studies, significant association was also reported between fever and onset of acute and transient psychotic disorder in developing countries. In patients, who report presence of precipitating factors prior to onset of their illness, majority were female. Malhotra et al also reported that stressful events were more commonly found among female patients than male patients with acute and transient psychotic disorder.

Out of all, nine patients (4.5 %) reported substance use as a precipitating factor for their illness, while substance use was present in around one-fourth of patients. Around one-fourth of our study patients had a family history of psychiatric illness. Finding of many previous Indian study also reported a family history of psychiatric illness, in a high proportion of patients of acute and transient psychotic disorder.

CONCLUSION

Acute and transient psychotic disorders occurs more commonly in early adulthood, in both males and females, with slight male preponderance. It is also more commonly found in the married, unemployed, and rural people. Age, sex and marital status of patients also had significant correlation for the onset of illness. This study also concludes that the development of acute psychosis was associated with presence of various precipitating factors like stressful life events, physical illness etc. Family history of psychiatric illness in first degree relatives and substance use was also found in significant amount. Further detailed research in this area is warranted as the understanding of the illness remains elusive.

Limitations

In this study, the sample size is small hence information cannot be

generalized. The retrospective case records were deficient in providing the natural course and phenomenology of the illness.

Future directions

A large sample size will make the study more relevant for generalisation. Detailed study of the various socio-demographic and precipitating factors will make the study more useful for future. A Prospective study of patients diagnosed with acute and transient psychotic disorder at present and followed up later to view the natural course of illness would be the best possible way to establish predictive factors for onset of illness.

Conflict of interest:

The author declares no potential conflict of interest.

REFERENCE

1. Andreas Marneros, Frank Pillmann, Annette Haring, Sabine Balzuweit, and Raffaela Bloink (2003), What Is Schizophrenic in Acute and Transient Psychotic Disorder?, Schizophrenia Bulletin, Vol. 29, No. 2, 2003, https://academic.oup.com/schizophreniabulletin/article abstract/29/2/311/1899389.
2. Cambridge University Press, 0521835186 - Acute and Transient Psychoses - Andreas Marneros and Frank Pillmann Frontmatter
3. Castagnini A, Bertelsen A, Berrios GE (2008), Incidence and diagnostic stability of ICD-10 acute and transient psychotic disorders. Compr Psychiatry 2008; 49:255-61.
4. Castagnini A, Foldager (2013), variations in incidence and age of onset of acute and transient psychotic disorders. Soc Psychiatry Epidemol, 2013; 20.
5. Chakraborty R, Chaterjee A, Choudhary S, Singh AR, Chakraborty KP (2007, Life events in acute and transient psychosis a comparision with mania, German J Psychiatry. 2007; 10:36-40.
6. Chandak S, Gowda SN (2017), Short-term outcome in acute and transient psychotic disorder and its correlate to various sociobiological factors, Int J Adv Med 2017; 4:350-6.
7. Das Sk, Malhotra S, Basu D (1999), Family Study Of Acute And Transient Psychotic Disorders: Comparison With Schizophrenia. Soc. Psychiatry PsychiatrEpidemiol 1999; 34: 328-32.
8. Dominic T. S. Lee, Y. K. Wing, Henry C. M. Leung, Joseph J. Y. Sung, Y. K. Ng, G. C. Yiu, Ronald Y. L. Chen, and Helen F. K. Chiu (2004), Factors Associated with Psychosis among Patients with Severe Acute Respiratory Syndrome: A Case-Control Study, Clinical Infectious Diseases, 2004; 39:1247–9, @2004 by the Infectious Diseases Society of America, https://academic.oup.com/cid/article- abstract/39/8/1247/297366.
9. Dr. Sonia Malhotra, Dr. Pankaj B. Borade, Dr. Jay P. Kumawat, Dr. Yogesh Satija (2016), A study of the predictive factors of diagnostic instability of ATPD in Indian population, Indian Journal of Basic and Applied Medical Research; June 2016: Vol.-5, Issue- 3, P. 566-574
10. Janakiramaih N, Gururaj G, Subha Krishana DK et al (1992), Acute psychosis diagnosed as schizophrenia in ICD-10; A discriminant validity study , Ind. J. psychiatry, 34 (4); 344-6.
11. K. S. Jacob (2010), Indian Psychiatry and classification of psychiatric disorders, Indian J Psychiatry 2010; 52: S104-9, http://www.indianjpsychiatry.org IP: 83.78.39.99
12. Lamba R, Mahawar B, Verma G, Vijayvergia D (2016), Stressful Life Events in Onset of First Episode of Acute and Transient Psychotic Disorder, Ann. Int. Med. Den. Res. 2016; 2(5):PY01-PY04.
13. Mahima Acharya, Samir Kumar Praharaj, Shripathy M. Bhatt (2013), Clinical profile of persons with acute and transient psychotic disorders, Indian J Psychiatry 55: ANCIPS Supplement, Jan 2013; S124.
14. Malhotra S. et al (2007), Acute and transient psychosis: A paradigmatic approach. Indian J Psychiatry 2007; 49:233-43, http://www.indianjpsychiatry.org, IP: 157.37.193.134.
15. Martin Bu ¨rgy (2008), The Concept of Psychosis: Historical and Phenomenological Aspects, Schizophrenia Bulletin vol. 34 no. 6 pp. 1200–1210, 2008, doi:10.1093/schbul/sbm136.
16. Mishra A, Ojha SP, Chapagain M, Tulachan P (2014), Prevalence of substance use in first episode psychosis and its association with socio-demographic variants in Nepalese Patients, J Psychiatrists' Association of Nepal Vol .3, No.1, 2014.
17. Oluyomi Esan, Olufunmilayo Fawole (2013), Comparison of the Profile of Patients With Acute and Transient Psychotic Disorder and Schizophrenia in a Nigerian Teaching Hospital, The Journal of Neuropsychiatry and Clinical Neurosciences 2013; 25:327–334.
18. Paolo Fusar-Poli, Marco Cappucciati, Andrea De Micheli, Grazia Rutigliano, Ilaria Bonoldi, Stefania Tognin, Valentina Ramella-Cravaro, Augusto Castagnini, and Philip McGuire (2017), Diagnostic and Prognostic Signifcance of Brief Limited Intermittent Psychotic Symptoms (BLIPS) in Individuals at Ultra High Risk, Schizophrenia Bulletin vol. 43 no. 1 pp. 48–56, 2017, doi:10.1093/schbul/sbw151, https://academic.oup.com/schizophreniabulletin/article abstract/43/1/48/2730185.
19. Rajesh Kumar, Dipesh Bhagabati, Hemendra Ram phookun (2013), A Phenomenological study of first episode Acute and transient psychotic disorder, Indian J Psychiatry 55: ANCIPS Supplement, Jan 2013; S124.
20. Ranjan S et al (2012), Clinico-demographic profile of patients with acute and transient psychotic disorders, Health renaissance journal, September-December 2012; Vol 10 (No.3); 215-219.
21. Ravi Philip Rajkumar MD (2016), Acute polymorphic psychotic disorder: Differences from other acute and transient psychoses. Asia-Pacific Psychiatry. 2016; 8: 102-3.
22. Rusaka and Rancāns (2014): A prospective follow-up study of first-episode acute transient psychotic disorder in Latvia, Annals of General Psychiatry, 2014 13:4
23. Ruud van Winkel, Nicholas C. Stefanis, and Inez Myin-Germeys (2008), Psycho-social Stress and Psychosis; A Review of the Neurobiological Mechanisms and the Evidence for Gene-Stress Interaction, Schizophrenia Bulletin vol. 34 no. 6 pp. 1095–1105, 2008, doi:10.1093/schbul/sbn101
24. S Mehta, A Tyagi, MK Swami, S Gupta, M Kumar, R Tripathi (2014), Onset of Acute and Transient Psychotic Disorder in India: a Study of Socio-demographics and Factors Affecting Its Outcomes, East Asian Arch Psychiatry 2014, Vol 24, No.2 ;75-80.
25. Sadock BJ. Signs and symptoms in psychiatry. Kaplan & Sadock's comprehensive textbook of psychiatry, 2000; 7:686.
26. Saeed Farooq (2012), Is acute and transient psychotic disorder (ATPD) mini schizophrenia? The evidence from phenomenology and epidemiology, Psychiatria danubina, 2012; 24: 311–5.
27. Verma VK, Malhotra S et al (1996), Course and outcome of acute non organic psychotic states in India, Psychiatry Quarterly. 1996; 67: 195- 207.
28. Wolfgang Gaebel (2012), Status of Psychotic disorders in iCd-11, Schizophrenia Bulletin vol. 38 no. 5 pp. 895–898, 2012, doi:10.1093/schbul/sbs104, https://academic.oup.com/schizophreniabulletin/article abstract/38/5/895/1902333
29. World Health Organization. The ICD-10 Classification of Mental and Behavioural Disorders. Geneva, World Health Organization, 1992.