

■ Original Articles

Clinico-demographic profile of patients with acute and transient psychotic disorders

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Abstract

Background: There are only few studies on the clinico-demographic profile of acute and transient disorders, which is a common disorder in developing countries. **Objective:** To study the clinical presentation and socio-demographic profile of patients with Acute and transient psychotic disorders. **Methods:** Thirty patients diagnosed as Acute and transient psychotic disorders were assessed to record their socio-demographic profile, presence of stress, onset, presenting complains and the phenomenology using standard questionnaire. **Results:** ATPDs was more common in persons below thirty years of age (63.3%), residing in rural areas (90%), unemployed (76.7%), low middle socioeconomic status (53.3%), married (63.3%), and member of nuclear family (63.3%). Abrupt onset was seen in 73% of cases. Delusion of persecution was the most common psychopathology (86.7%). All patients had impaired biorhythm and poor insight. **Conclusions:** Married unemployed persons below the age of thirty of low middle socioeconomic status residing in nuclear families in rural areas suffer from ATPDs more than others.

Keywords: acute and transient psychotic disorders, Nepal

Introduction

Acute and transient psychotic disorders (ATPDs) have been described since the end of the nineteenth century. Description has varied from one country to another. It was named as "acute primare Verruckheit" by German psychiatrists. In the French literature it was known by "Bouffee delirante". This psychosis has been described in almost all societies and countries.¹

The tenth revision of the international classification of diseases and related health problems (ICD-10) has introduced a group termed as "acute and transient psychotic disorders" to include this group of psychoses. It is characterized by three typical features.² They are: an acute onset presence of typical syndromes (a polymorphic syndrome and a

typical schizophrenic syndrome); and the presence of associated acute stress.

Only a few studies have been carried out on the clinico-demographic profile. In our country study on this topic, is lacking to our best knowledge. So this study was undertaken to study the clinico-demographic profile of patients with ATPDs.

The study was carried out to assess the socio-demographic profile of patients with Acute and transient psychotic disorders.

It was also aimed to understand the clinical presentation (phenomenology) in patients with Acute and transient psychotic disorders.

Methods

Thirty patients presenting to the psychiatry department of B.P.Koirala Institute of Health Science (both inpatients and outpatients) and diagnosed as ATPDs were included in the study. A semi-structured self designed questionnaire was applied to the patient

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and his relatives to collect and record the data on the socio-demographic variables, stresses and associated physical illness, duration of illness, signification past or family history, mental status examination and the psychiatric diagnosis.

Patients earning up to 32,000 rupees per annum were included in low socioeconomic group; between 32,001-64,000 rupees in low middle; 64,000-99,200 rupees in middle and 99,200 rupees and above in high socio-economic group.³

"Social support" in this study includes, financial, emotional, and companionship support from family members of the patient.

The onset of the illness was classified into abrupt or acute as per the research diagnostic criteria of ICD-10 (1992). Abrupt onset is defined as "a change from a state without psychotic features to a clearly abnormal psychotic state, within a period of forty-eight hours or less and acute onset for more than 48 hours but less than two weeks".²

ICD-10 sections on acute and transient psychotic disorders defines acute stress as "events that would be regarded as stressful to most people in similar circumstances, within the culture of the person concerned". ICD-10 mentions "bereavement, unexpected loss of partner or job, marriage, or the psychological trauma of combat, terrorism and torture" as typical examples of acute stress.²

Precipitating factors includes events that occurred at the start of this illness and led to its development. The study was conducted from January 2005 - June 2006. Patients aged between 15 to 60 years who fulfilled the diagnostic criteria of Acute and transient psychotic disorders according to ICD 10-DCR were included in this study. Only the patients whose relatives or caretaker had given written consent to participate in this study were included.

Patients having gross organic brain disorders, obvious drugs or alcohol intoxication, mental retardation, history of previous episode of psychotic illness and the patients who have been on antipsychotic treatment immediately prior to our contact were excluded from the study.

Results

Socio-demographic profile

The maximum number of patients with acute and transient psychotic disorders (ATPDs) was in the age group 25-34 years (43.3%). The mean age was

26.7 years (SD \pm 8.53). Majority (63.33%) of patients were below thirty years of age. Only one patient was in 45 and above age group. Out of 30 patients 15(50%) were male and rest were females. Of the 30 patients with ATPDs, 33.3% were housewives; 23.3% were farmers; 20% were students and 6-10 % each comprised of laborers, shopkeepers & others.

Great majority of the patients (96.7%) followed Hindu religion.

Majority of the patients (90%) resided in rural areas. Larger proportion of patients were educated up to secondary level (33.3%), about 20% of the patients were educated up to lower secondary level, 16.7% were illiterate and 10% had passed higher secondary. Graduates, literates and educated up-to primary level, each comprised of about 6 to 7% of the patients.

Majority of the patients were unemployed (76.7%). More than half (53.3%) of the patients belonged to low middle socio-economic group. 30% belonged to middle socio-economic group while 13.3% belonged to low socio-economic group and only 3.3% belonged to the high economic group.

Most of the patients were married (63.3%), 33.3% were single and 3.3% separated. Most of the patients belonged to nuclear family (63.3%).

Clinical Profile of subjects with ATPDs

Acute stress was present in 60% of the cases of ATPDs. Abrupt onset was seen in 73.3% of the patients and acute onset in 26.7% patients with ATPDs.

Precipitating factor was present in 10% of patients.

Table 1: Clinical profile of subjects with ATPDs

Rapidity of onset	Frequency (n)	Percent (%)
Abrupt	22	73.3
Acute	8	26.7
Acute Stress		
Present	18	60.0
Absent	12	40.0
Precipitating Factor		
Present	3	10.0
Absent	27	90.0
Total no. of patient	30	100.0

All patients had continuous course of illness.

Social support was adequate in all cases (100%).

Medical illness was present in 3 cases (10%). Preceding history of fever was present in 1 case (3.3%). Substance use was present in 10% of the patients. Cannabis use was present in 6.7 % while nicotine use in 3.3% of patients.

The maximum number of patients presented with illness of 5-9 days duration. The mean duration of illness at the time of presentation was 8.8 days.

Table 2: Duration of illness at the time of presentation

Duration	Frequency (n)	Percent (%)
1-4 days	7	23.3
5-9 days	11	36.7
10-14 days	7	23.3
15-19 days	3	10.0
20-24 days	1	3.3
30 and above	1	3.3
Total no. of patient	30	100.0

Duration of hospital stay was between 1-7 days in 30% of the patients and 8-14 days in another 30% of the patients. The mean duration of hospital stay was 15 days.

Table 3: Duration of hospitalization

Duration (in days)	Frequency (n)	Percent (%)
1-7	9	30.0
8-14	9	30.0
15-21	6	20.0
22-28	1	3.3
29-35	2	6.7
36-42	2	6.7
43 and above	1	3.3
Total no. of patient	30	100.0

Delusion of persecution was present in majority of patients (86.7%) and delusion of grandiosity in 26.7% of the cases. About 36.7% subjects had polymorphic picture. Disorganized behavior was present in 23.3% of the patients. Details of the psychopathology have been provided in the Table 4. None of the subjects met the criteria for intoxication or dependence to any substance. No temporal relationship between the substance use and onset of this illness was found .

Table 4: Psychopathology

Psychopathology	Frequency (n) Present	Percent (%)
Delusion of persecution	26	86.7
Delusion of grandiosity	8	26.7
Polymorphic picture	11	36.7
Disorganized behaviour	7	23.3
First rank symptoms of schizophrenia	8	26.7
Hallucinatory behaviour	9	30.0
Catatonia	3	10.0
Total no. of patient	30	100.0

Another feature of psychosis, "lack of insight" was present in all cases. Similarly biorhythm was impaired in all the cases.

All patients with ATPDs had adequate social support. The onset of ATPDs was abrupt in most of the patients. In most of the patients with ATPDs stressor was present. Delusion of persecution was the most common psychopathology. All patients had impaired biorhythm and insight was absent in all of them.

Discussion

In our study, usual age group of patients with Acute and transient psychotic disorders (ATPDs) were similar to studies done by Sajith et al and ICMR.^{4,1} The mean age of our patients was 26.7 years. Majority of the studies have shown ATPDs to be more common in females as compared to males.⁴⁻⁷ Study by Singh et al⁸ in Nottingham however; found ATPDs to be more common in men than in women (1.87:1). In our study, there was equal proportion of male and female patients (1:1) as found in the study done in 4 centers in India.¹ There could be many explanations for this observation. Firstly, in developing countries like Nepal and India, where society is male dominant, males are more socially valued than female. Generally males are the main earning members of the family. If they get ill, they are brought to treatment immediately. Females are generally neglected. So, the female predominance in ATPD might not have been seen in our study. Secondly, the sample size was small.

With regard to occupation, 33.3% of our patients were housewives, 23.3% were farmers, and 20% were students. Similar study done in developing country India showed that acute psychosis was more common in cultivators and laborers at 2 centers and

in household workers at one centre.¹ In the current study only small number of cases (6.7%) belonged to laborer occupation. Most of our patients (96.7%) were Hindus. This is because the majority of population of Nepal (80.6%) follows Hindu religion.⁹ The vast majority of subjects (90%) were from rural area. This supports the finding from other study on acute psychosis.¹⁰ Majority of the population in Nepal reside in rural setting, which might also be reflected in this study.

Nearly 33.3% of our patients were educated up to secondary level. About 20% were educated up to lower secondary level and 16.7% was illiterate. Other studies have also shown similar mixed results. They have shown acute psychoses to be more common in patients educated up to high school and above at some centre; and in subjects with no education at other centers.¹ This could be the mere reflection of low education status in the general population. Majority of our patients were unemployed (76.7%). More than half (53.3%) belonged to low middle socio-economic status. Other study also supports this finding and has reported that acute psychoses are more common in families of lower socio-economic status.

Subjects with acute and transient psychotic disorders in our study were mostly married (63.3%), only 33.3% were single. Other study conducted in developing country setting also show similar result with 53% of patients were married and 48% were single.¹ All patients in our study had adequate social support. This can be explained as in other psychiatric illness like schizophrenia where social support is good in developing countries. It has been hypothesized that developing countries are more socio-centric, with an emphasis on social relations and a range of rules, roles and conventions, more so in village setting, where people still stick to conventional norms.¹¹ Also, people of same community, generally, stay in one locality making social support stronger and cohesive. The 'onset' of Acute and transient psychotic disorders was abrupt in most of patients (73%), similar to one reported by ICMR and Sajith et al.^{1,4} Presence of stress is one of the specifier of the ICD-10 diagnosis of ATPDs. In our study 60% of the patients had the history of presence of stressor (mental stressor). This supports the ICD-10 use of 'associated acute stressor' as a specifier. Associations between stressors and ATPDs are reported elsewhere as well.^{1,7}

In this study the numbers of cannabis users (6.7%) are more than nicotine users (3.3%) although the number of nicotine users is found to be more than the former in Nepal.

Studies have shown association between antecedent fever and acute psychosis in developing country ranging from eighteen percent¹ to forty seven percent¹¹, considering fever as a biological correlate of acute and transient psychosis. In our study, only one patient out of 30 (3.3%) had preceding history of fever.

Regarding the phenomenology, our study showed presence of "delusion of persecution" to be the most common psychopathology, similar to previous studies.^{1,4}

As in our study, impaired biorhythm (reduced sleep and reduced appetite) was present in the majority of the patients (> 95%) with acute polymorphic psychotic disorders in Sajith et al study.⁴

Limitation of the study: The conclusions drawn are from only thirty patients.

Conclusion

Acute and transient psychotic disorders were more common among individuals below age of thirty. It was equally prevalent among male and females and was found mostly in individuals from rural settings. It was more common in unemployed married persons belonging to low middle socio-economic status.

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