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IS THE BRIEF PSYCHOTIC DISORDER A DISTINCT NOSOLOGIC ENTITY?: A LONGITUDINAL STUDY OF 80 PATIENTS

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Introduction: The DSM-IV-TR category “brief psychotic disorder” includes different concepts that have been defined before like *bouffée délirante*, cycloid psychosis and “acute and transient psychosis” in the last ICD-10. Limited prospective studies have been done, and they all show a marked diagnostic instability during follow-up. According to that, its independent nosologic entity is still uncertain.

Aims: To determine the diagnostic stability of the brief psychotic disorders as well as their distinct clinical features.

Method: Observational, retrospective, longitudinal study of 80 consecutive patients admitted at the acute psychiatric inpatient service of a general hospital between 2000 and 2006. At discharge, all of them fulfilled diagnostic criteria for “brief psychotic disorder” according to DSM-IV. Demographic and psychopathological data were analysed.

Results: Mean age (SD) was 31.3 (9.5), most of them women (63%). The most frequent previous stressor was related to labour, while up to 45% didn't report any. 51% had no psychiatric family history. 15 (19%) patients previously had a brief psychotic episode. Psychopathological disturbances identified were: thought disorder 69%, anxiety 66.6%, insomnia 57.7%, suspiciousness 53.5%, rapidly changing delusions 53.3% (paranoid contents 75.3%), perplexity 46.5%, auditory hallucinations 45.1%, mood lability 36.6%, elation 23.9%, depressed mood 22.5% and irritability 12.7%. In the 24 month follow-up, 32.5% changed diagnosis to schizophrenia, 3.9% to schizoaffective, 10% to bipolar disorder and 16.9% achieved clinical remission. 28.5% were lost to follow-up.

Conclusion: “Brief psychotic disorder” category is still uncertain and more data may be necessary to clarify if it should remain as a distinct nosologic entity.