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To Analyze the Prevalence of Acute Transient Psychotic Disorder In Udaipur Region

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Abstract **Original Research Article**

The various psychotic states studied in India occur in a variety of socio cultural settings and have several important features in common, viz, acute onset usually precipitated by stressful events, a florid and rather variable clinical picture, short duration and marked tendency to recover with or without treatment. The objective of the study was to study the prevalence of Acute and Transient Psychotic Disorder by analyzing the sociodemographic profile of the patients in Udaipur region. The present study was an observational clinical study of 100 cases of first episode psychosis, who were consecutive admissions at Department of Psychiatry, M.B. Hospital, R.N.T. Medical College, Udaipur and fulfilled the mentioned inclusion as well as exclusion criteria. The type of sampling adopted was purposive sampling which was primarily based on the samples collected on availability basis. Specially designed screening instrument and Sociodemographic and clinical profile sheet was administered on the patients. Descriptive statistics such as percentage was calculated for the present research work. It was found that The Majority of the patients were found to be between age range of 15-25 years, were married, were educated up to primary standard, came under the occupational category of cultivators and laborers, fell in the income group earning 3000-5000, belonged to rural background. The mean age at onset of psychosis was 30.88 years for females and 28.58 years for males. 15.45 days was the duration of illness before seeking help. The findings of the study have important implications for developing and applying psychoeducational modules in routine clinical practice for ensuring adherence to treatment and better treatment outcomes.

Keywords: ATPD, Sociodemographic profile, duration of illness, Udaipur.

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INTRODUCTION

Since the time of Kraepelin [1], psychotic disorders have been divided into two main categories-dementia praecox and manic depressive psychosis. After Kraepelin introduced his system of classification of mental diseases, it seemed that at last, order had come into psychiatry and the first and most difficult task in the scientific approach to psychiatry had been solved. The classification which he offered was simple and empirically extremely useful, because it allowed the institutional Physician to orient himself quickly in his case and even give a prognosis. On other hand, its very rigidity together with the underlying concept of an immutable disease in dementia praecox was quite detrimental to the progress of Psychiatry, as it discouraged any attempt at the understanding of the psychosis except in terms of chemical changes, hypothetical diseases of the endocrine organs and cellular pathology.

However, there was yet another group of acute psychotic disorders that did not conceptually and descriptively fit into either of the two major functional psychosis that is schizophrenia or manic-depressive psychosis. Kraeplin himself recognized these patients, who constituted about 13% of the total patients diagnosed as dementia praecox, had favorable prognosis as opposed to catastrophically poor prognosis seen with rest of patients with dementia praecox. Hence, between the clear manic-depressive psychosis and dementia praecox lies the possibility of the third group of psychotic disorders.

Various workers in India have described, from time to time, certain conditions like acute psychosis of uncertain origin [2], acute psychosis without antecedent stress [3], acute schizophrenic episode [4] indicating that these are different from schizophrenia and as well as manic depressive psychosis and may represent a third

type of psychosis. These psychotic states occur in a variety of socio cultural settings and have several important features in common, viz, acute onset usually precipitated by stressful events, a florid and rather variable clinical picture, short duration and marked tendency to recover with or without treatment. It appears that such psychotic states occurring in geographically culturally different parts of the world like Africa [5,6] Japan [7] .West Indies [8] have certain basic features common to those described as alternatives to schizophrenia and manic depressive psychosis in the developed world. In a multi-centered collaborative trial study of ICMR [9], it was found that about 40-50% cases of acute onset psychosis could not be categorized into either schizophrenia or manic depressive psychosis using ICD-9 and Catego system of classification.

As these disorders have been included in the standard diagnostic system of WHO's International classification of diseases, 10th edition (ICD-10) as a separate category referred to as "acute and transient psychotic disorders", this is a significant step forward, towards bringing in greater acceptance of the concept of acute psychotic disorders and focusing attention of clinicians and researchers onto these disorders which are being commonly reported from the developing countries.

REVIEW OF LITERATURE

Mojtaba R *et al*. [10] studied, in defined catchment area, all first contact patients presenting with a psychotic disorder to a helping agency over a two-year period. There were three major findings in this study. The first was that remitting psychoses with acute onset had a modal duration of 2-4 months longer than the maximum 1-3 months (depending on the specific diagnosis) allowed for the ICD 10 diagnosis of Acute Transient Psychotic Disorder. The second finding was that distribution of duration was similar between sites classified as 'developing' and 'industrialized'. The third finding was that only 7% of the 27 with an ICD diagnosis met criteria for one of the specific ATPD and 14% met criteria for a non-specific ATPD. The most common diagnosis for other cases was schizophrenia (59%). This was largely because the duration of these cases exceeded maximum allowable duration of ATPD (1-3 months, depending on the specific diagnosis). Again this pattern was consistent in both developing and industrialized settings. In fact, no cases met the ATPD criteria in the industrialized settings.

Grover *et al*. [11] highlighted in their study that Patients with psychotic and affective disorders do not differ in the prevalence and severity of various catatonic symptoms. They also concluded that Compared to organicity group, those with psychotic disorders have significantly higher prevalence and severity of posturing. The study revealed that there was no difference in the affective and organicity group in terms of frequency and severity of catatonic symptoms.

Gupta *et al*. [12] opined that knowledge about the illness and treatment is important for treatment adherence and positive outcomes in patients with ATPD. The current study aimed at comparing the knowledge of the patients with ATPD, and its relationship with their sociodemographic characteristics. A cross-sectional, observational study conducted in the outpatient department of a tertiary care general hospital and comprised 50 dyads of patients with ATPD. Information was collected by a semi-structured questionnaire. Comparison of knowledge between groups was performed using the Chi-square test, and the relationship of knowledge with their sociodemographic variables was analyzed using logistic regression test. Results indicated that there was a lack of knowledge among participating dyads for most of the illness- and treatment-related variables. A significant difference was observed between the two groups in regard to their knowledge about the name of the illness, how medical comorbidity and comorbid substance use affect psychiatric illness, brand name of the medicine, adverse effect, duration of treatment, role of investigation in diagnosis and treatment, and psychosocial rehabilitation ($P < 0.001$). The difference in knowledge was also observed regarding the formulation of medicine other than tablets and mechanism of its action ($P < 0.05$). Dyads with higher socioeconomic status had more knowledge about some but not all aspects of their illness. It was concluded that the patients and their caregivers lacked knowledge about many important illnesses-related variables. It is important to psycho-educate in routine clinical practice.

METHODOLOGY

Objectives

To study the prevalence of Acute and Transient Psychotic Disorder by analyzing the sociodemographic profile of the patients in Udaipur region.

Sample

The present study was an observational clinical study of 100 cases of first episode psychosis, who were consecutive admissions at Department of Psychiatry, M.B. Hospital, R.N.T. Medical College, Udaipur and fulfilled the mentioned inclusion as well as exclusion criteria. The type of sampling adopted was purposive sampling which was primarily based on the samples collected on availability basis.

Inclusion Criteria

- Patients having age between 15-60 yrs.
- Onset of symptoms within one month of initial assessment.
- Sudden onset of psychotic symptoms. Development of full blown psychosis within few days, maximum 2 weeks.

Presence of any two of the following features:

- Delusions (any context)
- Hallucinations (any modality)
- Confusion or disorientation
- Grossly inappropriate or socially undesirable behavior
- Marked excitement
- Marked withdrawal
- Marked depression
- The presence of delusion or hallucination alone also qualified for inclusion.

Exclusion criteria

1. Grossly organic brain disorder
2. Epilepsy
3. Mental retardation
4. History of previous episode of psychotic illness
5. Patients meeting criteria for drug dependence and intoxication.
6. Patients, who had been on continuous antipsychotic treatment for more than one week, immediately prior to contact with the department.

Ethical consideration

1. Informed consent was taken from patients as well as their relatives.
2. Patients and their relatives were explained about the procedure and the scales administered and that no invasive procedure was employed.
3. Patients and relatives were assured about the confidentiality of the information they volunteered.
4. Patients and relatives were told that no beneficial treatment will be withheld, nor treatment will be altered in any way, neither will any new treatment will be started.
5. Treatment of patients was not influenced by their disagreement or refusal to participate in the study.

INSTRUMENTS USED IN THE STUDY

Screening Performa

This is specially designed screening instrument, which was applied to every patient of psychosis admitted at Psychiatry Department, R.N.T. Medical College, Udaipur, for the first time and only those cases fulfilling the inclusion and exclusion criteria had been included in this study.

Sociodemographic and clinical profile sheet

This is a specially designed profile sheet, which generates data on age, sex, marital status, education, occupation, religion and locality. Clinical profile sheet consist of information such as age at onset of illness, duration of onset, nature and timing of acute stress if any, types of stress, duration of episode of illness, history of substance misuse, history of mental disorder in any of the first degree relatives of the patient, whether symptoms reflect stress if any.

Statistics

The data obtained was analyzed by SPSS software. Descriptive statistics such as percentage was calculated for the present research work. Keeping in view the aims and objectives of various variable of study, the associations were specifically examined.

RESULTS AND DISCUSSION

Table-1: Indicating socio demographic profile of the patients suffering from Acute and transient Psychotic disorder.

Category: Gender:- (N= 100)	
Male	50%
Female	50%
Category: Age	
15-25 yrs	44%
26-35 yrs	23%
36-45 yrs	27%
46-60 yrs	6%
Category: Marital Status	
Married	80%
Unmarried	18%
Single/widow/divorced	2%
Category: Educational status	
Illiterate	24%
Primary	37%
Middle	30%
Graduate	9%
Category: Occupational Status	
Cultivation and laborer	44%
Household work	34%
Student/unemployment	14%
Business/govt. job/others	8%
Category: Family History	
Present	24%
Absent	76%
Category: Income Group (Rupees/Month)	
<3000	8%
3000-5000	44%
5000-10,000	38%
>10,000	10%
Category: Locality/Domicile	
Rural	79%
Urban	21%

Table-2: Showing means age at onset of illness and duration of illness before seeking help.

Category: Mean age at onset of illness		
Total sample	29.73 yrs	S.D. = 11.001 yrs
In Males	30.88yrs	S.D. = 11.01 yrs
In Females	28.58yrs	S.D. = 10.98 yrs
Category: Duration of illness before help seeking		
Mean duration	15.45 days	S.D. = + 10.78 days

Table 1 shows sociodemographic characteristics of the group of patients taken under the study by purposive sampling done according to availability basis. It may be seen from the table that the

sample of 100 cases had 50 males and 50 females. The distribution of the age consisted of 44% (majority) of the cases between the ages 15-25 years, 27% of the cases belonged to 36-45 years of age group, 23% cases fell into the age range of 26-35 years and remaining 6% were between 46-60 years.

When marital status of the patients was taken into consideration it was found that 80% of cases were married, 18% were unmarried and 2% of the patients were included under the status of widowed and divorced. Analysis of educational status showed that 24% were illiterate, 37% were educated up to primary standard, 30% educated up to middle and 9% were graduate.

Regarding occupational status, it was observed that 44% cases were cultivators and laborers, 34% were household workers, 14% were unemployed or students and 8% fell under the category of other occupations which included businessman, government servants and other similar jobs. On examining the amount of per month income of their family, it was found that most of the cases (44%) fell in the income group earning 3000 – 5000 rupees per month. 38% of the patients were seen to belong in the income group between 5000 - 10,000 rupees per month. Only 10% of the patients had their family income above 10,000 rupees per month and 8% had it below 3,000 rupees per month. Based on the locality or Domicile of the patients, majority of the cases (79%) were from rural background and all of them belonged to Hindu religion.

In the sample studied, it was observed from table 2 which highlights the mean age at onset of illness and duration of illness before seeking help that the mean age at onset of psychosis, mean age in the group was 29.73 years (S.D. 11yrs), but it was found that mean age at onset of psychosis in females was 30.88 years (S.D. = 11yrs) in contrast to males, in which mean age was 28.58 years (S.D. = 11yrs). Lastly, by determining the duration of illness before seeking help, it is clear from the observation of this study that mean duration of days after which the patient was brought to the hospital for treatment was 15.45 days (S.D. = 10.78 days).

Similar study was conducted by Mukherjee *et al*. [13] were the research was aimed to study factors associated with stability of the diagnosis, and diagnostic shift of acute and transient psychotic disorder (ATPD). For carrying out the research, 350 randomized samples from the patients attending outpatient department of LGBRIMH, Tezpur with the diagnosis of ATPD (ICD-10 diagnosis - F23) during the period of last 5 years allowing for a minimum of 3 years follow up, were reviewed. A total of 298 samples were taken for analysis after discarding the rest due to inadequate data. Finally, appropriate statistical analysis was done using SPSS version 20. Results revealed that 32.2% of the samples were diagnosed as polymorphic subtype followed by schizophrenia like subtype (26.8%). More than half had stable diagnosis (51 %). 22% were re-diagnosed as schizophrenia and 12.3% as Bipolar disorder. ATPD diagnosis was more stable among those with stress, however it was not significant (p=0.18). Diagnosis of ATPD was significantly more stable among married people (p = 0.038), cases with abrupt onset (p=0.02), and the cases with polymorphic subtype (p=0.04). People with schizophrenic symptoms were significantly (p=0.01) more likely to be re-diagnosed as schizophrenia than those with polymorphic symptoms. the findings of the study concluded that ATPD is a relatively stable diagnosis. However, where diagnostic shift occurs, the majority are re-diagnosed as schizophrenia followed by bipolar disorder.

Therefore, it may be summarized that the Majority of the patients were found to be between age range of 15-25 years, were married, were educated upto primary standard, came under the occupational category of cultivators and laborers, fell in the income group earning 3000-5000 and belonged to rural background. It may also be briefed that the mean age at onset of psychosis was 30.88 years for females and 28.58 years for males. 15.45 days was the duration of illness before seeking help.

CONCLUSION

The current study was found that the knowledge of the patients suffering from ATPD is poor in various aspects related to the illness and treatment, despite suffering from the illness and being on treatment for a considerable period. The findings of the study have important implications for developing and applying psychoeducational modules in routine clinical practice for ensuring adherence to treatment and better treatment outcomes.

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