Table 2

Red flags indicating that a non-psychiatric cause for symptoms should be considered

Feature	Explanation
Acute onset	Consider intoxication/drug-induced psychosis, alcohol or benzodiazepine withdrawal or delirium/encephalopathy
Atypical age	Though there is a second peak of schizophrenia post menopause, onset before the age of 35 is typical. If first episode of psychosis is in an older patient suspect psychosis as part of a neurodegenerative process (e.g. frontotemporal dementia)
Cognitive impairment prominent	Cognitive impairment in schizophrenia is predominantly executive and relatively subtle. Features such is amnesia, disorientation or gross attentional impairment suggest another pathology
Highly changeable and/or fluctuating presentation	Delusions in schizophrenia are generally fixed and fairly sophisticated. Simple, fleeting delusions are more typical of organic psychoses
Movement disorder at onset	If acute/subacute onset suspect limbic encephalitis. If more insidious suspect Huntington's disease, Parkinsonian/Lewy body syndrome, or (rarely) Wilson's disease
Unexpected neurological features	Features such as dysarthria, altered gait, visual field defects, seizures etc indicate more generalised brain dysfunction and clearly necessitate a neurological work up
Visual hallucinations prominent	These can occur in schizophrenia but should prompt consideration of an alternative diagnosis. Consider delirium/encephalopathy, or in older people Lewy body dementia