

key points

SELECTED BY

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Psychosis is broadly defined as the presence of delusions and hallucinations. It can be organic or functional. The former is secondary to an underlying medical condition, such as delirium or dementia, the latter to a psychiatric disorder, such as schizophrenia or bipolar disorder. The identification and treatment of psychosis is vital as it is associated with a 10% lifetime risk of suicide and significant social exclusion.

Psychosis can be recognised by taking a thorough history, examining the patient's mental state and obtaining a collateral history. The history should enable a distinction to be made between bipolar disorder, schizophrenia and other causes, although this is not always possible. Early symptoms often include low mood, declining educational or occupational functioning, poor motivation, changes in sleep, perceptual changes, suspiciousness and mistrust.

The patient's appearance, e.g. unkempt or inappropriately attired, may reflect their predominant mental state. There may be signs of agitation, hostility or distractibility. Speech may be disorganised and difficult to follow or there may be evidence of decreased speech. Mood may be depressed or elated or change rapidly. Patients may describe abnormal thoughts and enquiry into thoughts of suicide should be routine. Disturbances of thought such as insertion or withdrawal may be present along with perceptual abnormalities i.e. illusions, hallucinations. Insight varies during the course of a psychotic illness but should be explored as it has implications for management.

Psychosis is a syndrome rather than a diagnosis and has multiple causes, which may be functional or organic. The functional causes are broadly sub-divided into affective i.e. associated with a severe mood disorder and non-affective psychoses e.g. schizophrenia. If the patient presents with severe mood symptoms and psychosis concurrently, a diagnosis of schizoaffective disorder is used. In the elderly, depression is the second most common cause of psychosis accounting for 20% of those presenting with symptoms. Substance misuse can not only trigger a functional psychosis, but can also cause a transient organic psychotic illness in its own right.

Although the presence of psychotic symptoms usually necessitates referral to psychiatric services, there is a role for primary care in initial management especially where there is uncertainty about an underlying organic cause. In extreme circumstances it may be necessary to contact the police or request a Mental Health Act assessment. Rapid tranquilisation with oral lorazepam may be appropriate. Antipsychotic medication is best started in consultation with psychiatric services for a first episode.

All patients presenting with first episode psychosis for which no organic cause can be found should be referred to the local early intervention service. In patients with a known diagnosis consider referral if there is: poor response or non-adherence to treatment; intolerable side effects; comorbid substance misuse; risk to self or others.