**Schizophreniform Disorder**

**Background**
1. Definition:
   - A psychotic disorder like schizophrenia
   - Duration <6 months
   - Return to normal functioning expected/usual
2. General information:
   - With schizophrenia, prodromal symptoms may develop over several years
   - Schizophreniform (SFM) disorder has rapid progression from onset of prodromal symptoms to point where all criteria for schizophrenia (except duration and deterioration) are met (within 6 mo)

**Pathophysiology**
1. Pathology of disease:
   - Not completely known
   - Likely related to excess dopaminergic activity
2. Incidence, prevalence:
   - Incidence: 0.09%
   - Lifetime prevalence: 0.11%
   - Equally distributed between sexes
   - Peak onset between ages of 18-24 years in men and 24-35 in women
3. Risk factors:
   - Family hx of schizophrenia or mood disorder
4. Morbidity / mortality:
   - Approximately 2/3 of patients progress to schizophrenia
   - Prominent confusion during the illness
   - Rapid development of symptoms
   - Good previous interpersonal and goal-oriented functioning and lack of negative psychosis symptoms suggest better outcome

**Diagnostics**
1. History
   - Chief complaint includes:
     - Confusion, perplexity, thought difficulties, neutral or blunted mood, paranoia
   - HPI:
     - Minimal prodrome
     - Onset is acute (unlike schizophrenia)
     - No precipitating stressor(s)
     - Patient usually fully oriented with intact memory
2. Physical exam
   - Usually normal
3. Diagnostic testing
   - Laboratory evaluation
   - Electrolytes
   - Thyroid profile
   - Drug screen
4. Diagnostic imaging
   o MRI may show increased ventricle size
5. Diagnostic criteria: 3 major criteria for SFM Disorder according to DSM IV:
   o At least 2 persistent positive or negative symptoms must be present, each for a significant length of time during a 1-month period:
     - Delusions
     - Disorganized speech which is strange, peculiar or difficult to comprehend
     - Disorganized (bizarre or child-like) behavior
     - Catatonic behavior
     - Hallucinations
     - Negative symptoms (flat affect, alogia, avolition)
   o Limited duration
     - Psychotic symptoms have occurred for at least 1 month but <6 months
   o Symptoms cannot:
     - Occur as part of a mood disorder
     - Occur as part of schizoaffective disorder or schizophrenia
     - Be due to intoxication with drugs or alcohol
     - Be an adverse reaction to medication
     - Be caused by physical injury or medical illness
   o Specify if patient lacks favorable prognostic features, defined as 2 or more of the following:
     - Onset of prominent psychotic symptoms within 4 weeks of first noticeable change in usual behavior or functioning
     - Perplexity and thought disorganization at the height of psychotic episode
     - Good premorbid social and occupational functioning
     - Absence of blunted or flat affect

Differential Diagnosis
1. Key DDx
   o Schizophrenia
   o Brief psychotic disorder
   o Substance-induced psychotic disorder
   o Schizoaffective Disorder
   o Major depressive disorder with psychotic features
   o Delusional disorder
2. Extensive DDx
   o CNS:
     - Infection (encephalitis), trauma, complex seizure disorder, neoplasm
   o Endocrine:
     - Hyper/hypothyroid, hyper/hypoglycemic
   o Drug intoxication or withdrawal:
     - LSD, PCP, cocaine, benzodiazepines, amphetamines, antipsychotics, hallucinogens, alcohol
   o Hypercalcemia
   o B12 or thiamine deficiency
Therapeutics (SOR:B) - similar to Tx for schizophrenia

1. Acute treatment
   o Assess acuity and need for hospitalization
   o Stabilize with antipsychotics as needed

2. Further management (24 hrs)
   o Rule out organic syndrome or drug intoxication/withdrawal
   o Assess patients ability to function
   o Commonly used:
     - Risperidone, paliperidone (FDA approved), aripiprazole (FDA approved), olanzapine, quetiapine and ziprasidone

3. Long-term care
   o Discontinue antipsychotics in 3-6 mos, no maintenance medication
   o Lithium, anticonvulsants, typical antipsychotics and different atypical antipsychotic if recurrent
   o Individual and family psychotherapy

Follow-Up

1. Refer to specialist
   o Assessment by professional with expertise in treating mood disorders recommended

2. Admit to hospital
   o 1st time psychosis
   o Patient poses threat to self or others
   o Patient is unable to care for themselves

Prognosis (SOR:B)

1. See Diagnostic Criteria

2. Good prognostic features usually indicate affective disorders vice schizophrenia

3. According to the APA, approximately 2/3 of patients diagnosed with schizophreniform disorder progress to schizophrenia.

Prevention

1. None

Patient Education


References


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