PSYCHOSIS NOT OTHERWISE SPECIFIED - CHANGE OF DIAGNOSIS AT FIVE YEAR FOLLOW-UP

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SUMMARY

A five-year follow-up study of 38 patients with 'psychosis not otherwise specified' revealed that diagnostic change occurred in 34.2% of the patients. 15.8% of the patients developed schizophrenia and 18.4% developed affective disorders. The initial diagnosis was retained in 65.8% of the patients. The onset of the illness was acute in patients from rural background and this is statistically significant. 42% of the patients presented only catatonic signs, of which nearly 70% showed full recovery.

INTRODUCTION

There has always been a group of patients, the proportion varying from country to country, who are found to have functional psychoses of varied presentation, other than schizophrenia and affective disorders (Kendell, 1988). The term psychosis N.O.S. is to be used only as a last resort, when the symptomatology conforms to no other distinct category of functional psychosis (WHO, 1978).

Fard et al (1978) followed-up 24 patients who were unassessable by diagnostic criteria. On a 7 year follow-up of 15 patients who had been ill, a definite diagnosis could be made only in 12 patients. The remaining 3 patients had illnesses with atypical features. Ray and Roy Choudhary (1984) noted that all the cases of unspecified psychosis they studied underwent a change in diagnosis during follow-up. Verma et al (1992) reported that about 40% of acute non-organic psychotic patients showed an undifferentiated symptomatology.

AIMS OF THE STUDY

1. To examine the relationship between socio-demographic and clinical variables of Psychosis N.O.S.
2. To study the outcome and change in diagnosis, if any, in these cases during the follow-up period.

MATERIAL AND METHODS

The study was conducted in the Department of Psychiatry, JIPMER, Pondicherry. Seventy seven in-patients, who were diagnosed as cases of Psychosis N.O.S. at the time of discharge from hospital, during the calendar year 1988 were included in the study. All the case records were carefully reviewed by the authors independently to find out, whether the diagnosis of Psychosis N.O.S. was judiciously made. The case files were gone through to see whether the diagnosis of Psychosis N.O.S. was judiciously made. The case files were gone through to see whether the patients had subsequently attended the follow-up out-patient department for a minimum period of 2 years, including at least 5 follow-up visits. Eighteen patients did not fulfill these criteria and were excluded from the study. Efforts were made to contact the remaining 59 patients by mail. Thirty eight patients responded and they formed the final sample.

A separate data collection sheet with a semi-structured interview format was prepared to record the socio-demographic and clinical variables including phenomenology, type of treatment and outcome. The outcome was assessed primarily on the basis of interview with the patient and the key informants. The Chi-square test was applied to determine the statistical relationship.

RESULTS

Twenty nine out of thirty eight patients belonged to the younger age group (below 30 years). Both sexes formed an equal proportion, and twenty four patients were from a rural background. There was no significant difference in the marital status. While 45% of the patients had an acute onset, 32% of patients had precipitating factors. Family history of mental illness was observed in 16% and past history in 10.5% of the patients.

The distribution of phenomenology showed 42% of the patients with catatonic signs, 24% with hallucinations, 13% with delusions and 26% with non-specific symptoms. 55.3% of the patients had one or more recurrences. While 23 patients received only antipsychotic drugs alone and 4 received only ECT, a combination of both was administered to 11 patients. Twenty three patients (60.5%) recovered completely and six (15.8%) showed moderate improvement (Table 1).

| TABLE 1 | Clinical Profile |
|---------|-----------------|
| PHENOMENOLOGY | Number | Percentage |
| Catatonic signs | 18 | 42.1 |
| Hallucinations | 9 | 23.7 |
| Delusions | 5 | 13.1 |
| Non-specific | 10 | 26.3 |
| RECURRENCES | | |
| Present | 21 | 55.3 |
| Absent | 17 | 44.7 |
| CONDITION WHEN LAST SEEN | | |
| Recovered | 23 | 60.5 |
| Moderate improvement | 6 | 15.8 |
| Mild or no improvement | 9 | 23.9 |

| TABLE 2 | Change of Diagnosis |
|---------|-------------------|
| Diagnosis | Number | Percentage |
| Schizophrenia | 6 | 16.3 |
| Affective disorders | 7 | 18.4 |
| No change in diagnosis | 25 | 65.8 |
There was a change in diagnosis in 34.2% of the patients. 15.8% of the patients were diagnosed as Schizophrenia and 18.4% were diagnosed to have Affective disorders. The initial diagnosis of Psychosis N.O.S. was retained in 65.8% of the patients (Table 2). Patients from a rural background had a more acute onset of illness, which was statistically significant. No other significant relationship was observed (Table 3).

**DISCUSSION**

On examining the socio-demographic profile, unspecified psychosis seems to occur more in the younger age group with an equal sex distribution. There was not much difference in habitat distribution. These findings are comparable with those of the earlier study (Chaturvedi & Sahu, 1986).

Sethi (1985) reported the duration of illness and presence of precipitating factors as indicators of the prognosis of acute psychosis. In the present study, precipitating factors were present in 12 patients, of whom 9 showed complete recovery. In 26 patients, precipitating factors were absent and in this group, 14 patients showed complete recovery. This relationship is not statistically significant. Kapur and Pandurangi (1977) reported that 26% of patients with acute psychosis had one or more first degree relatives with a history of psychosis. Family history of mental illness was observed in 6 patients (16%) in our study. This number is too small for any meaningful interpretation.

The exact clinical picture, course and outcome of psychosis N.O.S. are poorly understood as very few studies have been made in this area. Sethi (1978) observed that it could be one of the specific types of psychosis typically observed in India. The outcome of unspecified psychosis varies in different studies. Ray and Roy Choudhary (1984) noted that none of their patients with unspecified psychosis retained the initial diagnosis. Chaturvedi and Sahu (1984) reported a diagnostic change in 44.8% of the patients with psychosis N.O.S. They have documented that 20.7% of the patients developed Affective psychosis, 15.5% Reactive psychosis and 8.6% Schizophrenia. In 55.2% of the patients, Psychosis N.O.S. was retained as the primary diagnosis. Kapur and Pandurangi (1979) reported that 11% of patients with acute non-reactive psychosis had a non-affective, non-schizophrenic psychosis. In an ICMR multi-centered collaborative study, it was found that 40% of acutely psychotic patients did not fit into the I.C.D. diagnosis of schizophrenia, affective psychosis or reactive psychosis (Gurmeet Singh et al, 1986). In the present study, the original diagnosis of Psychosis N.O.S. was retained in 65.8% of the patients.

One interesting finding in this study is that, of the 16 patients (42%) who initially showed catatonic signs, only two had a definite diagnosis subsequently. One patient was diagnosed to have Schizophrenia, and the other patient, Affective disorder. Of the remaining 14 patients, 11 showed complete recovery. Abrams and Taylor (1976) reported that out of 55 catatonic patients, only four satisfied their criteria for schizophrenia, whereas over two-thirds had affective disorders. A favorable treatment response was shown by the entire catatonic sample.

**CONCLUSION**

Various studies have shown that a significant proportion of patients showing signs of 'unspecified psychosis' retained the initial diagnosis over a considerable period of time. In our study, nearly two-thirds of the patients with Psychosis N.O.S. remained as a non-schizophrenic, non-affective group. This shows that the diagnostic category of Psychosis N.O.S. cannot be done away with. Further investigations are necessary to understand more about specific etiological factors and psychopathological characteristics of unspecified psychosis.

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