

# Why Screen for Psychosis?

Early detection of psychosis is key to initiating care as quickly as possible. Earlier treatment is correlated with better long-term outcomes such as less severe symptoms and better functioning.<sup>1</sup> Psychosis symptoms tend to develop in adolescence or young adulthood. Prior to the development of full psychosis, there is often a period of attenuated symptoms. Once criteria for full psychosis is met, consider referral to a Coordinated Specialty Care (CSC) program.

## What is Attenuated Psychosis?

Attenuated psychosis is when symptoms are psychotic-like but remain below threshold of a full psychotic disorder. The person retains awareness that their symptoms (hallucinations, delusions, and/or disorganized communication) are not real and tend to be less severe and more transient. A person may qualify for an Attenuated Psychosis Syndrome (APS) diagnosis if they have never met criteria for full psychosis. For full criteria, see DSM-V-TR.<sup>2</sup>



## Why is it important to distinguish attenuated from full psychosis?

Only about 1 in 5 people with attenuated psychosis will go on to develop a full psychotic disorder.<sup>3</sup> A conservative approach should be taken with attenuated symptoms, and antipsychotic medication is NOT recommended. Antipsychotics have not been shown to prevent conversion to full psychosis, and risks often outweigh benefits in attenuated symptoms. Treatment should focus on co-morbid conditions (e.g., depression/anxiety) and psychotherapy while monitoring for potential conversion to full psychosis.



## Concerned about Psychosis?

Targeted screening questions are recommended.

Have you felt that you are not in control of your own ideas or thoughts?

Have you been confused at whether something you experienced was real or imaginary?

Do familiar surroundings sometimes seem strange, confusing, threatening, or unreal to you?

To learn more about early signs of psychosis visit:  
[med.unc.edu/psych/epi-nc/about-psychosis](https://med.unc.edu/psych/epi-nc/about-psychosis)



To learn more about Coordinated Specialty Care programs in North Carolina, scan the QR code or visit:  
[med.unc.edu/psych/epi-nc/clinic-locations](https://med.unc.edu/psych/epi-nc/clinic-locations)



## Helpful screening tools:

**Prime Screen-Revised-5:** initial screening tool for psychosis

**PB-Q:** initial screening tool for psychosis

**Mini-SIPS:** can differentiate full psychosis from attenuated psychosis



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# Clinical Pathways Guide for Patients Aged 15–30

## Safety Concerns?

No matter the diagnosis, acute safety concerns like suicidal ideation require a same day assessment: consider **mobile crisis, referral to emergency room**, or call **988** for local resources

Recommend consultation with a mental health clinician when concerned for psychosis. See NNCPAP for a psychiatry consultation resource for health care providers [nncpap.org/map](http://nncpap.org/map)

Medical work-up is indicated. See here for guidance: [psychosisscreening.org/medical-workup-considerations.html](http://psychosisscreening.org/medical-workup-considerations.html)

Contact E-PROMPT for training and mentoring on how to deliver early psychosis care: [go.unc.edu/E-Prompt](http://go.unc.edu/E-Prompt)

Clinical Concerns for Psychosis

Screen for Psychosis  
[go.unc.edu/PsychosisScreen](http://go.unc.edu/PsychosisScreen)

Negative Screen

Positive screen or  
high clinical concern

Consider other mental  
health diagnoses  
Refer for mental health  
treatment if indicated

Assess for attenuated  
psychosis syndrome  
(APS) vs. full psychosis  
with Mini-SIPS

Meets neither  
APS or full  
psychosis

Meets APS Criteria

Meets criteria for a full  
psychosis diagnosis

Recommend conservative approach,  
and do not start targeted anti-psychotic  
medication for attenuated symptoms

Focus treatment on co-occurring  
symptoms (mood, anxiety, trauma)

Monitor for potential conversion  
to full psychosis

Refer to Coordinated  
Specialty Care Program  
Consider hospitalization if indicated  
Initiate antipsychotic treatment

Conversion to full psychosis

1. Srihari VH, Tek C, Pollard J, Zimet S, Keat J, Cahill JD, Kucukgoncu S, Walsh BC, Li F, Gueorgieva R, Levine N, Meshulam-Gately RI, Friedman-Yakobian M, Seidman LJ, Keshavan MS, McGlashan TH, Woods SW. Reducing the duration of untreated psychosis and its impact in the U.S.: the STEP-ED study. *BMC Psychiatry*. 2014 Dec 4;14:335. doi: 10.1186/s12888-014-0335-3. MID: 25471062; PMCID: PMC4262386.
2. American Psychiatric Association. (2022). Conditions for Further Study. In *Diagnostic and statistical manual of mental disorders (5th ed., text rev.)*. [dsm.psychiatryonline.org/doi/abs/10.5555/appi.books.9780890425787.Conditions\\_for\\_Further\\_Study](http://dsm.psychiatryonline.org/doi/abs/10.5555/appi.books.9780890425787.Conditions_for_Further_Study)
3. Salazar de Pablo G, Radua J, Pereira J et al. Probability of Transition to Psychosis in Individuals at Clinical High Risk: An Updated Meta-analysis. *JAMA Psychiatry*. 2021;78(9): 970–978. doi: 10.1001/jamapsychiatry.2021.0830