Early Psychosis Interventions of North Carolina

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EPI-NC is funded by Federal Community Mental Health Services Block Grant (CFDA #93.958).

Psychiatric Differential Diagnosis: Psychosis

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Onboarding Presentation
7/2024

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Differential Diagnosis

Full Psychosis

Primary Psychotic Disorders:
- Schizophrenia
- Schizoaffective Disorder

Mood Disorders:
- MDD with Psychosis
- Bipolar I Disorder

Psychosis-Like

Trauma and PTSD
Anxiety Disorders
OCD
Personality Disorders
Neurodevelopmental Disorders
Substance Induced Psychosis

Attenuated Psychosis Syndrome

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What is Attenuated Psychosis?

- Prior to onset of full psychosis, there is often a period of less intense, more transient symptoms. This is called attenuated psychosis.
- Experiencing attenuated symptoms can be distressing and have an impact on functioning and do benefit from mental health treatment.
- Having attenuated psychosis puts you at higher risk of developing schizophrenia vs someone who does not have attenuated symptoms.
- However, most people with attenuated symptoms DO NOT go on to develop schizophrenia
    - Only about 1 in 4

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DSM-5 TR: Attenuated Psychosis Syndrome (APS)

- Included as a condition for further study in DSM-5
- APS can only be considered if a person has never experienced a full episode of psychosis

Diagnostic Criteria:

- At least one attenuated psychotic symptom, occurring at least once per week
- Onset or worsening in past year
- Sufficiently distressing to warrant clinical attention
- Not better accounted for by another psychiatric diagnosis

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Full vs Psychosis-Like/Attenuated Symptoms

- Psychotic-like experiences are quite common in the general public and associated with other psychiatric diagnoses, like anxiety
- Attenuated symptoms are defined as psychotic-like, but they remain below threshold of full psychosis. Some level of insight is maintained, and they tend to be less severe and more transient.
- The most crucial difference between attenuated and full symptoms is the level of insight.
- The attenuated experiences can still be distressing and disabling (as required by the DSM-TR criteria) but do not reach the level of severity nor lack of insight that the full threshold of psychosis defines.

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Symptom	Full Psychosis	Attenuated Psychosis	Not Psychotic
Delusions: Unusual thoughts, suspiciousness, grandiosity	Feels completely real and distinct from the person ; no skepticism	May seem real or imaginary; **skepticism can be induced**	May be beyond normal but within cultural bounds
Hallucinations: Auditory Visual Other	Formed perceptual abnormalities that feel completely real, distinct from the person; no skepticism	Formed/unformed; seem imaginary or real; **skepticism can be generated**	Minor perceptual or sensory changes. Within cultural norms
Disorganized Communication: Odd Speech Unfocused Speech Meandering Speech	Persistently loose, irrelevant, or blocked speech under minimal pressure	Incorrect words, circumstantial, tangential. Can redirect with prompting or on their own	Does not go off track or need to be redirected. May be vague, overelaborate, or stereotyped

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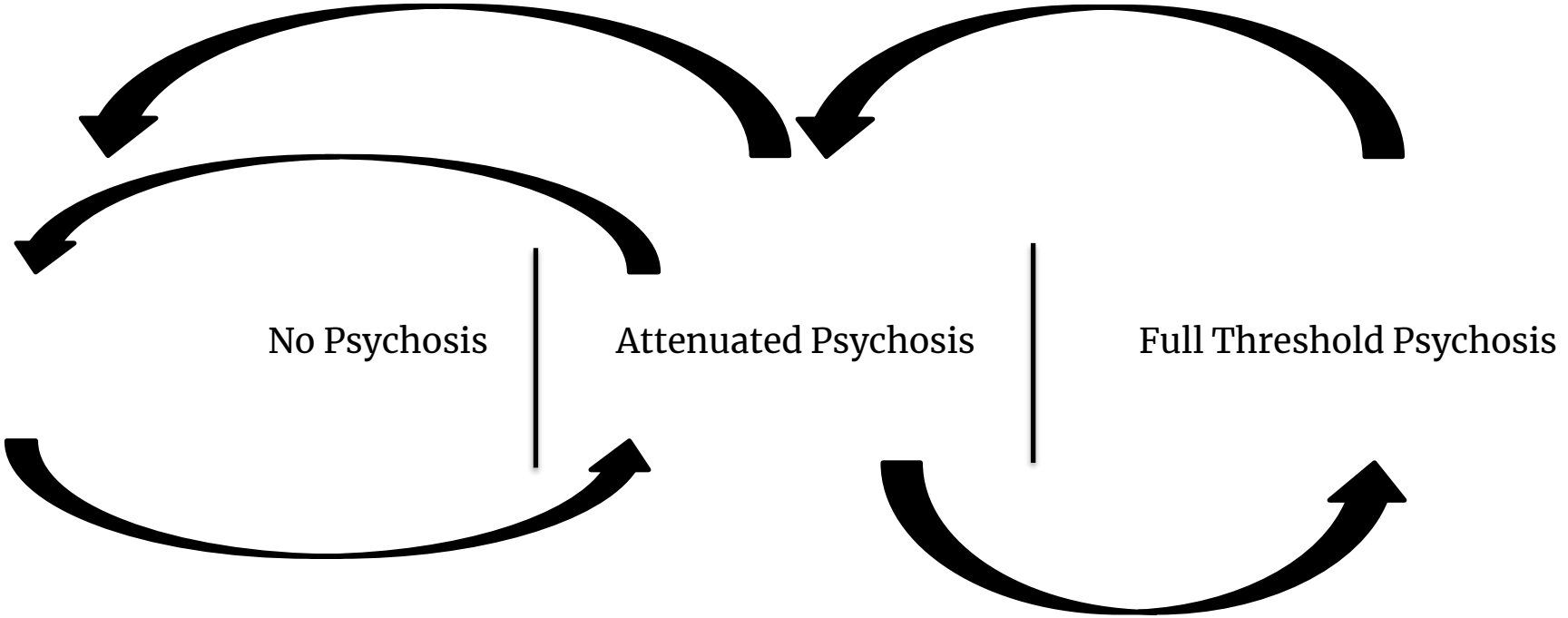
Psychosis on a Spectrum



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Why is it important to distinguish attenuated vs full psychosis?

- Only about **1 in 4** of people with attenuated symptoms will go on to develop a full psychotic disorder

- It is **NOT** recommended to start antipsychotics for attenuated psychotic symptoms
    - Instead continue to monitor, treat what is present (depression, anxiety, trauma etc)

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How to Screen For Psychosis

- Several tools exist as an initial screen for psychosis.
  - For example: PQ-16, PQ-B, and the Prime Screen - Revised-5

- These are **not** diagnostic tools and positive responses should be followed-up with additional questions to clarify the responses as to not over diagnose or pathologize responses.

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Prime Screen – Revised -5

		Definitely Agree	Somewhat Agree	Slightly Agree	Not Sure	Slightly Disagree	Somewhat Disagree	Definitely Disagree
1	I think that I have felt that there are odd or unusual things going on that I can't explain.	6	5	4	3	2	1	0
2	I have had the experience of doing something differently because of my superstitions.	6	5	4	3	2	1	0
3	I think that I may get confused at times whether something I experience or perceive may be real or may be just part of my imagination or dreams.	6	5	4	3	2	1	0
4	I think I might feel like my mind is "playing tricks" on me.	6	5	4	3	2	1	0
5	I think that I may hear my own thoughts being said out loud.	6	5	4	3	2	1	0

https://headsup-pa.org/wp-content/uploads/2022/09/Prime-5-Revised-8.22.22.pdf

Perelman School of Medicine, University of Pennsylvania

PRIME SCREEN-REVISED-5

to be administered by the provider

The following questions ask about your personal experiences. We ask about your sensory, psychological, emotional, and social experiences. Some of these questions may seem to relate directly to your experiences and others may not. Based on your experiences **within the past year,** please tell me how much you **agree or disagree** with the following statements. Please listen to each question carefully and tell me the answer that best describes your experiences.*

		Definitely Agree	Somewhat Agree	Slightly Agree	Not Sure	Slightly Disagree	Somewhat Disagree	Definitely Disagree
1	I think that I have felt that there are odd or unusual things going on that I can't explain.	6	5	4	3	2	1	0
2	I have had the experience of doing something differently because of my superstitions.	6	5	4	3	2	1	0
3	I think that I may get confused at times whether something I experience or perceive may be real or may be just part of my imagination or dreams.	6	5	4	3	2	1	0
4	I think I might feel like my mind is "playing tricks" on me.	6	5	4	3	2	1	0
5	I think that I may hear my own thoughts being said out loud.	6	5	4	3	2	1	0

*Note: Individuals can be shown a copy of this scale to assist in responding:

Definitely Agree	Somewhat Agree	Slightly Agree	Not Sure	Slightly Disagree	Somewhat Disagree	Definitely Disagree
6	5	4	3	2	1	0

There are **2 ways** to score the PRIME-5. Either way suggests a fuller evaluation for subthreshold or threshold psychosis symptoms should be considered:

1) Sum of the 5 items. To score, sum items 1-5 to obtain a total. Find the individual's **age**, then look at their PRIME-5 Score. A person scoring at or above the PRIME-5 score has endorsed a level of symptoms that is 2 standard deviations higher than the mean of others his/her/their age.

Age	11	12	13	14	15	16	17	18	19	20	21+
PRIME-5 Score	19	18	17	16	15	15	15	15	13	15	13

OR

2) Traditional Criteria. >=One item rated 6 (Definitely Agree) OR >=three items rated 5 (Somewhat Agree) is considered significant (i.e., warranting consideration of fuller evaluation).

Reference: Calkins, M.E., Taylor, J., White, L., Moore, T.M., Moxam, A., Ruparel, K., Wolf, D.H., Kohler, C., Gur, R.C., Gur, R.E. (2021). "Norming" psychosis spectrum symptom endorsements: Age, sex and race standard scores for a brief screening tool in youth, in preparation.

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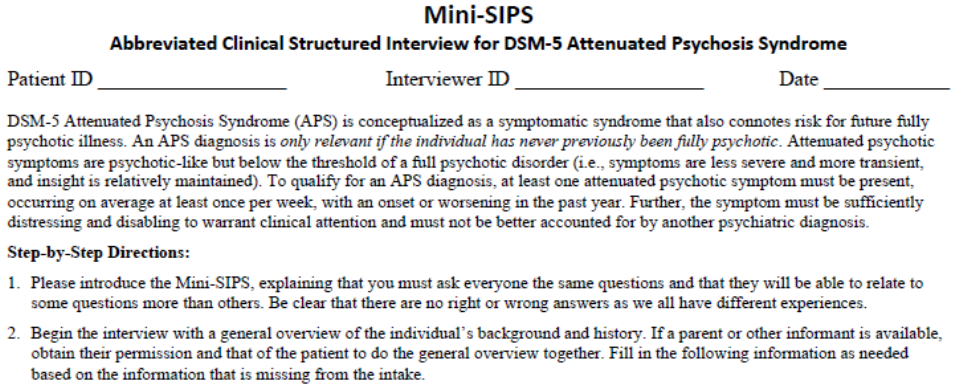
Clinical Assessment Tool for DSM-V Attenuated Psychosis Syndrome



Mini-SIPS

Abbreviated Clinical Structured Interview for DSM-5 Attenuated Psychosis Syndrome

Patient ID _____ Interviewer ID _____ Date _____

DSM-5 Attenuated Psychosis Syndrome (APS) is conceptualized as a symptomatic syndrome that also connotes risk for future fully psychotic illness. An APS diagnosis is *only relevant if the individual has never previously been fully psychotic*. Attenuated psychotic symptoms are psychotic-like but below the threshold of a full psychotic disorder (i.e., symptoms are less severe and more transient, and insight is relatively maintained). To qualify for an APS diagnosis, at least one attenuated psychotic symptom must be present, occurring on average at least once per week, with an onset or worsening in the past year. Further, the symptom must be sufficiently distressing and disabling to warrant clinical attention and must not be better accounted for by another psychiatric diagnosis.

Step-by-Step Directions:

1. Please introduce the Mini-SIPS, explaining that you must ask everyone the same questions and that they will be able to relate to some questions more than others. Be clear that there are no right or wrong answers as we all have different experiences.
2. Begin the interview with a general overview of the individual's background and history. If a parent or other informant is available, obtain their permission and that of the patient to do the general overview together. Fill in the following information as needed based on the information that is missing from the intake.

- Adapted from the SIPS- a more extensive tool utilized primarily in research
- Designed specifically to be utilized as a clinical tool
- Explores 3 main categories of symptoms (hallucinations, delusions, and disorganization)
- Provides helpful example questions
- To access a copy and participate in free online training:
    - https://campuspress.yale.edu/napls/other-resources/

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Visit the website to access these tools:

[Clinical Tools | Early Psychosis Interventions of North Carolina (EPI-NC) (unc.edu)]

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Case Examples:
Practice using the Mini-SIPS

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Case 1

17 year old comes to your office at the encouragement of their parents. She has noticed those around her are starring and whispering about her. Due to this, she has been skipping class and spending more time at home resulting in decline in grades.

She's been avoiding school for the last month because last time she was there, her teacher was manipulating her thoughts. For a while, she could ignore these ideas but the last several months she's been focused on trying to figure out why her teacher would do this.

According to the mini-SIPS:

A. Full Psychosis
B. Attenuated psychosis
C. Not psychotic

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Case 2

16 year old reporting seeing flashes of color distortion and shadows in the corner of their eye. They are not sure what it might be but does wonder about the possibility of paranormal activity. It occurs maybe every two weeks or so for just a few seconds. When it does happen, he'll blink a few times and it goes away. He otherwise reports doing well and is captain of his soccer team.

According to the mini-SIPS:

A. Full Psychosis
B. Attenuated psychosis
C. Not psychotic

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Case 3

21 year old male presents today reporting hearing mumbling, typically when alone and no one else is around. He finds this really strange and is unsure where it might be coming from. He thinks possibly the neighbor or maybe a radio. This makes it difficult to fall asleep at night and happens most days. It started about a year ago, initially just a few times per month but it's been more frequent lately. In the moment he hears it, he will go outside and check to see if someone is around but never finds anyone. Usually, he can just shake it off and get back to what he was doing at the time except at night. He asks, "could this just be my own thoughts?".

According to the mini-SIPS:

A. Full Psychosis

B. Attenuated psychosis

C. Not psychotic

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