



NORTH BAY PSYCHIATRIC ASSOCIATES

Psychotic disorders

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The term “psychosis” denotes a loss of contact with reality, an inability to perceive some aspect of the world as it *really* exists. It can often include “fixed false beliefs” about what is taking place or who one is; these are called *delusions*. Similarly, it can include *hallucinations*, which are false perceptions of reality like hearing voices or seeing things that don’t exist. Importantly, people with psychotic conditions often *truly* have these experiences; in other words, they do not experience their beliefs or experiences as “made up,” but as actual experiences of their world.



In which conditions is psychosis seen?

As you can tell from the above, psychosis is a symptom with many different manifestations, and can be seen in a number of psychiatric conditions. The disorder in which psychotic symptoms are most prominent is *schizophrenia*, and there are multiple subtypes of schizophrenia—some characterized by paranoia (fear of some danger that, in reality, is *not* present), some characterized by extreme disorganization in thought and behavior, and others in which patients show extremely limited and restricted emotions.

Psychotic symptoms can also accompany other disorders, such as depression and bipolar disorders, where they are often seen only in the “active” phases of the disease (e.g., in the midst of a depressive or manic episode). This does not necessarily mean the prognosis is any *worse*, but additional interventions may be necessary to treat these symptoms.



Psychosis can be triggered by the use of illicit substances; it is well known that hallucinogenic plants can cause “visions,” and stimulants like cocaine and methamphetamine can induce paranoia. It is also increasingly recognized that psychosis is more common among long-term marijuana users. In these cases, the psychotic symptoms can be indistinguishable from those seen in more chronic conditions, but the time course is usually very distinct, typically with symptoms occurring only during intoxication or withdrawal from the substance.

Some medical conditions and medications may cause transient psychotic symptoms, as well. One example is *delirium*, a rapidly shifting mental state in which patients can wander into and out of conscious awareness—often with psychosis and marked personality changes—and which can be caused by anoxic brain injury (lack of oxygen to the brain), infections, and electrolyte imbalances.

A category of conditions called “delusional disorders” also include psychotic symptoms. In a delusional disorder a patient has a fixed belief about something that is actually false, but, interestingly, *not bizarre* (e.g., the belief that one has a disease, or that one is loved by a celebrity they’ve never met). In other aspects of the person’s life, everything seems to be normal.

How is psychosis treated?

As their name would suggest, antipsychotics are the mainstay of treatment for psychosis. Antipsychotics have been in use for over 50 years, so as a class, they represent some of the oldest medications in psychiatry. Over the last decade or so, however, a new class of so-called “atypical antipsychotics” has become available; these medications generally have fewer side effects than the older agents. Some of these newer medications are also being increasingly used to treat other conditions like bipolar disorder, depression, and anxiety disorders.

Evidence seems to indicate that psychotic symptoms are caused by an elevation in dopamine activity in the brain. Thus, the efficacy of an antipsychotic medication is related to its ability to *block*, or *antagonize*, dopamine in certain brain pathways. Newer antipsychotic medications, however, not only block dopamine but also other chemicals like serotonin and acetylcholine and can be just as effective in the treatment of psychotic symptoms. As a result, we are learning more about the biology of psychosis and the many other pathways that are probably responsible for these symptoms.

What can psychosis teach us about other conditions?



Interestingly, many other disorders involve symptoms that are, to a greater or lesser degree, similar to psychosis. For instance, the major symptom of *body dysmorphic disorder* is a person's inability to perceive his/her body as it really exists (instead seeing it as too fat, or flawed in some very specific—but unrealistic—way). Severe *depression*, also, can be accompanied by the feeling that a person is not only worthless and guilty, but deserving of punishment or persecution, when in fact there is no objective basis for this. Sometimes in *post-traumatic stress disorder* patients will visualize or re-experience the traumatic situation they originally encountered, and these experiences can appear as hallucinations or delusional ideas.

As a result, we find that many beliefs that people possess in other disorders, resemble psychotic symptoms. In many cases, these beliefs may subside or disappear with antipsychotic medication. In other cases, therapy can be very effective to help patients recognize that their beliefs are *false* and that they perceive their world inaccurately.

How common is psychosis?

It is fairly well recognized that schizophrenia affects about 1% of the population, not only in Western countries but also in nonindustrialized societies as well. Interestingly, the prevalence of other psychotic conditions varies from place to place, mainly due to the definition of what is determined to be “delusional” in a given society, or, to put it differently, the explanations that societies give for beliefs that don't have any clear basis in reality. (These may be determined to have religious or other significance.)

Psychosis remains one of the most common presenting symptoms in psychiatric practices, although the degree to which it causes impairment or dysfunction varies tremendously among individuals, and therefore the treatment plan will be different from person to person. If you have been diagnosed with a psychotic condition or have experienced psychotic symptoms of any kind, it is important to work with your provider to determine a treatment plan that is agreeable to you, and which will avoid some of the unexpected complications of these symptoms.

Please be sure to check the NBPA website and blog regularly, as we will add up-to-date information about new discoveries in the biology of psychosis, new treatment modalities, and useful tools to help you make the most of your treatment experience.