

Are there differences between primary and substance-induced psychosis? Preliminary results

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Introduction

Association between psychosis and substance use disorder (SUD) is complex. Psychotic patients can use substance of abuse for different reasons, and also, different substances of abuse (i.e., amphetamines, cocaine) can provoke psychotic symptoms due to its pharmacological properties. In any case the co-occurrence of a substance use disorder

and a psychotic disorder is prevalent and presents a high psychopathological, medical and social severity (1-4). In this context the distinction between Substance-induced psychosis (SIP) or Primary psychosis (PP) disorder that co-occurs with a substance use disorder is critical for understanding illness course and planning appropriate treatment (1).

Objective

To identify key demographic, family and clinical differences in SIP and PIP in patients admitted into a dual diagnosis unit.

Methods

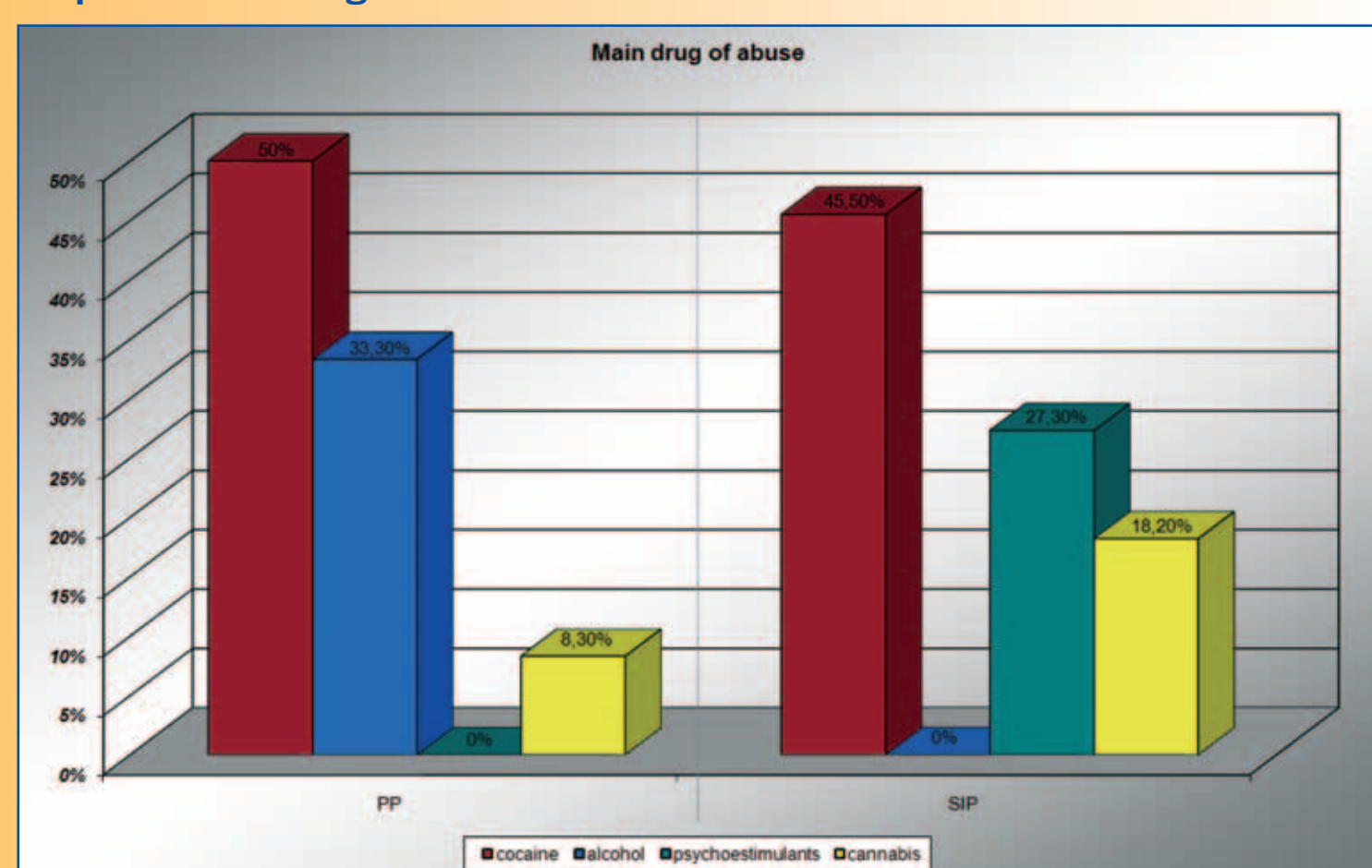
We studied the patients admitted from emergency room into a dual diagnosis unit for co-occurrence of psychotic symptoms and active substance use disorder. Variables collected were: sociodemographic, employment data, admission characteristics, family background, toxicological history and length of stay.

Psychiatric disorders were diagnosed according DSM-IV criteria using the Spanish version Psychiatric Research Interview of Substance and Mental Disorders (PRISM). This interview allows to distinguish in a reliable and valid manner between SIP and PP (5,6). Descriptive statistics for the selected variables were Fisher's exact test for categorical and Mann-Whitney U test for scaled variables. Statistical significance was established at 0.05 level.

Results

1. We show preliminary results of 23 different cases in their first admission with psychosis and SUD. Most of the patients were male (87%); mean age 35,6±10,1. According to DSM-IV criteria, 12 cases were diagnosed as PP and 11 as SIP.
2. We did not find significant differences among SIP and PP in sociodemographical and clinical characteristics among both groups, except for main clinical symptoms at admission (SIP more hallucinations than PP) and length of admission (SIP shorter than PP) group (table 1).
3. Graphic 1 shows substance use dependence diagnosis. In both groups. In both groups, cocaine use disorder was the most prevalent SUD.

Graphic 1. Main drug of abuse between SIP and PP



*No statistical differences between both groups.

Table 1. Sociodemographical and clinical characteristics of SIP and PP

	SIP N:11 (%)	PP N:12 (%)	
Male	83	90	NS
Age Years (sd)	33,2 (9,5)	37,8 (10,6)	NS
Marital status			NS
Married/cohabiting	36,4	25	
Divorced	0	16,7	
Single	63,6	58,3	
Employment:			NS
employed	50	33,3	
unemployed	50	66,7	
Length of admission Days (sd)	13,8 + 7,5	26,6 + 14,9	p<0.05*
Main reasons for admission			p<0.05*
hallucinations/delusions	90,9	33,3	
suicide ideation	0	33,3	
others	9,1	33,3	
Admission			NS
Voluntary	45,5	33,3	
Forced	54,5	66,7	
Family Background			
Family history of mental illness	87,5	75	NS
Parental substance abuse	83,3	65,7	NS
Suicide attempts lifetime	50	80	NS
Personality comorbidity	9,1	8,3	NS
Polydrug dependence			NS
One drug dependence	27,3	50	
Polydrug dep.(2 or more)	72,2	50	

Conclusions

- SIP cases showed more hallucinations and earlier improvement in their psychopathology than PP, as has been previously described (1).
- Cocaine dependence has been the most prevalent SUD in both SIP and PP.
- Further studies, with greater sample size and longitudinal design, are needed to better understanding the relationships between psychosis and SUD.

References

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