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Attenuated psychosis syndrome in DSM-5

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ABSTRACT

Despite advances in the treatment of schizophrenia over the past half-century, the illness is frequently associated with a poor outcome. This is principally related to the late identification and intervention in the course of the illness by which time patients have experienced a substantial amount of socio-occupational decline that can be difficult to reverse. The emphasis has therefore shifted to defining psychosis-risk syndromes and evaluating treatments that can prevent transition to psychosis in these ultra-high risk groups. To consider the appropriateness of adding psychosis risk syndrome to our diagnostic nomenclature, the psychotic disorders work group extensively reviewed all available data, consulted a range of experts, and carefully considered the variety of expert and public comments on the topic. It was clear that reliable methods were available to define a syndrome characterized by sub-threshold psychotic symptoms (in severity or duration) and which was associated with a very significant increase in the risk of development of a full-fledged psychotic disorder (schizophrenia spectrum, psychotic mood disorder, and other psychotic disorders) within the next year. At the same time, the majority of individuals with "attenuated psychotic symptoms" had one or more other current psychiatric comorbid conditions (usually mood or anxiety disorders, substance use disorder; Fusar-Poli 2012) and exhibited a range of psychiatric outcomes other than conversion to psychosis (significant proportions either fully recover or develop some other psychiatric disorder, with a minority developing a psychotic disorder). Although the reliability of the diagnosis is well established in academic and research settings, it was found to be less so in community and other clinical settings. Furthermore, the nosological relationship of attenuated psychosis syndrome (APS) to schizotypal personality disorder and other psychiatric conditions was unclear. Further study will hopefully resolve these questions. The work group decided to recommend the inclusion of attenuated psychosis syndrome as a category in the appendix (Section 3) of DSM-5 as a condition for further study.

1. Introduction

Despite therapeutic advances over the past half-century, schizophrenia continues to be a debilitating disorder with profound lifelong impairments in social and vocational functioning for most of those

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with the condition (Cornblatt et al. 2007). Much of the decline occurs early in the course of the illness, and overall outcome is directly correlated with functional ability prior to onset of psychosis and inversely correlated with duration of untreated psychosis (Carpenter, 2009; Woods et al., 2010; Boonstra et al., 2012). These facts have provided the impetus to early intervention efforts. Reducing treatment delay from the onset of the initial psychotic episode by early diagnosis and effective treatment has yielded only modest improvements in outcome for individuals with schizophrenia, however, leading to interest in possibilities for intervention even earlier in the course of the illness (i.e., before onset of psychosis; Fusar-Poli et al., 2013). This knowledge has led to interest from several centers, including the North American Prodromal Longitudinal Study (NAPLS, Cannon et al. 2007; Addington et al., 2007), in developing early psychosis detection, intervention, and treatment programs.

In order to address this need and in light of improvements in outcome observed in various early psychosis intervention programs, the psychotic disorders work group considered the addition in DSM-5 of a new category of "psychosis risk syndrome" or "attenuated psychosis syndrome" to describe a condition with recent onset of modest, psychotic-like symptoms and clinically relevant distress and disability. These patients also are at significantly increased risk of conversion to a full-blown psychotic disorder (Fusar-Poli et al., 2012a, 2012b, 2012c, 2012d, 2012e). Based on a review of the data relatively early in the process, it was realized that it may be premature to recommend a new category primarily based on future risk (i.e., "psychosis risk syndrome") and not on current clinical need (Carpenter and van Os, 2011; Tandon and Carpenter, 2012). Data revealed that a majority of individuals with this condition did *not* go on to develop a psychotic disorder and that most individuals with this condition had additional relevant clinical needs other than the risk of conversion to psychosis. Consequently, a condition that described current clinical need – attenuated psychosis syndrome (APS) – was considered instead. In contrast to "psychosis risk syndrome," APS describes a currently relevant clinical condition leading to help seeking, with many more clinical outcomes other than conversion to psychosis. The main considerations with respect to APS involved matters of reliability of diagnosis in routine clinical settings and whether it had more validity and provided greater clinical utility than current classification systems (Woods et al. 2009; Carpenter and van Os, 2011; Tandon and Carpenter, 2012). The relationship of APS to related diagnostic categories such as schizotypal personality disorder was also evaluated. In addition to reviewing all available data, the psychotic disorders work group consulted a range of experts and considered a variety of public and expert comments on the topic.

2. Proposed clinical criteria for APS

A. At least one of the following symptoms is present in attenuated form with sufficient severity and/or frequency to warrant clinical attention:

1. delusions/delusional ideas
2. hallucinations/perceptional abnormalities
3. disorganized speech/communication

B. Symptoms in Criterion A must be present at least once per week for the past month.
C. Symptoms in Criterion A must have begun or worsened in the past year.
D. Symptoms in Criterion A are sufficiently distressing and disabling to the individual and/or legal guardian to lead them to seek help.
E. Symptoms in Criterion A are not better explained by any other DSM-5 diagnosis, including substance-related disorders.
F. Clinical criteria for a psychotic disorder have never been met (McGlashan et al., 2010).

3. Rationale

3.1. Does the new diagnosis address a current unmet clinical need?

A vast majority of individuals who go on to develop schizophrenia or other psychotic disorder exhibit a range of psychiatric symptoms in the period prior to their initial psychotic episode. During this period, many such individuals experience decline in their academic-occupational and other aspects of social functioning that are difficult to reverse when they seek treatment after onset of the psychotic disorder (Tandon and Maj, 2008). Currently, there is no diagnostic category to define individuals who are experiencing such psychopathology and are at significantly higher risk for developing schizophrenia or other psychotic disorders. This proposed disorder category is intended for use when there is no existing diagnostic category to better define individuals who are experiencing such psychopathology and are at significantly higher risk for developing schizophrenia or other psychotic disorders. For example, the recent onset and transitory criteria preclude a diagnosis of schizotypal personality diagnosis, and the sub-threshold manifestations of psychosis-like symptoms do not meet criteria for a full psychotic disorder. The current lack of an appropriate diagnosis in DSM-5 prevents such individuals from obtaining appropriate clinical attention that might provide current relief and possibly prevent future adverse psychiatric outcomes. Several groups around the world have devised diagnostic criteria and assessment tools (Miller et al., 2002, 2003; Yung et al., 2005) to reliably identify such "ultra-high risk" individuals who have a significantly greater likelihood than the general population of developing a psychotic disorder over the next two and a half years (Cannon et al., 2008). In general, it appears that about 1/3 of ultra high risk (UHR) cases convert to psychosis (Gee and Cannon, 2011; Fusar-Poli et al., 2012a). Although a range of interventions (including careful observation and monitoring) appear to be effective in reducing rates of conversion to psychosis, they are as yet inadequately differentiated. Close follow-up is important and should include assessment for conversion to psychosis as also assessment for development or persistence of other psychiatric conditions and provision of appropriate treatment.

3.2. Prevalence in epidemiological samples

Relatively little is known about the prevalence of individuals with attenuated psychotic symptoms in the general population. Meta-analyses suggest that the prevalence of individuals with attenuated psychotic symptoms (which is not the same as APS where help seeking behaviors are sought) in the general population is around 5% (Linscott and van Os, 2012); only a small proportion of these seek help with mental health services and would be eligible for a diagnosis of APS, which is defined in terms of help-seeking and clinically relevant distress and dysfunction.

3.3. Information about reliability of proposed criteria

In research settings, the reliability of the proposed criteria is moderate before training (Cohen's kappa ranging from 0.3 to 0.5) and high after training (Cohen's kappa ranging from 0.75 to 0.90). Reliability data in general clinical settings are limited. The DSM-5 field trial provided too small a sample for an informative test of reliability (Regier et al., 2013).

4. Data on validity

4.1. Antecedent validity

Limited information is available in the published literature.