Personality Profile of Patients with First Episode Acute and Transient Psychotic Disorder

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Introduction. Acute and transient psychotic disorder (ATPD; F23, ICD-10) has been described as an acute psychosis with brief onset and polymorphous symptomatology. In our study we have focused on ATPD comorbidity with personality disorder, and tried to find relationship between them.

Methods and materials. A prospective follow-up study of all first-time hospitalised patients from Riga Centre of Psychiatry and Addiction Disorders (RCPAD) in Latvia who fulfilled the ICD-10 criteria for ATPD (WHO, 1993) during the 15-month period from 09.01.2010. to 30.03.2011. Patients were followed up until 31.10.2012. To determine the personality profile for each patient, we used the Mini-Mult scale by Kincannon, which contained 71 items from 11 of the 13 standard MMPI scales. The Mini-Mult contains 3 rating scales: a Scale of Lie (L), a Scale of Integrity (F), and a Scale of Correction (K) and 9 basic scales: Hypochondry (Hs), Depression (D), Hysteria (Hy), Psychopathy (Pd), Paranoid (Pa), Psychasthenia (Pt), Schizoid (Se), and Hypomania scales (Ma). For the purpose of comparison, patients were divided into two groups. The first group, designated the "pure" ATPD patient group, included all patients who were not re-hospitalized and any patients who were later re-hospitalized with a diagnosis of ATPD. The second group consisted of patients who were re-hospitalized with a diagnosis of schizophrenia (F20, ICD-10, WHO, 1993). Assessments were made using standardised instruments.

Results. 102 patients were hospitalized with first-episode ATPD. 60.7% (62) were females ($p = 0.003$). Over an average 26.5-month follow-up period, 59.8% (61) of patients were not re-hospitalised. In the subgroup of patients who were re-hospitalized, 70.7% (29) had their diagnosis converted to schizophrenia. We found that 18 (17.6%) patients had a personality profile within the norm ("pure" ATPD diagnosis vs. patients who had a diagnosis that was later converted to schizophrenia; 77.8% vs. 16.7%; $p = 0.0006$). 10 (9.8%) profiles were excluded, because they were invalid due to elevated L (9) and K scales. In total, we found that 74 (72.6%) profiles had scales which scored higher than the normal range (higher than 70 units). We found that 10 (13.5%) patient profiles had elevated scores for Hypochondry (Hs), 13 (17.5%) for Depression (D), 15 (20.2%) for Hysteria (Hy), 12 (16.2%) for Psychopathy (Pd), 14 (18.9%) for Paranoid (Pa), 10 (13.5%) for Psychasthenia (Pt), 14 (18.9%) for Schizoid (Se), and only 6 (8.1%) for Hypomania (Ma). 27 patients had elevated scores for two or more of the personality profile scales.

Conclusions. ATPD is prevalent in Latvia with higher prevalence in females. 17.6% of the patients in our study had a personality profile within the norm (predominantly statistically significant from the "pure" ATPD diagnosis group) and 9.8% of the patient profiles were invalid. A large portion (72.6 %) of ATPD patients showed deviations from the norm in personality profiles, scoring higher on the Psychasthenia, Depression, and Schizoid scales. 36.4% of the patients had abnormally elevated scales in several personality profiles. We could not find statistically significant strong relationship between ATPD and personality disorder, perhaps due to small sample size.