

VISUOMENĖS SVEIKATA

Acute and transient psychotic disorders in a rapidly developing country, State of Qatar

Taher Shaltout, Abdulbari Bener^{1,2}, Majid Al Abdullah, Zahra Al Mujalli, Hany T. Shaltout
 Psychiatry Department, Rumaillah Hospital, Hamad Medical Corporation, ¹Department of Medical
 Statistics and Epidemiology, Hamad General Hospital, Hamad Medical Corporation, Doha, State of Qatar
²Clinical Epidemiology and Public Health Unit, School of Epidemiology and Health Sciences, University of
 Manchester, United Kingdom

Key words: acute and transient psychotic disorders; schizophrenia; psychoses; incidence; Qatar.

Summary. Background. Little is known about acute and transient psychotic disorders, which is a diagnostic group, introduced with International Classification of Disease, 10th revision. It is an interesting area of research receiving a lot of attention.

Objective. The aim of the study was to find the incidence of acute and transient psychotic disorders in the population and determine its sociodemographic features in the State of Qatar.

Design. This is a retrospective descriptive study.

Setting. The study was conducted in the Department of Psychiatry of the Rumaillah Hospital, Hamad Medical Corporation, Doha, Qatar.

Methods. All Qatari, non-Qatari Arabs, and expatriate patients who were hospitalized with psychotic disorders in the inpatient wards or treated in the outpatient clinics of the Department of Psychiatry over a 7-year period were enrolled in the study. Data were collected from the medical records of patients. The study was conducted from August 1, 1996, to January 1, 2004, amongst the patients with acute and transient psychotic disorders. The diagnostic classification of definite psychotic disorders was made in accordance with criteria based on the International Classification of Disease, 10th revision (ICD-10).

Results. A total of 174 patients were treated during a 7-year period. Among them, 69% were males and 31% females. No cases were found in children aged less than 15 years. The highest frequency (43.7%) was found in the early adulthood (16–29 years of age). The incidence of acute and transient psychotic disorders was higher in the expatriates (66.7%). More than half (63.8%) of the patients were employed. Most of the cases (35.6%) had acute schizophrenia-like psychotic disorders (F23.2). There was no statistically significant difference in the frequency of acute and transient psychotic disorders between males and females, Qatari and non-Qatari Arabs, and single and married.

Conclusion. The study found markedly lower incidence rate of acute and transient psychotic disorders in females than males. The highest frequency was found in the early adulthood (16–29 years). No cases were found in children aged less than 15 years. It is important to find ways to promote healthier lifestyles in this population in order to prevent the onset of psychotic disorders.

Introduction

Patients with psychotic disorders are found to have abnormalities in information processing. These abnormalities can be studied in similar ways in different

species. In everyday language, a person is said to be psychotic when the things he/she does or the things he/she believes cannot be grasped by others and cannot be put into a context meaningful to others.

Acute and transient psychotic disorders (ATPDs) by definition are a heterogeneous group of disorders, characterized by the acute onset of psychotic symptoms such as delusions, hallucinations, perceptual disturbances and by the severe disruption of ordinary behavior (1). They comprise 8–9% of all psychotic disorders and arguably have a benign long-term course (2).

These psychotic symptoms with acute onset, dramatic and polymorphous symptomatology, followed by rapid resolution, have been given many names in the past, such as cyclo-psychosis, bouffée délirante, psychogenic psychosis, and good-prognosis schizophrenia. Most ATPDs have their onset in the late adolescence or young adulthood and are uncommon in early adolescence, but if it occurs, it may progress to an enduring and disabling disorder with major health and social implications (3). It is noted that if the first episode of a psychotic disorder lasts for a month or longer, this will often predict the development of schizophrenia.

The aim of this study was to find the incidence of ATPDs in the population and determine its sociodemographic features in the State of Qatar, since no study on the incidence of ATPDs in Qatar has been conducted yet. There has also been very limited age-specific research on psychotic disorders, because as mentioned above, brief psychotic episodes with an acute onset may be an early manifestation of a severe mental disorder such as schizophrenia; therefore, it is vital to identify patients with ATPDs and find their characteristics as early as possible.

Subjects and methods

Background information about the State of Qatar

The estimated population of the State of Qatar for the year 2003 was 724 125. Approximately 30% of the population were nationals and the rest were expatriates, mostly from the Middle East, South Asia, and Southeast Asia. The discovery of oil and natural gas in the middle of the last century has allowed Qatar to witness a rapid development in many aspects of life during the last two decades. In the State of Qatar, the Psychiatry Department of the Hamad Medical Corporation is the only provider of secondary and tertiary psychiatric healthcare. This 56-bedded unit provides a high-quality and standard multidisciplinary comprehensive services to the psychiatric patients for the assessment and treatment of psychiatric disorder. It is also the most ideal site for population-based studies in this specialty.

Design and subjects

The 10th revision of International Classification of Diseases (ICD-10) gives this disorder the operational definition under the name of ATPD (F23) (4). Acute onset, transient psychotic disorders, with a good outcome is recognized in both the ICD-10 and the DSM-IV as distinct from schizophrenia and affective psychoses (5). During the period extending from August 1996 until January 2004, a total of 174 patients were treated in the Department of Psychiatry. The study recruited all consecutive inpatients and outpatients fulfilling the ICD-10's criteria for ATPDs.

This is a retrospective study conducted during the period from August 1, 1996, to January 1, 2004, where 174 patients were diagnosed as having ATPDs. The study focused on a group of formally classified patients experiencing psychotic disorders. Any patient who had been diagnosed with any of the psychotic disorder at any time during the study period was enrolled in this study. Discharge diagnosis was in accordance with nomenclature of WHO ICD-10.

The database of the Department of Psychiatry was used in this study. The Section of Medical Records in the Department of Psychiatry classified all the psychiatry cases based on ICD-10. The research assistants collected retrospectively the data of all the patients who were admitted or visited the outpatient clinics of the Department of Psychiatry during the study period. The patients were evaluated for:

1. Main complaint and duration of the complaint.
2. Associated symptoms.
3. Length of inpatient stay.
4. Family history of similar illness.
5. Outcome of the treatment.

All recorded diagnoses of psychotic disorders and sociodemographic features were collected for each patient from the database or clinical records.

Results

Table 1 shows sociodemographic features of the studied subjects with ATPDs. Of the total 174 patients studied, 120 (69%) were males and 54 were females (31%). There were no cases found in children younger than 15 years of age. The highest frequency was found in early adulthood among 16–29-year-old persons (43.7%) followed by the 30–40 years old age group (32.2%). More than half (58%) of the subjects were married. In terms of nationality, most of them were expatriates (66.7%) followed by Qatari (18.4%), and the rest were non-Qatari Arabs (14.9%). More than half (63.8%) of the studied subjects were employed.

Table 1. Sociodemographic characteristics of subjects with acute and transient psychotic disorders

Variable	Frequency N=174 n (%)	P value
Age, years		
16–29	76 (43.7)	<0.001
30–40	56 (32.2)	
>40	42 (24.1)	
Nationality		
Qatari	32 (18.4)	<0.001
Other Arabs	26 (14.9)	
Expatriates	116 (66.7)	
Gender		
Male	120 (69)	<0.001
Female	54 (31)	
Marital status		
Single	73 (42)	0.003
Married	101 (58)	
Occupation		
Skilled worker	57 (32.8)	<0.001
Unskilled worker	54 (31.0)	
House wife	17 (9.8)	
Student	22 (12.6)	
Unemployed	15 (8.6)	
Other	9 (5.2)	

Among the 174 ATPD patients, acute schizophrenia-like psychotic disorders (ASLPDs) were most common (35.6%), followed by acute polymorphic psychotic disorders (APPDs) without symptoms of schizophrenia (23%) and acute polymorphic psychotic disorders with symptoms of schizophrenia (20.7%) (Table 2). There was no statistically significant difference in the incidence of ATPDs among men and women, Qatari and non-Qatari, and single and married.

Table 3 shows that 43% of patients visited the clinic only once, and more than 15% came to the clinic more than 10 times. More than half (60%) of the ATPD patients received outpatient clinic services, with only 14.9% being admitted for the treatment.

Discussion

The sociodemographic representation of the studied group of patients with ATPDs (according to the age) has showed that these disorders begin to develop in the early adulthood (in the 16- to 29-year age group). Unfortunately, unlike the younger age group whom seem resistant to ATPDs, affection of this group usually hits them hard and presents with an ASLPD in more than 56% of the patients. With age, as persons grow old, their chance of developing the disorder de-

Table 2. Distribution of the studied subjects with acute and transient psychotic disorders according to ICD-10 diagnosis

Variable	Type of acute and transient psychotic disorder				P value
	APPD without symptoms of schizophrenia (F23.0) n=40 n (%)	APPD with symptoms of schizophrenia (F23.1) n=36 n (%)	acute schizophrenia-like psychotic disorder (F23.2) n=62 n (%)	others n=36 n (%)	
Age, years					
16–29	15 (37.5)	15 (41.7)	35 (56.5)	11 (30.6)	0.211 NS
30–40	14 (35.0)	14 (38.9)	14 (22.6)	14 (38.9)	
>40	11 (27.5)	7 (19.4)	13 (21.0)	11 (30.6)	
Marital status					
Single	15 (37.5)	17 (47.2)	32 (51.6)	9 (25.0)	0.061 NS
Married	25 (62.5)	19 (52.8)	30 (48.4)	27 (75.0)	
Gender					
Male	23 (57.5)	23 (63.9)	46 (74.2)	28 (77.8)	0.173 NS
Female	17 (42.5)	13 (36.1)	16 (25.8)	8 (22.2)	
Nationality					
Qatari	7 (17.5)	6 (16.7)	16 (25.8)	3 (8.3)	0.022
Arabs	6 (15.0)	5 (13.9)	14 (22.6)	1 (2.8)	
Expatriates	27 (67.5)	25 (69.4)	32 (51.6)	32 (88.9)	

APPD – acute polymorphic psychotic disorder; ICD-10 – 10th revision of the International Classification of Diseases; NS – not significant.

Table 3. Details of visits and type of services of studied subjects with acute and transient psychotic disorders

Variable	Frequency N=174 n (%)	P value
Number of visits		
1	76 (43.7)	<0.001
2–10	71 (40.8)	
11–20	13 (7.5)	
>20	14 (8)	
Type of service		
Inpatient service	26 (14.9)	<0.001
Outpatient service	105 (60.3)	
Both	43 (24.7)	

creases along with the severity of the disease.

Something worth noting is that females and Arabs (Qatari and non-Qatari) were less susceptible to developing these disorders; the percentages of males and expatriates with ATPDs were 69% and 66.7%, respectively. The incidence of ATPDs was higher among employed persons (both skilled (32%) and unskilled workers (31%)) and married people (58%) than among unemployed or single people.

ATPDs hold a small but noticeable proportion of the total psychiatric patient count, since 1.4% of all our psychiatric patients complain of ATPDs. It was noticed that this figure somehow holds an international standard as studies done in Denmark (6) reported that ATPDs is an infrequent condition, with onset in early adult life. In Germany, ATPDs account for 8.5% of all inpatient nonorganic psychotic disorders (7).

And to continue the international trend, Al Ain District General Hospital reported a male to female ratio of 1.5:1 (8), whereas Kingdom of Saudi Arabia reports a ratio of 1.4:1 (9). In England, a slightly higher ratio of 1.87:1 was reported (10), and the ratio of 2.2:1 was found in our study. So not do the ATPDs compromise the same proportion of psychiatric patients they also say males are more affected and by almost the same ratio.

One very important point that is worth mentioning is the relation between ATPDs and nationality; our studies showed that nationality might play a big role in determining who develops ATPDs. In reality,

this number is biased, because of what happens here. When expatriates come to live in Qatar, some of them are hit by a psychic trauma because of leaving home and moving to a new place with a different lifestyle, or leaving his loved ones behind, or not liking the atmosphere and so on. These psychosocial stresses may precipitate the attack of ATPD. When this occurs, the patient either decides to leave the country or his sponsor refuses to sponsor him. Therefore, he leaves the country. This explains the large number of expatriates who complain of ATPDs.

This phenomenon can help to explain the clinic trends where we will notice that more than 83% of the patients came to the clinics less than 10 times, almost half of which only came once. More than half (60%) of the patients only came to the outpatient clinics and were not admitted as inpatients.

Therefore, it would not be correct to consider ATPD as a simple problem that could be treated on an outpatient basis, with very few visits, and that only a few need to be admitted, but it only implies that after diagnosis of the case, most of the patients would not continue to seek medical assistance, which leads to the progression of the disorder and the arising of complications.

An aggressive form of ATPDs called acute schizophrenia-like psychotic disorder affects 1% of the worldwide population. Approximately, 2.6 million Americans (11) are affected by ASLPD. This is clear in our study that the most common diagnosis made was ASLPD (35.6%), and it was found mostly in the age group of 16–29 years.

Very few epidemiological studies of first-episode ATPDs are conducted in the Middle East region. Hence, it is difficult to compare the findings of our study with other reports.

Conclusions

Acute and transient psychotic disorders are a relatively new class of disorders, which develops in early adulthood, more frequently in males, and it can progress to even more catastrophic disorders if not diagnosed and treated promptly and properly. There is also an inadequacy of statistics in this field, and it would be helpful if other centers would perform their own studies and help in shedding light in this relatively unknown part of psychiatry.

Ūminiai ir praeinantys psichikos sutrikimai sparčiai besivystančioje Kataro Valstybėje

Taher Shaltout, Abdulbari Bener^{1, 2}, Majid Al Abdullah, Zahra Al Mujalli, Hany T. Shaltout

Hamado medicinos korporacijos Rumaillah ligoninės Psichiatrijos skyrius,

¹Hamado pagrindinės ligoninės Medicinos statistikos ir epidemiologijos katedra, Doha, Kataro Valstybė

²Mančesterio universiteto Epidemiologijos ir sveikatos mokslų mokyklos Klinikinės epidemiologijos ir visuomenės sveikatos skyrius, Jungtinė Karalystė

Raktažodžiai: ūminiai ir praeinantys psichikos sutrikimai, šizofrenija, psichozė, paplitimas, Kataras.

Santrauka. *Išvadas.* Nedaug žinoma apie ūminius ir praeinančius psichikos sutrikimus, kurie buvo aprašyti Tarptautinės ligų klasifikacijos 10-ojoje peržiūroje. Šie sutrikimai yra įdomi tyrinėjimų sritis, sulaukianti nemažai mokslininkų dėmesio.

Tyrimo tikslas. Įvertinti ūminių ir praeinančių psichikos sutrikimų paplitimą Kataro Valstybės populiacijoje ir nustatyti šio paplitimo sociologines ir demografines ypatybes.

Tyrimo planas. Tai retrospektyvusis aprašomasis tyrimas.

Vieta. Tyrimas atliktas Hamad medicinos korporacijos Rumaillah ligoninės Psichiatrijos skyriuje Dohoje, Kataro Valstybėje.

Metodai. Į tyrimą įtraukti visi Kataro ir ne Kataro arabai ir asmenys, atvykę iš kitų šalių, kuriems nustatyti psichikos sutrikimai. Tiriamieji buvo gydyti stacionare ar ambulatoriškai Psichiatrijos skyriuje septynerių metų laikotarpiu. Duomenys surinkti iš ligonių medicininių įrašų. Tyrimas atliktas 1996 m. rugpjūčio–2004 m. sausio mėnesiais. Psichikos sutrikimų klasifikacija atlikta remiantis Tarptautinės ligų klasifikacijos 10-osios peržiūros (TLK-10) kriterijais.

Rezultatai. Septynerių metų laikotarpiu gydyti 174 ligoniai. Tarp jų buvo 69 proc. vyrų ir 31 proc. moterų. Tarp vaikų iki 15 metų neužregistruota nė vieno atvejo. Didžiausias ūminių ir praeinančių psichikos sutrikimų dažnis nustatytas 16–29 metų grupėje (43,7 proc.) ir tarp asmenų, atvykusių iš kitų šalių (66,7 proc.). 63,8 proc. ligonių buvo darbingo amžiaus. Labiausiai paplitę ūminiai šizofrenijos tipo psichikos sutrikimai (35,6 proc.) (F23.2). Lyginant moteris ir vyrus, Kataro ir ne Kataro arabus, viengungius ir vedusius, statistiškai reikšmingo sutrikimų dažnio skirtumo nenustatyta.

Išvados. Tyrimas parodė, kad ūminių ir praeinančių psichikos sutrikimų paplitimas buvo mažesnis tarp moterų nei tarp vyrų. Didžiausias dažnis nustatytas 16–29 metų grupėje. Tarp vaikų iki 15 metų neužregistruota nė vieno atvejo. Svarbu rasti būdų, kaip propaguoti sveiką gyvenimo būdą ir sustabdyti psichikos sutrikimų plitimą.

Adresas susirašinėti: A. Bener, Department of Medical Statistics and Epidemiology, Hamad General Hospital, Hamad Medical Corporation, Weill Cornell Medical College Qatar, PO Box 3050, Doha, State of Qatar
El. paštas: abener@hmc.org.qa, abaribener@hotmail.com

References

1. World Health Organization. The International Classification of Diseases-10 classification of mental and behavioral disorders clinical descriptions and diagnostic guidelines. Geneva: WHO; 1992.
2. Marneros A, Pillmann F. Acute and transient psychoses. Cambridge: Cambridge University Press; 2004.
3. Clark AF, Lewis SW. Treatment of schizophrenia in childhood and adolescence. J Child Psychol Psychiatry 1998;39(8): 1071-81.
4. Marneros A, Pillmann F, Haring A, Bulzuweit S. Acute and transient psychotic disorders. Fortschr Neurol Psychiatr 2000; 68 Suppl 1:S22-5.
5. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th ed. Washington, DC: APA; 1994.
6. Jorgensen P, Bennedsen B, Christensen J, Hyllested A. Acute and transient psychotic disorder: comorbidity with personality disorder. Acta Psychiatr Scand 1996;94(6):460-4.
7. Marneros A, Pillmann F, Haring A, Balzuweit S, Bloink R. Features of acute and transient psychotic disorders. Eur Arch Psychiatry Clin Neurosci 2003;253(4):167-74.
8. El Assra A, Amin H. Hospital admissions into a psychiatric division in Saudi Arabia. Saudi Med J 1988;9:25-33.
9. Ihezue UH, Younis YO, Saad AG, Bener A. Treated psychiatric morbidity in a rapidly developing society. Saudi Med J 1994;15:61-5.
10. Singh SP, Burns T, Amin S, Jones PB, Harrison G. Acute and transient psychotic disorders: precursors, epidemiology, course and outcome. Br J Med Psychol 2004;185:452-9.
11. Department of Psychiatry. Psychotic Disorders [cited 2005 Jan 18]. Available from: URL: http://www.psychiatry.unc.edu/research/def_psychotic.htm

Received 25 August 2005, accepted 13 November 2006

Straipsnis gautas 2005 08 25, priimtas 2006 11 13