

Psychotic Illnesses: A Snapshot					
	Symptoms	Prevalence	Sex Differences	Usual Age of Onset	Developmental Considerations
<b>Brief Psychotic Disorder</b>	1 or more of: •Delusions •Hallucinations •Disorganized speech •Disorganized behavior or catatonia 1–30 days, no other diagnoses & return to pre-morbid function	•Accounts for 9% of first-onset psychosis •Higher in developing countries	Twice as common in females	•Any age starting in adolescence •Average onset is in 30s	Visual hallucinations more common in children than adults (up to 50% in some cohorts)
<b>Delusional Disorder</b>	1 or more delusions lasting for 1+ month, never met criteria for schizophrenia	0.2% (persecutory is most common)	•Roughly equal •Women more jealous	May occur in younger age groups, though more prevalent in older adults	Consider normal magical thinking in differential
<b>Mood Disorders (BPD, MDD) With Psychotic Features</b>	Primary mood disorder meeting criteria for MDE or mania with psychotic symptoms	•1% general population for bipolar disorder •Rarer in childhood •10%–20% of adults have MDD at some point in their lives	•About equal for BPD •MDD is 1.5–3x more common in females from teens onward	•BPD mean onset at 18 with 2nd peak in middle age •MDD onset increases markedly in puberty and peaks in 20s	•BPD in children and adolescents: judge irritability and agitation against own baseline •Delusions and hallucinations tend to be mood congruent
<b>Neurodevelopmental Disorders (ASD, IDD, Communication Disorders)</b>	Overlapping symptoms: perceptual abnormalities, thought disorder, catatonia, deficiencies in reality testing	1% prevalence of IDD and ASD in general population	Males more likely to be diagnosed with mild (1.6x) and severe (1.2x) IDD than females	Onset is in the developmental period, though diagnosis may be delayed until academic or social impairment becomes apparent	•High risk of psychosis and misdiagnosis as well as sensitivity to medication •Genetic syndromes increase risk of psychosis (ie, DiGeorge syndrome)
<b>Personality Disorders (Borderline Personality and Cluster C PDs)</b>	Psychotic symptoms with less functional impairment than primary psychotic disorders; possibly transient in crisis or magical thinking	•Varied rates in community, inpatient samples •15% of adults have at least 1 PD	Borderline PD more common in women	May emerge in adolescence and progress through young adulthood, though may not always be recognized until adulthood	•Diagnoses in children/adolescents often change over time •BPD frequently diagnosed in adolescent females
<b>Schizoaffective Disorder</b>	Mood episode & 2 or more psychotic symptoms AND psychotic 2+ weeks apart from mood episode	0.3% of general population	More females	•Early adulthood •Older patients may be more likely to have depressive type presentation	•Youth may be more likely to have bipolar type presentation
<b>Schizophrenia</b>	2 or more psychotic symptoms present for a significant portion of time in 1 month & 1 symptom for over 6 months	•Childhood onset schizophrenia is very rare (1/10,000) •1% of general population	•Roughly equal •Males: More negative symptoms, longer duration	•Typically emerges in late teens and mid 30s •Early/mid 20s peak in males •Late 20s peak in females	•Premorbid social & motor problems •Earlier onset has poorer prognosis •1/3 of adults report their illness started before age 18
<b>Schizophreniform Disorder</b>	2 or more psychotic symptoms, at least 1 month & less than 6 months	•0.2% in developed world •Higher in developing world •2/3 transition to schizophrenia	Roughly equal	•8–24 for males •24–35 for females	Youth: attenuated symptoms and provisional diagnosis may be provided initially
<b>Substance/Medication Induced</b>	Typically acute onset, often resolves after withdrawal, may persist for weeks or longer	•7%–25% of first-episode psychosis attributed to substance/medication use •Prevalence unknown	Unknown	Occurs at any age, though elderly may be particularly vulnerable due to polypharmacy and medication exposure	Cannabis-induced psychotic symptoms may persist in heavily using adolescents for up to 1 year following cessation, in some studies
<b>Traumatic Disorders</b>	Traumatized youth may report hallucinations in PTSD	•US lifetime prevalence is 8.7% •Prevalence lower in children and adolescents	More common in females across the lifespan	Can occur at any age	Children and adolescents: limited ability to express symptoms, which may be nonspecific