

Patient information from BMJ

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Brief psychotic disorder

Psychosis is not usually a condition in itself, but a symptom or side effect of something else.

But some people have spells of psychosis that are not caused by other medical conditions, or by other common causes of psychosis.

This is called brief psychotic disorder. It can be very distressing. But there are treatments that can help you get through it.

What is psychosis?

Doctors usually talk about psychosis as being a symptom, rather than a medical problem in itself.

But psychosis is actually a group of symptoms. Someone with psychosis can have one, several, or all of them. They are:

- having delusions - believing things that aren't true
- having hallucinations - seeing, hearing, and thinking you can touch things that aren't real
- speaking or behaving in a very confused and random way, and
- "catatonic" behaviour - hardly speaking, moving, or reacting at all to the world around you.

Psychosis is often caused by a mental-health condition. For example, it's a common symptom of schizophrenia. And it can sometimes be a symptom of other mental-health problems, including depression and anxiety.

Psychosis can also be caused by many other things, including:

- some medicines and recreational drugs
- injuries to the front of the brain
- exposure to toxic substances such as some fertilisers and weed killers, and
- some physical illnesses.

For more information on what can cause psychosis, see our leaflet: *Psychosis*.

What is brief psychotic disorder?

If you have brief psychotic disorder, or **BPD** for short, you have psychosis that comes on suddenly and lasts for between one day and one month. The symptoms then stop, and usually they don't come back.

There are three types of BPD:

- BPD that's caused by an extremely stressful event. For example, some military personnel have BPD after a traumatic event. But this could be anything, including the death of someone close, the end of a relationship, or being in an accident.
- BPD that has no known cause, and
- BPD that happens to a woman shortly after she gives birth. This is called postnatal or postpartum psychosis. It happens to 1 or 2 in every 1000 women within four weeks of having a baby.

There is still a lot that we don't know about BPD. But we do know that it is more common in:

- people in developing countries
- people with a personality disorder. (For more information, see our leaflet: *Personality disorders: what are they?*)
- women who are exposed to stress while pregnant (and women who have BPD after giving birth)
- people with a history of mental-health symptoms, and
- people with family members who have had BPD.

What are the symptoms?

In order to diagnose BPD in someone, a doctor needs to rule other causes of psychosis.

But it's actually very hard for doctors to say for certain that someone has BPD. This is because it's only really possible to say that someone had BPD after they have recovered.

This doesn't mean that you won't get any help: there are good treatments to help relieve the symptoms of psychosis. And your doctor will understand the type of follow-up help you need after you recover.

If you see a doctor and you have symptoms of psychosis, the doctor will want to find out what is causing them. He or she will not be able to tell right away if your psychosis is caused by BPD.

So your doctor will examine you physically, check through your medical history, and ask you (and, often, someone who has come with you) questions about what might be causing your problems.

Your doctor will want to know about things like:

Brief psychotic disorder

- any medical conditions you suffer from, including conditions that might affect your nervous system
- whether you have a history of mental-health problems
- what medications you take
- whether you have taken any recreational drugs, either recently over the long term
- any recent head injuries, and
- whether you have had contact with any toxic chemicals.

You might have blood and urine tests, to check for drugs, medicines, and other toxic substances.

Your doctor's first concern will be to keep you safe. This might just mean identifying any toxic substance you have taken, either deliberately or by accident, and getting a clear picture of your medical history.

But it might also mean that you need to be kept in hospital for a while, even if you don't want to. Your doctor can make this decision against your will if he or she thinks you might be a danger to yourself or others.

This might be for several reasons. For example, you might be:

- unable to look after yourself
- aggressive
- having severe delusions or hallucinations: for example, you might be hearing voices telling you to do things
- behaving very strangely
- behaving in a way that suggests that you might try to kill yourself or someone else.

If you are hospitalised in this way for a while, you might need to be given medication to keep you calm and safe. Again, you might not want this medication. But your doctor can override your wishes to keep you and others safe until you are feeling better.

What treatments work?

Drug treatments

The first treatment for most people with symptoms of psychosis is medications called antipsychotics. As the name suggests, these medicines help to ease the symptoms of psychosis.

If you have BPD, the psychosis symptoms clear up within a few days or weeks. So you shouldn't need to take the medications for long. If you need to take them for several weeks, your doctor might suggest reducing the dose gradually when the time comes to stop taking them.

Some antipsychotic medicines can cause side effects such as weight gain, high blood sugar, and high cholesterol.

Brief psychotic disorder

This could be dangerous if you already have conditions such as diabetes or heart disease. But it shouldn't be a problem, as people with BPD usually only need the antipsychotics for a short time - not long enough for the side effects to become a problem.

Psychotherapy and other support

As well as prescribing medications to help with your symptoms, your doctor might also arrange for you to get help with your mental health. This might mean talking with a psychotherapist or psychiatrist. Or it might be enough just to talk with your doctor.

Whoever you talk to, he or she will want to discuss things like:

- helping you cope with the stress that led to the BPD
- helping you prevent BPD from happening again
- what help and support you have from your family, and
- whether you need to see a psychologist or psychiatrist regularly for a while.

BPD in new mothers

Being a new mother should be a happy time. But it can also be hugely stressful, tiring, and worrying.

Many new mothers struggle with the physical, emotional, and mental changes that happen after having a baby. For example, most people know about postnatal depression. But BPD in new mothers is not as widely understood.

Your doctor will know about it, though. And he or she will want to talk about what support you have at home, and what extra help you need in the future. Specialist mental health teams are usually involved in the care of mothers who have psychosis after giving birth.

There are also support groups for new mothers with postpartum psychosis. For example, in the UK, Action on Postpartum Psychosis (app-network.org) offers help in many ways.

What will happen?

Antipsychotic medicines can work well for BPD. But it's important to take them as prescribed, and not to miss doses.

This can be hard when you are struggling with symptoms of psychosis. So it might help if you have a family member or friend who can help you with taking your medication on time.

Once your symptoms have stopped, and you don't need the medicine anymore, your doctor will probably want to see you at least once a month for a few months to check how you are doing.

BPD can happen again in some people, but it shouldn't keep happening. If you do keep having episodes of psychosis, your doctor will want to look at whether your symptoms are being caused by something else.

Brief psychotic disorder

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