What is psychotic relapse?

Psychotic relapse is the reoccurrence of previously treated psychotic symptoms. Under regular treatment conditions, relapse rates for psychosis are estimated around 40%. This figure increases upon discontinuation of medication to between 60 and 75% after one year. These estimates are additionally influenced as younger and acute patients tend to show higher relapse rates than older and more chronic patients. Family situations where negative emotion is readily expressed have also been associated with increased risk of psychotic relapse.

Recent research has been investigating the possibility of identifying early warning signs of an impending psychotic relapse. Effective early recognition may offer the potential for early intervention to prevent relapse, such as medication adjustment, psychosocial treatments, social support and stress reduction. Early warning signs are subjective experiences, thoughts and behaviours that occur immediately prior to a psychotic relapse, which signal to the patient or their family that their condition is deteriorating. The involvement of several parties in the early recognition process is crucial to its success. It is important that these signs be identifiable by family members or carers as patients may minimise or disguise these symptoms in order to appear healthy or to avoid hospital readmission. The ability of patients to recognise altered experiences may also deteriorate as the symptoms progress and insight diminishes.

What is the evidence for psychotic relapse?

Moderate to low quality evidence suggests common early warning signs for psychotic relapse include hallucinations, suspiciousness, change in sleep, anxiety, cognitive inefficiency, hostility, somatic symptoms, delusions, thought disorder, inappropriate behaviour and depression. Moderate quality evidence suggests 70% of patients and 93% of family members could identify changes in experience or behaviour which predicted psychotic relapse. Over 50% of cases reported a duration greater than one month between onset of signs and relapse. However, the measureable predictive value of early warning signs was inconsistent. Moderate to low quality evidence suggests early recognition and intervention may be effective adjuncts, but not alternatives, to maintenance medication.

For further information see the technical table.