



< Relapse

SCHIZOPHRENIA Factsheet

September 2020

What is psychotic relapse?

Psychotic relapse is the reoccurrence of previously treated psychotic symptoms. 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. It is important that these early 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 properly recognise altered experiences may also deteriorate as the symptoms progress and insight diminishes.

What is the evidence for psychotic relapse?

Moderate quality evidence suggests the rates of relapse following a first-episode of psychosis are around 28% at one year post-treatment and up to 54% at 3 years post-treatment. The relapse rate following discontinuation of antipsychotics in people with chronic schizophrenia is around 38%. Children and adolescents with a psychotic disorder were more likely to be readmitted to a psychiatric hospital than children and adolescents with other psychiatric disorders.

Most patients and family members could identify changes in experience or behaviour that preceded a psychotic relapse, and over 50% of patients reported a duration greater than one month between onset of warning signs and relapse. Common early warning signs include hallucinations, suspiciousness, change in sleep, anxiety, cognitive inefficiency, hostility, somatic symptoms, delusions, thought disorder, inappropriate behaviour, and depression.

Higher risk of relapse is associated with substance use disorders, poor medication adherence, high levels of critical family comments and expressed emotion, poor premorbid adjustment, high ambient temperature, and being in a perimenstrual phase for women. Factors most consistently associated with lower risk of relapse after discontinuation of antipsychotics include being maintained on a low antipsychotic dose prior to discontinuation, a shorter duration of untreated psychosis in the early stages of the disorder, better social functioning, and fewer previous relapses.

For more information see the technical table

HOW YOUR SUPPORT HELPS

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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.