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%.

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, poor premorbid adjustment, and high ambient temperature.

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