

Connecticut Early Psychosis Learning Health Network

*A collaboration of the STEP Program / Yale School of Medicine and
Connecticut Department of Children and Families*

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Differential Diagnoses in Early Psychosis

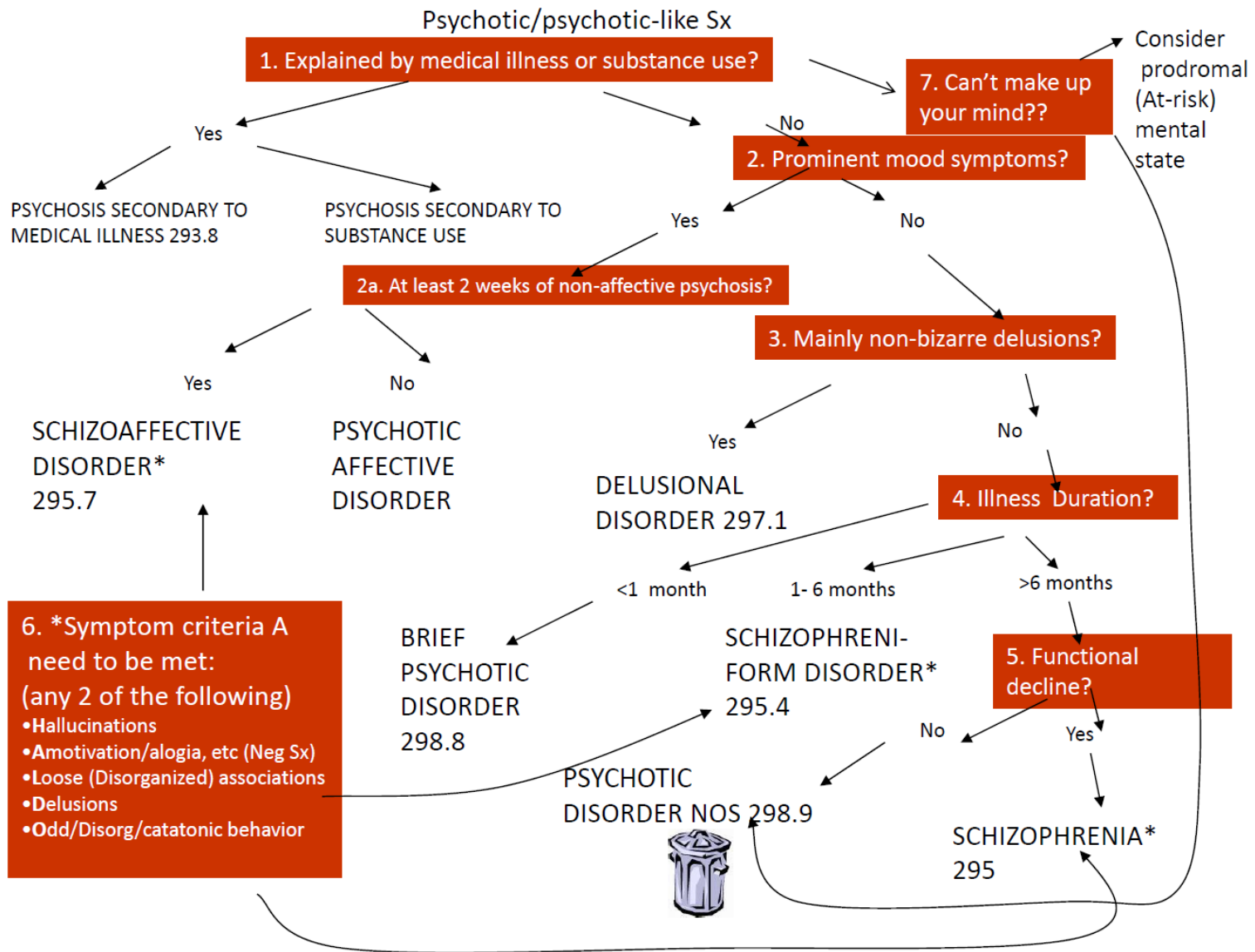
- Is this a primary psychotic disorder? (*Is psychosis the main thing that is going on?*)
- Is the psychosis secondary to another psychiatric, substance use, (or medical disorder)?
- Are there prominent mood symptoms? (consider MDD, Bipolar, Schizoaffective)
- Is this caused by acute intoxication? (*do the symptoms remain outside of use?*)
- If this is primary psychosis, what type?
- May need to “rule out” alternative diagnoses
- Consider timing of symptoms (developmental hx, medical records)

Diagnosis/Condition	Main Features
Schizophrenia	2 of Delusions, hallucinations, disorganization (speech/behavior), negative sx + fx decline > 6 months
Schizophreniform	Same as above but no decline required 1-6 months
Brief Psychotic Disorder	1 day to 1 month (then return to BSL)
Substance-induced	psychosis remits in absence of substance
Schizoaffective DO	At least 2 weeks of non-affective psychosis
Bipolar Disorder or MDD w/psychotic features	Psychosis only within context of mood episode
Attenuated Psychotic Symptom Syndrome (CHR)	Sub-threshold positive sx



Is the psychosis better explained by...

- Other considerations (although comorbidities are possible!)
 - Obsessive compulsive disorder
 - “micro psychoses” of borderline personality disorder (paranoia)
 - Psychosis related to complex trauma/PTSD
 - Autism Spectrum Disorder
 - Schizotypal Personality Disorder



(Flowchart from - Keshavan, Differential Dx in FEP Presentation)