



Psychosis Symptom Checklist (PSC) and Overview

Psychosis is the term used to describe conditions that affect the mind, where there has been **some loss of contact with reality**, according to the National Institute of Mental Health.¹

Because psychosis involves a break in reality, a person experiencing psychosis may be incapable of completing a symptom screening questionnaire directly, which is why **there isn't a psychosis screening tool**. Family members and those in close contact with the mother are often the first to notice changes in behavior. The following psychosis symptom overview can assist families and providers in recognizing psychosis.

It's important to understand that those suffering from psychosis may also be suffering from depression and/or anxiety. Diagnosis of psychosis happens through a psychiatric assessment.² Assessments for maternal psychosis can be conducted by a trained mental health or trained obstetric provider.

Because of the increased risk of harming oneself or others, including infants and children, those experiencing psychosis or mania should receive immediate treatment from a psychiatrist. Psychosis is considered a medical emergency, and medical professionals recommend hospitalization through stabilization.

Postpartum psychosis can present in different ways, and not every mother will experience the same symptoms. Signs of psychosis can include:^{3,4}

- Difficulty concentrating
- Disorganized thinking and speech, such as switching topics erratically or combining words that are not generally combined
- Agitation and restlessness
- Withdrawal from family and friends
- Suspicion or paranoia
- Delusions
- Hallucinations
- Catatonia, including lack of movement or communication
- Anosognosia, defined as the neurological inability of someone to recognize their own illness. Described as “lapsed insight into her illness and symptoms”^{5,6}

Mania can be a precursor to psychosis.

Symptoms Include:

- Abnormally upbeat, happy, jumpy, or wired
- Increased activity, energy, irritation, or agitation
- Exaggerated sense of well-being, self-importance, or self-confidence (euphoria)
- Decreased need for sleep
- Unusual talkativeness
- Racing thoughts
- Easily Distracted

Mania can be associated with an underlying diagnosed or undiagnosed bipolar disorder. Anyone who presents with symptoms of mania should be screened with the Mood Disorder Questionnaire (MDQ) to assess for bipolar disorder.

What are delusions and hallucinations?

Delusions and hallucinations are two different symptoms that are often experienced by people with psychosis. Delusions and hallucinations seem reality-based to the person who is experiencing them. Delusions and hallucinations can “wax and wane” or come and go. Those who experience these symptoms may become lucid, or aware of the prior hallucination or delusion. In a psychotic state however, a person is unaware in the moment that what they see, hear or believe, is not real.

Hallucinations are sensory

experiences that occur despite the absence of an actual stimulus. For example, a person having an auditory hallucination may hear their mother yelling at them when their mother isn’t around. Or someone having a visual hallucination may see something, like a person in front of them, who isn’t actually there.

Delusions are thoughts that are contrary to actual evidence.

A delusion is a false belief or impression that is firmly held even though it’s contradicted by reality and what is commonly considered true. People who are experiencing a delusion of paranoia might think that they are being followed when they aren’t or that secret messages are being sent to them. Someone with a grandiose delusion will have an exaggerated sense of importance, like she is being called by a higher power to take a certain action.

Delusions vs. Intrusive Thoughts

Intrusive thoughts or OCD obsession are different from psychotic delusions, as the person experiencing the intrusive thought never experiences a break in reality. The person with the intrusive thought is aware of the thought and often seeks help because the thought might be extremely disturbing. This is an important

distinction because psychosis is considered a medical emergency, while exclusively having intrusive thoughts, even if disturbing, is not.

Causes of Psychosis

Each case of psychosis is different, and the exact cause isn't always clear.

Brief psychotic disorder, sometimes called *brief reactive psychosis*, can occur during periods of extreme personal stress like the death of a family member or birth of a baby.^{7,8}

Someone experiencing brief reactive psychosis will generally recover in a few days to a few weeks, depending on the source of the stress.

Primary psychosis is associated with a psychiatric disorder such as bipolar disorder or schizophrenia.⁹

Secondary psychosis is caused by a specific medical condition, medication, or substance.⁹

Illnesses that can cause psychosis in the postpartum period include, but are not limited to:^{2,7,10,11}

- A severe and/or untreated mental illness, such as bipolar disorder or schizophrenia
- Infectious etiologies such as mastitis and endometritis, HIV, and syphilis
- Electrolyte abnormalities; vitamin deficiency such as a thiamine, B12, or folate deficiency

- Postpartum eclampsia, which can lead to seizures and stroke
- Brain diseases such as Huntington's disease and some chromosomal disorders
- Autoimmune encephalitis and other immune system dysregulation
- Brain tumors or cysts
- Stroke
- Some types of epilepsy
- Severe postpartum thyroid disease, such as thyrotoxicosis or myxedema
- Sheehan syndrome (related to hemorrhage or extremely low blood pressure)
- Prescribed medication-induced psychosis, such as steroid-induced psychosis
- Substance abuse-induced psychosis triggered by substances such as marijuana, stimulants, or other drugs
- Metabolic disorder, such as urea cycle disorder and type I citrullinemia, which can be misdiagnosed as postpartum psychosis

Identifying Who is at Risk

It's not currently possible to precisely identify who is likely to develop psychosis. However, research has shown that genetics may play a role.^{2,12} People are more likely to develop psychosis if they have a close family member, such as a parent or

sibling with a psychotic disorder or symptoms. Someone with a past history of psychosis is also at greater risk.

Approximately half of the people who develop postpartum psychosis have had a previous mental health condition¹⁰

One in five people with bipolar disorder may develop postpartum psychosis after giving birth, according to a small 2019 study.³

Among people who experience postpartum psychosis, approximately 12% have schizophrenia.⁴

How is psychosis diagnosed?

Medical tests may be ordered by an Obstetric provider, such as an OB/Gyn, to screen for underlying conditions that could cause a secondary psychosis.

Psychosis is diagnosed through a psychiatric evaluation generally performed by a medical doctor trained as a psychiatrist or psychiatric nurse practitioner. The provider will watch the person's behavior and ask questions about what they're experiencing.

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