

# Could it be psychosis? Symptoms and Prodromes

social withdrawal   sleep disturbances   anxiety  
sadness   difficulties concentrating  
neglect of housework, hygiene, job or school  
preoccupation with thoughts about death, politics  
or religion   mood swings   hearing voices  
talking incoherently   persecutory ideas  
feeling controlled by others

## PSYCHOSIS AND PRODROME SCREENING TOOL

For General Practitioners and Psychologists in Primary Health Care



Stavanger Universitetssjukehus  
Helse Stavanger HF  
Psykiatrisk klinikk



**TIPS**

TIDLIG OPPDAGELSE OG  
BEHANDLING AV PSYKOSER

Regional Centre for Clinical Research in Psychosis

51 51 59 59

[tips@sus.no](mailto:tips@sus.no), [www.tips-info.com](http://www.tips-info.com)



# Why Is It Important To Get Help Early?

Often there is a long delay before treatment begins for the first episode. The longer the illness is left untreated the greater the disruption to the person's family, friends, studies, and work. The way that individuals feel about themselves can be adversely affected particularly if treatment is prolonged. Other problems may occur or intensify, such as unemployment, depression, substance misuse. Breaking the law and causing injury to themselves may occur or intensify. In addition, delays in treatment may lead to slower and less complete recovery.

If psychosis is detected and treated early, many problems can be prevented.

## Early Signs

### A person may become:

- suspicious
- depressed
- anxious
- tense
- irritable
- angry

### A person may feel:

- their thoughts have sped up or slowed down
- things are somehow different
- things around them seem changed

### A person may experience:

- mood swings
- sleep disturbances
- appetite changes
- loss of energy or motivation
- difficulty in concentrating or remembering things

### Family and friends may notice when:

- a person's behaviour changes
- a person's studies or work deteriorates
- a person becomes more withdrawn or isolated
- a person is no longer interested in socialising
- a person becomes less active

When these prodromal or psychotic symptoms appear it is important that the young person gets help.

A good place to start is with a local GP, or a community health centre, or a community mental health service.

School counsellors might also be available.



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Anchors are intended to provide guidelines and examples of signs for every symptom observed.

It is not necessary to fulfil every criterion in any anchor to achieve a specific rating. Basis for ratings includes observations and reports.

For any positive response to a query, the interviewer should use qualifiers to obtain more detailed information.

- Onset, duration, frequency
- Degree of distress. How do you experience this? (Does it bother you?)
- Degree to which it interferes with life: Do you ever act on these experiences? Do you ever do anything differently as a result?
- Degree of conviction / meaning. How do you explain this experience? Do you ever feel that it could be your mind playing tricks on you? Do you think this is real?

## Important observations during the interview

Is it difficult to follow or understand what the patient is saying? Does the patient have accelerated speech? Does the patient have problems answering, does it look like he/she is taken aback or could he/she be displaying thought block? Does the patient have trouble staying focused or get lost in his/her own words?

1. Absent to mild	2. Moderate, moderately severe	3. Severe symptoms
Doubt about safety Hypervigilance without clear source of danger	Notions that people are hostile, untrustworthy and/or feel that someone will hurt you.  Clear or compelling thoughts of being watched or singled out	Belief in reality of "mind tricks"/external control/magical thinking is compelling, but doubt can be induced. Loosely organized beliefs about danger or hostile intentions. Delusional paranoid convictions (with no doubt), at least intermittently. Usually interferes with thinking, social relations, or behaviour.
Private thoughts of being generally superior in intellect or talent.	Thoughts about being particularly talented, powerful or special. May be expansive.	Persistent conviction of having heightened intellect, attractiveness, power or fame. Scepticism about the convictions can be elicited. Often affects attitude and behaviour. Delusional grandiose convictions
Minor but noticeable changes in perceptual sensitivity. "Mind tricks" that are puzzling. Sense that something is different.	Repeated, unformed images (shadows, trails, sounds etc). Recurrent illusions or momentary hallucinations that are recognized as not real.	Recurrent hallucinations, perceived as real and distinct from the person's own thoughts.
Occasionally vague, confused, muddled, inconsistent communication. May go off track briefly.	Occasional use of incorrect words. Irrelevant topics. Frequently going off track, but responds easily to clarifying questions. Stereotyped or overelaborate. The person is able to be redirected through questioning and structure.	Communication is tangential (i.e. never getting to the point), loose or irrelevant and unintelligible when under minimal pressure. Some loosening of association under pressure. Can answer short questions correctly. Not responsive to efforts to structure conversation



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## for General Practitioners and Psychologists in Primary Health Care

Name

Date of birth

Address

Telephone no

Referral/Informants - address

Telephone no

### Psychosis-like experiences last monts:

#### Suspiciousness/ideas of persecution:

Have you ever found yourself feeling mistrustful of suspicious of other people?

Do you ever feel people might be intending to harm you?

1. Absent, mildly present

☐

2. Moderate, moderately severe

☐

3. Severe symptoms

☐

#### Non-persecutory ideas of reference:

Have you had the sense that you are often the centre of people's attention, for instance that people might be laughing at you?

Have you felt that things happening around you have a special meaning? Have you ever received messages? through the TV or the radio?

1. Absent, mildly present

☐

2. Moderate, moderately severe

☐

3. Severe symptoms

☐

#### Grandiose ideas:

Do you feel you have special gifts or talents, do you ever think of yourself as a famous or particularly important person?

1. Absent, mildly present

☐

2. Moderate, moderately severe

☐

3. Severe symptoms

☐

#### First rank symptoms (thought insertion/interference/withdrawal etc.)

Have you ever felt that you are not in control of your own ideas or thoughts? Do you ever feel that somehow thoughts are put into your head or taken away from you?

Do you ever feel that your thoughts are being said out loud so that other people can hear them?

1. Absent, mildly present

☐

2. Moderate, moderately severe

☐

3. Severe symptoms

☐

#### Perceptual disturbances, illusions, hallucinations:

Do you ever see things or hear voices that others can't see or hear?

Do you ever smell or taste things that other people don't notice?

1. Absent, mildly present

☐

2. Moderate, moderately severe

☐

3. Severe symptoms

☐

#### Disorganized communication:

Do people ever tell you that they have difficulties understanding you or cannot understand you?

1. Absent, mildly present

☐

2. Moderate, moderately severe

☐

3. Severe symptoms

☐

Sum score 2 and 3

If the patient has a score of >2 on any of the above questions the possibility for developing psychosis is present, and further assessment warranted.