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ACUTE PSYCHOSIS AND GENDER

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SUMMARY

In this review of Psychosis and gender we will present the relevant. Treatment principles and consider the foreign and local published data.

Key words: *psychosis – gender*

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Introduction

In this review of Psychosis and gender we will present the relevant. Treatment principles and consider the foreign and local published data. In considering the principles of treatment, we must consider the setting; wards are Men's wards or Women's wards. Treatment involves and depends on the space available, the numbers and training of the available staff, and the needs for security and privacy. Women and men will differ in their emotional tone, verbal skills, use of physical contact, personal tidiness, standards of conduct, and the general atmosphere on the ward.

The Disease Course

When considering the disease course – research results show that women have a better prognosis, less hospitalizations, better social functioning, less substance abuse, less negative symptoms, better compliance, and less differences long-term. There are no differences in affective symptoms, neurocognition, or changes on MRI scans.

Findings of International Research

Thorup A et al. (2008) showed that in 578 patients first treated in Denmark,

Men had more symptoms, worse premorbid adjustment, less social support, more substance abuse, more unemployment, andwere more likely to live alone. Women suffered more severe hallucinations, lower self esteem, and committed more suicidal attempts. Tang YL et al. (2007) reported on differences between men and women in China.

Men had an earlier onset (lower age than 45), they had less paranoid schizophrenia, they required higher medication daily dosages, they used less atypical antipsychotics, Furthermore, they were more likely to be smokers, and more likely to be single.

Women, on the other hand were more likely to have persistent positive symptoms, had more severe positive and affective symptoms, and committed more suicidal attempts.

Of 38 men and 20 women with a first psychotic episode: men had poorer social functioning in adolescence (including school, social interests, socio-sexuality) (Preston 2001).

Muller MJ (2007) reported on depression and acute schizophrenia. He found that women had more negative symptoms at a younger age, while men had more positive symptoms and shorter hospitalization periods.

In patients with late onset schizophrenia (more than 60 years) Men had more non voluntary hospitalizations, and more cases were lost to follow up. The therapeutic response was dose dependent and not gender dependent (Reeves et al. 2002).

The response to cortisol at waking in acute psychosis has been studied. There were 16 men ,11 women, and 40 controls. The Results showed that there were no differences between all the patients and controls. Men had a reduced cortisol response

Hence the hypothesis was suggested that disregulation in HHS pathways related to poorer prognosis in male patients (Preussner M., 2008).

In 29 men and 25 women with first episode psychosis, women had higher HVA and prolactin, and there was a better treatment response in women (Szymanski et al. 1995).

Regarding behaviour, the chances of agression are the same in Males and Females , and are related to positive psychotic symptoms.

Abstract of paper read in Bled at a meeting of ISPS Slovenia Bled, September 2008.
Put together from a set of slides by Dr Mark Agius

In a study of aggresive behaviour in the first 4 weeks of treatment, aggresive behaviour occurred in 13.9% of men and 12.2 % of women. There were more schizoafective and bipolar patients among the women, while there was more schizophrenia among the men. Women who were aggressive were older, with a longer duration of psychosis. Among the men, more were afroamericans. There were comparable dosages of medication required in both genders. Women demonstrated more aggression at the beginning of the hopsitalization, later the degree of aggression became the same for both sexes. There was more verbal agression in women. Men caused more injuries. Scores on BPRS and NOSIE were comparable. The higher the BPRS scores, more aggression occurred in both genders. Men experienced more substance abuse and academic problems, while women were more likely to be suicidal. (Krakowski & Czobor 2004)

In a Slovene study, Saje M (2007) studied some characteristics of frequent psychiatric hospital treatment users with diagnoses F20 – F29. Sixtyone frequent users of psychiatric services were compared to seventy controls. It was found that 54% of patients in a forensic unit were male. Our group have studied safety measures in hospital treatment of psychotic patients. Physical safety measures were used in139 subjects (54 Women-38.2%) out of 664.

The start of such measures was between 13.5 – 15.7 hours after admission in men, while it was 12-13 hours after admission in women. The duration of the measures was 17-22 hours in men and 40.52 hours in women. A diagnosis of F20.0 – 29.9 occured on 22% of men and 51.9% of women. FVUoccurred in 13.2% of men and 8.3% of women. Men were at greater risk for FVU.

The reasons for this were suicidality in 27.3% of men, and 65% of women, confusion in 31% men, and 7% of women, police involvment in 12.9% of men and 3.6% of women, and noncompliancein 16% of men and 29.4% of women (Novak Grubič et al. 2004).

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