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Acute and transient psychotic disorders and puerperal psychosis

Marneros (2006) addresses an important issue in his editorial on the concept of acute and transient psychosis, which is a challenge to the Kraepelinian dichotomy. He argues that acute and transient psychoses are separate from schizophrenia, schizoaffective disorder or affective disorder, based on the clinical manifestations, but he did not mention puerperal or postpartum psychosis, which also lacks a consensus of definition (Kohl, 2004). Postpartum psychosis has been described as functional psychosis with good prognosis and clinical presentation similar to acute and transient psychosis (Kendell *et al*, 1987). Despite a varying symptomatology, women with schizophrenia rarely experience arousal of their symptoms after childbirth (Meltzer & Kumar, 1985). Puerperal psychosis appears to occupy a clinical position which is different from schizophrenia and affective disorder.

It is of interest that acute and transient psychosis mainly affects females (Marneros, 2006), and suggests a link between puerperal psychosis and acute and transient psychosis. I therefore suggest that the concept of puerperal psychosis should be included in discussions of the concept of acute and transient psychosis.

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Author's reply: Dr Lewin is right that puerperal psychoses are of special interest in the context of acute and transient psychoses. To our knowledge there is consensus that post-partum disorders are not distinct nosological entities (Brockington, 2004; Riecher-Rössler & Rohde, 2005) with neither 'post-partum depression' nor 'post-partum psychosis' having specific aetiology. 'Giving birth to a child with all its biological and psychosocial consequences seems to act as a major stressor, which – within a general vulnerability–stress–model – can trigger the outbreak of all classical disorders in predisposed women' (Riecher-Rössler & Rohde, 2005). Hence it is evident that the situation after delivery can be typical for triggering acute and transient psychosis.

Re-evaluation of our own sample of 61 women (Rohde & Marneros, 1993) with first onset of psychosis after delivery showed that according to ICD–10 criteria 18 (29.5%) should be classified as having acute and transient psychosis (Rohde & Marneros, 2000); all other diagnostic categories were also present (schizoaffective and affective disorders, schizophrenic and organic psychoses). In our sample the frequency of acute and transient psychoses was much higher than expected from the general prevalence. This might be a reason for the frequent observation that puerperal psychoses are mainly very acute, short episodes with a 'colourful' psychopathology and good prognosis.

Considering the few available studies we conclude that in the post-partum period acute and transient psychoses represent a disorder that is different from other psychiatric disorders but is part of a psychotic continuum.

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Cognitive impairment in euthymic patients with bipolar disorder

By prospectively verifying euthymia and controlling for the effect of residual affective symptoms Goswami *et al* (2006) make a significant contribution to the existing evidence on cognitive impairments in euthymic patients with bipolar disorder. However, they did not define euthymia and the diagnosis of DSM–IV bipolar I disorder, verification of euthymia and exclusion of current and past psychiatric illness or substance use disorders in patients and controls were made without structured assessments. Controls were relatives of participating patients. In addition, exclusion criteria make no mention of birth injuries, the handedness of patients and whether patients had received electroconvulsive therapy. All these factors influence results of tests for cognitive function (Ferrier & Thompson, 2002).

As the Schedule for Assessment of Psychiatric Disability assesses marital and occupational functioning, details of the patients' marital or occupational status would have helped to better interpret the data. There is also no mention of the duration of illness (in Table 1, p. 368, duration spent in episodes is erroneously labelled as duration of illness). This variable has implications for the generalisability of findings.

A measure of the reliability and validity of the modified Kolakowska battery is not provided. The use of more systematic and better-validated instruments such as the Cambridge Neurological Inventory (Chen *et al*, 1995) and more than one rater to reduce assessment bias would have allowed better characterisation of neurological soft signs. About 92% of healthy controls in the current study had neurological soft signs. This unusually high prevalence could

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