Revisiting the Concepts of Secondary Schizophrenia and Pseudoschizophrenia

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Palavras-chave: Espectro da Esquizofrenia e Outros Transtornos Psicóticos; Esquizofrenia

Dear Editor,

We read with great interest the recent article published in your journal regarding psychosis associated with herbal products.1

We would like to congratulate the authors for such an elegant case report. The presented patient, an unusual case of toxic psychosis, could have been easily misdiagnosed as having schizophrenia. Clinicians have, for more than seven decades, and often with far less resources, available, been able to detect these pseudo-schizophrenic cases.2 More recently, the term “pseudoschizophrenia” has been suggested, by same authors, to be used, before making the diagnosis of true schizophrenia, just like the term “pseudodementia” has been used before making the diagnosis of true dementia.3

We also agree with the authors when they highlighted the importance of secondary psychosis. Unfortunately, it is not rare to see patients presenting with psychotic syndromes, and diagnosed with schizophrenia, even in the presence of past medical history of seizures. In our recently published cohort of 200 psychotic patients, we found a rate of 9.5% of secondary schizophrenia due to epilepsy.4

Schizophrenia is the ultimate diagnosis of exclusion in psychiatry. Schizophrenia is, we shall never forget, the great imitated, by many great imitators and small imitators.5

PROTECTION OF HUMANS AND ANIMALS

The author declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

DATA CONFIDENTIALITY

The author declares that he followed the protocols in use at their working center regarding patients’ data publication.

COMPETING INTERESTS

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REFERENCES