

Patient information from BMJ

Last published: Sep 13, 2024

Brief psychotic disorder

Brief psychotic disorder is a short-term mental health condition. It can be very distressing, but there are treatments available to help.

You can use our information to talk with your doctor and decide which treatments are best for you.

What is brief psychotic disorder?

Brief psychotic disorder is a **short-term mental health condition**. It's called **BPD** for short, but this shouldn't be confused with borderline personality disorder (a different condition).

If you have BPD, you have psychotic symptoms that come on suddenly and last for between 1 day and 1 month. The symptoms then stop, and usually they don't come back.

There are **three** types of BPD:

- BPD that's caused by an **extremely stressful event**. This could be anything, including the death of a loved one, the end of a relationship, or being in an accident. Some military personnel have BPD after a traumatic experience.
- BPD that happens to a woman while **pregnant**, or shortly after she giving birth. This is called BPD with postpartum onset. It happens to 1 or 2 in every 1000 women within 4 weeks of having a baby.^[1]
- BPD that has **no known cause**.

There is still a lot that we don't know about BPD. But we do know that it is more common in:

- people in developing countries
- people with a personality disorder. (For more information, see our patient information titled: *Personality disorders: what are they?*)
- women who are exposed to stress while pregnant or shortly after giving birth
- people with a history of mental health symptoms, and
- people with family members who have had BPD.

What are the symptoms of BPD?

The main sign of BPD is **psychosis**. Psychosis is caused by problems in the front part of the brain. When this part of your brain stops working as it should, the way you see and think about the world changes, sometimes in extreme ways.

Psychosis can include:

- **Hallucinations:** Seeing, hearing, and thinking you can touch things that aren't real.
- **Delusions:** Believing things that aren't true.
- **Confusing speech or behavior:** Speaking or behaving in a very confused and random way.
- **Catatonic" behavior:** Hardly speaking, moving, or reacting at all to the world around you.

Psychosis can be frightening for you and the people around you. If you have psychosis, it's important to see a doctor right away. You can bring someone with you for support if you need it.

Your doctor will try to find out what's causing your psychosis by examining you or checking your medical history. They might also ask you (or the person you brought with you) some questions.

Your doctor will want to know about things like:

- any medical conditions you have, including conditions that might affect your nervous system
- whether you have a history of mental-health problems
- what medications you take
- whether you have taken any recreational drugs, either recently or over the long term
- any recent head injuries, and
- whether you have had contact with any toxic chemicals.

You might have blood and urine tests, to check for drugs, medications, and other toxic substances.

This is because other causes of psychosis need to be **ruled out** before a doctor can tell if you have BPD.

Another way doctors can tell that you have BPD is the **short duration**. BPD lasts for between 1 day and 1 month. Afterward, you return to your usual self.

This means that doctors can only say someone has BPD **after** they've recovered.

This doesn't mean that you won't get any help if you currently have psychosis. It just means that your doctor will not be able to tell right away if your psychosis is caused by BPD.

Brief psychotic disorder

If you have psychosis, your doctor's first concern will be to keep you **safe** and look after your health. This might mean that you need to be kept in the hospital for a while, even if you don't want to. Your doctor can make this decision against your wishes if they think you might be a danger to yourself or others.

This might be for several reasons. For example, you might be:

- unable to look after yourself
- behaving aggressively
- having **severe** delusions or hallucinations: for example, you might be hearing voices telling you to do dangerous things
- behaving in a way that suggests that you might try to harm yourself or someone else.

If you are hospitalized in this way for a while, you might need to be given medication to keep you calm and safe. You might not want this medication, but your doctor can go against your wishes to keep you and others safe until you are feeling better.

What treatments work?

Antipsychotic medications

The first treatment for most people with symptoms of psychosis is medications called **antipsychotics**. As the name suggests, these medications help to ease the symptoms of psychosis.

If you have BPD, your psychosis symptoms will last less than 1 month. This means you shouldn't need to take the medications for long. If you need to take them for several weeks, your doctor might suggest reducing the dose gradually when the time comes to stop taking them.

Some antipsychotic medications can cause side effects such as weight gain, high blood sugar, and high cholesterol.

This could be dangerous if you already have conditions such as diabetes or heart disease. Your doctor will decide whether these medications are safe for you to take. As people with BPD usually only need the antipsychotics for a short time, it normally isn't a problem.

Talking treatments and other support

As well as medication to help with your symptoms, your doctor might also arrange for you to talk with someone about your mental health. This might mean talking with someone who is specially trained to help with mental health issues, like a **psychotherapist** or **psychiatrist**. Or it might be enough just to talk with your doctor.

Whoever you talk to, they will want to discuss things like:

- helping you cope with the stress that led to the BPD

Brief psychotic disorder

- helping you prevent BPD from happening again
- what help and support you have from friends or family, and
- whether you need to see have talking therapy regularly for a while.

BPD in new mothers

Many new mothers struggle with the physical, emotional, and mental changes that happen after having a baby. For example, most people know about postpartum depression. But BPD with postpartum onset is not as widely understood. You might have heard it called **postnatal psychosis**.

Treatment for BPD with postpartum onset is generally the same as other types of BPD, but your doctor will also think about how any medications might affect your baby. You might also be offered talking treatment with a team specially trained to help with BPD in new mothers.

There are also support groups for new mothers with BPD. Your doctor might be able to help you find one in your area, or you could easily search online.

What will happen?

Antipsychotic medications can work well for BPD. It's important to take them as prescribed, and not to miss doses.

This can be hard when you are struggling with symptoms of psychosis. So it might help if you have a family member or friend who can help you with taking your medication on time.

Once your symptoms have stopped and you don't need the medication anymore, your doctor will probably want to see you at least once a month. This will continue for a few months so they can check how you are doing.

BPD can happen again in some people, but it shouldn't keep happening. If you do keep having episodes of psychosis, your doctor will want to look at whether your symptoms are being caused by something else.

1. American College of Obstetricians and Gynecologists. Screening and diagnosis of mental health conditions during pregnancy and postpartum. Jun2023 [internet publication].

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2024. All rights reserved.

What did you think about this patient information guide?

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.

