

Withdrawing treatment as a diagnostic test – psychosis as an illustrative scenario

Response to treatment or to treatment withdrawal is commonly used in clinical practice to aid diagnosis.^{1,2} A specific scenario is where clinicians are faced with diagnostic uncertainty in patients who have previously displayed psychotic symptoms in the context of using psychoactive substances. In such cases, it may not be possible to retrospectively distinguish between schizophrenia and drug induced psychosis. Some clinicians may in certain circumstances consider placing patients on "diagnostic" antipsychotic-free periods, by withdrawing the antipsychotic drug in a controlled environment. This approach assumes that re-emergence of psychotic features upon treatment withdrawal confirms the diagnosis of schizophrenia, whereas persistent absence of symptoms would exclude a primary psychotic illness. This practice lacks an evidence base and is potentially misleading.

The validity of this diagnostic approach is hampered, in the instance mentioned, by the fact that schizophrenic patients may remain clinically stable for several months after discontinuation of their antipsychotic medication.³ Furthermore, there have been reports of rebound psychotic

symptoms upon withdrawal of antipsychotic drugs in patients without previous psychiatric history.⁴

In my view, this practice is questionable and its outcome should be interpreted with caution.

Editor's note: Substantiated dissenting or supporting views are most welcome.

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References

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