Artifactual Rediagnosis of Psychotic Depression as Schizophrenia

To the Editor: Psychopathology is changed by antipsychotic-type medications, but Ruggero et al[1] did not account for effects of exposure to medication on diagnosis. Diagnosis of functional disorders per *DSM* requires absence of medical effects—including effects from medications—that can cause or suppress disorder criteria contents. Antipsychotic-type drugs tend to suppress symptoms, including those of depression and psychosis. As a separate matter, when given chronically these drugs can cause tardive psychosis, the symptoms of which resemble schizophrenia.[2] Measurable deteriorative brain changes provide further evidence of neuropsychiatric toxicity from antipsychotic drugs.[3,4]

Ruggero et al[1] report that diagnoses of some patients changed from psychotic depression to schizophrenia spectrum disorders. They did not mention that such a change can result at least in part from exposure to antipsychotic drugs. If an antipsychotic drug were to suppress mood symptoms but only mitigate psychosis in a psychotic mood disorder, the apparent result on *DSM* diagnosis could be a change to a schizophrenia spectrum disorder. Induction of tardive psychosis can separately bring this same change in diagnosis. Attributing an apparent change in diagnosis to antipsychotic-type drugs may increase the clinical importance of the observations of Ruggero et al.[1]

Others have similarly reported that patients maintained on treatment with antipsychotic drugs for conditions aside from schizophrenia are eventually rediagnosed with schizophrenia.[5] So it seems time to raise the bar for quality in clinical studies by requiring that psychiatric diagnosis consider both reversible and permanent effects of antipsychotic drugs and other psychotropics.

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