

LISA'S NOTE: ONE OF THE AUTHORS OF STUDY IS MORIS ANGULO, M.D. ABSTRACT IS AT BOTTOM OF ARTICLE.



Cycloid Psychosis Often Accompanies Prader-Willi Syndrome, Study Finds

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Many patients with Prader-Willi syndrome may manifest psychotic symptoms that meet the diagnostic criteria of cycloid psychosis, a study shows.

However, this particular psychological condition is often disregarded by clinicians, which may prevent prompt and adequate care.

This finding was reported in a study, "[Cycloid Psychosis Comorbid with Prader-Willi Syndrome: A Case Series](#)," published in the journal [American Journal of Medical Genetics](#).

Patients with Prader-Willi syndrome often experience behavioral disturbances, commonly described as psychiatric issues. These include aggression, obsessive-compulsive tendencies, skin picking, and temper tantrums.

Evidence suggests that psychiatric diagnoses in these patients may be [linked to](#) the genetic alteration that is causing the disease. A study has shown that patients who have a genetic deletion were more likely to manifest depressive symptoms without psychosis, while patients with [maternal uniparental disomy](#) (mUPD) — two copies of the maternal chromosome 15 — are more likely to have characteristics of bipolar disorder with psychosis.

A team led by [NYU-Winthrop Hospital](#) evaluated the prevalence of various psychotic symptoms among 12 patients with genetically confirmed Prader-Willi syndrome.

“Psychotic symptoms experienced by patients with Prader-Willi syndrome are often atypical and difficult to categorize into distinct diagnoses,” researchers said.

The team retrospectively reviewed the clinical records of the patients, who presented to an ambulatory psychiatric center after acute worsening of behavioral symptoms. Four (33%) had the paternal deletion type of genetic mutation; eight (66.6%) had mUPD.

Overall, 11 (91.7%) patients were found to meet the diagnostic criteria for having cycloid psychosis. This psychological disorder can be defined as a brief, cyclic event of non-affective psychosis with a resting period and rapid full recovery between each episode.

As previously described, patients with [cycloid psychosis](#) showed signs of acute psychosis — delusional thought, hallucinations, confusion, anxiety, motility disturbances, paranoid concern with death, and mood swings.

In addition, six of these patients also met the criteria for and had been diagnosed with bipolar affective disorder (54.5%), and one other patient met the criteria for schizoaffective disorder.

Only one patient did not meet criteria for cycloid psychosis. Still, this patient could be diagnosed as having bipolar disorder.

These findings “re-emphasize the relatively common occurrence of psychotic symptoms in patients with Prader-Willi syndrome,” researchers stated.

All except the patient who was diagnosed with schizoaffective disorder achieved complete remission of symptoms within a month after the acute episode. None of the patients experienced new psychotic symptoms after starting to take antipsychotics as maintenance treatment.

The patient who had schizoaffective disorder continued to experience mild auditory hallucinations during follow-up visits, although other symptoms of cycloid psychosis were resolved.

Based on the study's findings, the team believes that "cycloid psychosis might be more commonly encountered in patients with Prader-Willi syndrome than previously thought." Nevertheless, evidence suggests that these patients respond well to treatment with [antipsychotic agents](#), benzodiazepines, or lithium.

"Much relief can be provided to patients and their respective caregivers with timely diagnosis and treatment of cycloid psychosis," researchers said.

ORIGINAL ARTICLE

Cycloid Psychosis Comorbid with Prader–Willi Syndrome: A Case Series

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Abstract

Psychosis is a relatively common psychiatric phenomenon seen in patients with Prader–Willi Syndrome (PWS). However, the presentation is atypical and difficult to classify within currently defined affective or psychotic disorders. This distinct presentation may be better understood as a phenomenon called “cycloid psychosis,” described as an episodic psychosis with rapid full recovery between episodes. This study retrospectively analyzed the cases of 12 patients with genetically confirmed PWS who presented to an ambulatory psychiatric center for a change in behavior consistent with psychosis. Each case was then assessed for symptoms of cycloid psychosis, bipolar disorder, depression with psychotic features, schizophrenia, and schizoaffective disorder. Out of the 12 patients, 11 (91.7%) met the currently described diagnostic criteria for cycloid psychosis. Of the 12 patients, 7 (58.3%) also met the diagnostic criteria for bipolar disorder, and 1 (8.3%) also met the diagnostic criteria for schizoaffective disorder. None of the patients met the criteria for schizophrenia or depression with psychotic features. The findings in this study suggest that cycloid psychosis and bipolar disorder may both be comorbid with PWS. Psychiatric comorbidities in patients with PWS are atypical and clinicians should be aware of conditions such as cycloid psychosis when managing this vulnerable population.