

1. Title: Examination of self-disorders in Posttraumatic Stress Disorder with secondary psychotic symptoms (working title)

2. Project period: 2018-2019

3. Investigator(s): Troels Schmidt, Sigurd Wiingaard Uldall, Maria Nilsson, Jessica Carlsson.

4. Supervisors and collaborative partners: None

5. Background: Posttraumatic stress disorder (PTSD) first emerged as a discrete diagnostic entity in 1980 (1). Soon case reports appeared describing psychotic phenomena in PTSD patients (2, 3). There is an ongoing debate on whether PTSD with secondary psychotic symptoms (PTSD-SP), should be considered a separate nosological unit. Proponents have cited characteristics in biomarkers and psychopathology as separating PTSD-SP from non-psychotic PTSD and from other psychotic disorders such as schizophrenia (4). The schizophrenic spectrum is characterized by an aggregation of self-disorders. Some researchers view the disordered self as the core of schizophrenia and thus generative of the psychotic elaborations (5). It is unknown whether patients with PTSD-SP also experience self-disorders and if so to what degree.

6. Aim/s: To explore the degree of self-disorders in a small sample of PTSD-SP patients

7. Methods

7.1 Number of participants: 3

7.2 Population: PTSD-SP patients recruited from the patient population of the Competence Centre of Transcultural Psychiatry, Psychiatric Centre Ballerup. Inclusion criteria are a diagnosis of PTSD and psychotic symptoms. Exclusion criteria are severe drug abuse, brain lesions or other organic causes of psychiatric disorders and symptoms characteristic of schizophrenia (first rank symptoms, thought disorders)

7.3 Description of data and data collection: All patients will be examined using the interviews and checklists: Dissociative Experiences Scale (DES), Schedules for Clinical Assessment in Neuropsychiatry (SCAN), Life Event Checklist-5 (LEC-5), Clinician-administered PTSD Scale (CAPS), Positive and Negative Syndrome Scale (PANSS), Hopkins Symptoms Checklist-25 (HSCL-25), Harvard Trauma Questionnaire (HTQ), Clinical Global Impression (CGI) and Examination of Anomalous Self-Experience (EASE).

7.4 Application/acceptance from the Danish Data Protection Agency, the National Committee on Health Research Ethics: yes

7.5 Analysis: Descriptive summaries of the three participants' observed psychopathology and ratings will be carried out.

8. Expected results: Self disorders are absent or present to a low degree in PTSD-SP.

9. Dissemination of results: Academic journals.

10. References

1. Andreasen NC. Posttraumatic stress disorder: a history and a critique. *Ann N Y Acad Sci.* 2010;1208:67-71.
2. Mueser KT, Butler RW. Auditory hallucinations in combat-related chronic posttraumatic stress disorder. *Am J Psychiatry.* 1987;144(3):299-302.
3. Waldfogel S, Mueser KT. Another case of chronic PTSD with auditory hallucinations. *Am J Psychiatry.* 1988;145(10):1314.
4. Compean E, Hamner M. Posttraumatic stress disorder with secondary psychotic features (PTSD-SP): Diagnostic and treatment challenges. *Prog Neuropsychopharmacol Biol Psychiatry.* 2019;88:265-75.
5. Parnas J, Henriksen MG. Disordered self in the schizophrenia spectrum: a clinical and research perspective. *Harv Rev Psychiatry.* 2014;22(5):251-65.