UNDERSTANDING YOUR DIAGNOSIS

Brief Psychosis

Also called Brief Psychotic Disorder

A sudden, short episode of losing touch with what is real. It lasts under a month, and most people come all the way back.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
Rare in the general public	Average mid-30s, any age	Yes - most fully recover	About 1 in 11 new psychosis

What this is

- Brief psychotic disorder means a sudden episode where your mind lost track of what is real, lasting less than a month.
- By definition it ends. Within a month you get back to the way you were living and thinking before it started.
- It is not a character flaw and it is not weakness. Huge stress, no sleep, or childbirth can push any brain past its limit.
- The name may change as time passes. If symptoms last longer than a month, your team will update the diagnosis to fit.

What it can look and feel like

- You may have heard voices or seen things that other people did not hear or see, and they felt completely real to you.
- You may have believed something that others insisted was not true, like being followed, watched, or singled out.
- Your thoughts may have raced or jumped, so your words came out jumbled and people could not follow what you meant.
- You may have felt confused and puzzled, unsure of the day, the place, or what was happening around you.
- Your feelings may have swung fast and hard, from terror to excitement, sometimes within the same hour.
- You may have barely slept, moved in odd ways, or gone very still and quiet for stretches of time.
- It often started fast, within hours or days of a shock like a death, an assault, a move, or giving birth.

What is happening in your brain and body

- Dopamine, a brain chemical that flags what matters, surges. Ordinary sights and sounds then feel loaded with meaning.
- Severe stress floods your body with stress hormones, and those hormones push the dopamine surge even higher.
- Missing sleep weakens the part of the brain that checks what is real, which is why sleep loss shows up in so many episodes.
- After childbirth, hormones drop sharply and fast, and that sudden drop can set off an episode within days or weeks.
- Brain scans in this condition usually look normal, which is one reason recovery tends to be complete.

What can make it more likely

- A big shock often comes first: a death, violence, a disaster, moving countries, surgery, or a serious illness.
- Giving birth is a known trigger. Psychosis in the first weeks after delivery needs urgent care for you and your baby.
- Psychosis or mood conditions in your family raise the chance, though most people with that history never have an episode.
- Going without sleep, running a high fever, or using stimulants or strong cannabis can lower the threshold.

What to expect

- This condition is defined by getting better. Most people are back to their usual selves within days to a few weeks.
- Your team may call the diagnosis provisional for a while. That means they are still watching, not that they doubt you.
- If symptoms run past **one month**, the name changes to something else. A new name is not a setback, just a better fit.
- Plan on follow-up for about **12 months**. A smaller group goes on to a longer-term condition, and early care helps most.

What helps

Treatment works. Most people get better.

Talking therapies

- **Supportive therapy** gives you a safe place to talk through how frightening the episode was and what it meant to you.
- **Talk therapy for psychosis** helps you work through leftover suspicion and the worry that it will happen again.
- **Family education** teaches everyone at home the warning signs, the good outlook, and how to help without hovering.
- **Problem-solving therapy** tackles the trigger itself, whether that is grief, an assault, a move, or a job crisis.
- Keeping follow-up visits for a year lets your team catch any return early, when it is easiest to treat.

Medicines

- **Antipsychotics** are the main medicines here, and they often work within days at fairly low amounts.
- Common ones include risperidone and olanzapine. Your prescriber works out every dose together with you.
- Most people stay on the medicine for a few months after they feel well, then taper off slowly with their team.
- **Anti-anxiety medicines** such as lorazepam can calm agitation and bring back sleep during the worst days.
- Tell your team about sleepiness, stiffness, restlessness, or weight change. Most side effects can be managed.

Everyday things that help

- Protect your sleep first. Going to bed and getting up at the same times steadies your mind more than anything else.
- Skip cannabis, stimulants, and street drugs, and go easy on alcohol. They can bring the symptoms back.
- Take the trigger seriously. Grief support, a safety plan, or time off work is part of treatment, not an extra.
- Lean on a few trusted people. Let them know what happened so they can speak up if they notice changes in you.
- If this began after childbirth, arrange help so you are never alone with the baby until your team says it is safe.

Get help right away if

- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.
- Psychosis in the weeks after childbirth is an emergency. Go to the emergency room the same day.
- Get help right away if voices tell you to harm anyone, or you cannot tell what is real.

Questions to ask your care team

- *How long will you watch me before deciding whether this diagnosis changes?*
- *How long should I stay on this medicine, and how will we stop it?*
- *What early warning signs should my family and I watch for?*
- *Did my bloodwork or scans show anything that could have caused this?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.