



*San Diego's Voice On Mental Illness*

## Early-Onset Schizophrenia

### Positive symptoms include:

- Hallucinations, usually voices which are critical or threatening
- Delusions, which are firm beliefs that are out of touch with reality and which commonly include the fear that people are watching, harassing, or plotting against the individual
- Disorganized speech, which is often seen as an inability to maintain a conversation, usually as a result of difficulty staying on topic
- Disorganized or catatonic behavior, which can include behavior that is unusual and bizarre, or can be demonstrated by difficulty planning and completing activities in an organized fashion

### Negative symptoms include:

- Reduction in emotional expression
- Lack of motivation and energy
- Loss of enjoyment and interest in activities, including social interaction.

Schizophrenia is a major psychiatric illness. Symptoms usually begin in late adolescence or early adulthood. Numerous studies have found that about 1 in every 100 people around the world has the disorder. However, schizophrenia with an onset in adolescence (prior to age 18) is less common, and an onset of the disorder in childhood (before age 13) is exceedingly rare. It is thought that at most one in every 100 adults with schizophrenia develops it in childhood.

Schizophrenia is diagnosed by the presence of two of the symptoms listed. For a diagnosis of schizophrenia, two of these symptoms must be present for at least 6 months and must be

accompanied by increased difficulty in daily living in areas such as school, friendships, and self-care.

Hallucinations or delusions in a child should lead to an evaluation by a mental health professional who has experience working with children and adolescents with mental health disorders. A diagnosis of schizophrenia is made through an interview with the child and parents using information obtained from them and from school personnel.

Many of the symptoms seen in people with schizophrenia are also found in people with depression, bipolar disorder, or other illnesses. As a result, studies have found that misdiagnosis is

common. An additional difficulty in making a diagnosis in children and adolescents relates to the fact that hallucinations are surprisingly common, and, in fact, are most often seen in children and adolescents with diagnoses other than schizophrenia. Many children with other conditions such as mood disorders and dissociative disorders, report auditory hallucinations when they are under stress. Children with pervasive developmental disorders (autism, Asperger's disorder) often have social difficulties, disorganized behavior and language impairments. These developmental disorders can be confused with a diagnosis of schizophrenia.

## Prognosis of early-onset schizophrenia

The outcome for children with schizophrenia varies greatly and some individuals function well with medication. Earlier onset is often associated with a poorer outcome when it interferes with attending school and completing an education. However, because children typically live at home with the combined social environments of family and school, symptoms are often recognized early. This fact is significant because recent studies have suggested that earlier treatment may reduce the decline in functioning and long-term impairments commonly associated with schizophrenia. As such, accurate and early intervention and diagnosis are critical.

# Treatment for Schizophrenia

Treatment for schizophrenia includes biological, educational, and social interventions. Medication is the cornerstone of the treatment of schizophrenia, but should be viewed as a means to facilitate psychological and social interventions. Treatment with only medication is not as effective as medication therapy combined with other forms of treatment.

The medications used to treat schizophrenia are termed "anti-psychotics" or "neuroleptics". Although these medications are often effective, they have been associated with significant side effects. The last decade has seen the introduction of a number of new anti-psychotics with reduced side effects. The most commonly used

medications now are: risperidone (*Risperdal*), olanzapine (*Zyprexa*), and quetiapine (*Seroquel*). Other medications include haloperidol (*Haldol*), thioridazine (*Mellaril*), and chlorpromazine (*Thorazine*). For individuals who are not responsive to these medications, clozapine (*Clozaril*) is an important option, but is not used as a first treatment due to significant side-effects. It is also important that associated symptoms be recognized and treated appropriately. For example, individuals with schizophrenia who develop depression or anxiety should be treated for these symptoms.

Children and adolescents with schizophrenia often need adjustments to their educational

programs. Typically this would include smaller classrooms with teachers who are experienced with children and adolescents with psychiatric disorders. Their academic work may also need to be modified in order to accommodate problems sometimes associated with schizophrenia such as reduced concentration and attention.

Social difficulties are commonly seen with early onset schizophrenia. These include difficulty making and keeping friends, difficulty with interpersonal interactions, and low frustration tolerance. Activities to develop social skills are integral to the treatment of schizophrenia. In addition, family therapy and education about schizophrenia may help family members to cope.

## Research and New Treatments

Much research and development of new medications for schizophrenia is underway. Some promising medications have very different mechanisms of action and so may be more effective with fewer side effects. However, the process of drug development and approval is slow and many of these medications are only currently available in research studies. Several centers around the country are involved in research with these new medications.

*Open Your Mind*



*Mental Illnesses  
Are Brain Disorders*

*1-800-950-NAMI*

## NAMI San Diego

NAMI San Diego, a non-profit organization, provides education, support services, and advocacy to improve the quality of life of everyone affected by mental illnesses. It is an affiliate of the National Alliance on Mental Illness (NAMI) and NAMI California. Its membership includes persons with brain disorders, their families, friends, mental health professionals and supportive members of the community.

NAMI offers monthly informational meetings, a monthly newsletter, free educational programs, a lending library of books and video-tapes, and support meetings for consumers and families throughout the county.

For information and support, call:

**NAMI San Diego  
Helpline**

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