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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

EARLY ONSET SCHIZOPHRENIA

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project ECHO

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OBJECTIVES

1. Identify symptoms and patterns of illness characteristics of early onset schizophrenia.
2. Recognize clinical presentations of “psychotic-like” symptoms that are more suggestive of nonpsychotic conditions.
3. Use evidence-based treatment strategies for schizophrenia

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DSM-5 CRITERIA FOR SCHIZOPHRENIA

Two or more characteristic symptoms present for at least one month:

- Hallucinations*
- Delusions*
- Disorganized Speech*
- Disorganized or catatonic behavior
- Negative symptoms

Total duration of illness ≥ 6 months, including significant decline in social or occupational functioning

* DSM-5 requires at least one of these symptoms to make diagnosis

SCHIZOPHRENIA

Epidemiology

- Onset before age 12 years is quite rare.
- Peak ages of onset between 15-30 years
- Males to females ~ 1.4 to 1 in general population
  - Average age of onset for males ~ 5 years younger than females

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Diagnostic Evaluation

- Diagnosis made based on:
  - Overt evidence of psychosis, including findings from mental status examination
  - Symptom presentation and course of illness.
  - Review of other potential contributing factors (e.g., substance abuse, medical illnesses)
- Incorporate information from patient, parents, and other resources (schools, other providers)
- Most children reporting psychotic-like symptoms will never develop a psychotic illness

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Diagnostic Issues

- High rate of misdiagnosis at onset
  - Differential includes
    - Psychotic mood disorders
    - Schizoaffective disorder
    - Organic psychoses
    - Posttraumatic stress disorder
    - Developmental Disorders, including Autism Spectrum Disorders
    - Personality disorders/traits

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Medical Work-up

- Basic pediatric assessment, including neurological exam
- Neuroimaging, laboratory tests:
  - Rule out other conditions or to establish baseline for medication treatment (e.g., liver functions)
  - Tests for specific medical syndromes, e.g. genetic, infectious, autoimmune, rheumatologic, metabolic screens, neuroimaging; based on findings of history and exam (low yield).
- Psychological testing: Useful for treatment/ academic planning, but not for diagnosis

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Diagnostic Issues

- Psychotic Symptoms need to be differentiated from:
  - Developmental delays, including speech and language problems.
  - Posttraumatic phenomena.
  - Misinterpretation of the questions.
  - Normal kid weirdness.

PSYCHOTIC-LIKE EXPERIENCES

- ~ 8 % of adolescents (ages 13 to 18 years)
- ~ 17 percent of children (ages 9 to 12 years)

Describe psychotic-like symptoms

Psychotic-like experiences associated with increased rates of psychopathology

  - Trauma histories
  - Behavioral problems
  - Anxiety and mood problems

➢ Most will never develop a true psychotic illness

ATYPICAL PSYCHOTIC SYMPTOMS

- Situationally specific
  - Emerge when angry, serve to engage others, only occur at certain times (bedtime, when in trouble, etc…)
- Highly descriptive
  - Organized detailed descriptions
  - Colors, clothing, facial descriptions, etc…
    - Less likely true psychosis
- Trauma Related
- Not associated with other overt psychotic symptoms (i.e., clear thinking, no bizarre, disorganized behaviors)

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Treatment Strategies

- Psychopharmacology
  - Antipsychotic agents only specific treatment with documented effectiveness for psychotic symptoms

- Psychosocial Treatments
  - Psychoeducation
  - Cognitive/symptom remediation
  - Family Support
  - Relapse Prevention
  - Intensive Community Support

AACAP 2013

ANTIPSYCHOTICS

- Start with an FDA approved agent for adolescents
- Medication choice based on side effect profile, patient and family preference, clinician familiarity and cost
  - Risperidone, Aripiprazole, Quetiapine (ages 13 years and older) most often used
  - Ziprasidone, Amisulpride not effective in large trial of adolescents
  - Olanzapine FDA approved for schizophrenia in adolescents, but associated with substantial weight gain
  - Clozapine for treatment resistant cases
  - Newer ≠ Better

EARLY ONSET SCHIZOPHRENIA TREATMENT GUIDELINES

Regardless of antipsychotic medication choice

- Side effect monitoring, including extrapyramidal side effects and metabolic status
  - Baseline: assess patient's and family history of obesity, diabetes, cardiovascular disease, dyslipidemia, or hypertension
  - BMI at baseline, 4, 8, and 12 weeks, and q3months
  - Fasting glucose, lipid profile, and blood pressure:
    - Baseline and after 3 months of treatment. If normal, then annually.
  - Systematic monitoring for abnormal movements (e.g, AIMS exam)

EARLY PSYCHOSIS DETECTION AND INTERVENTION

- Community and Statewide efforts to enhance early detection and treatment of first episode psychosis
  - Education of providers, families and community
  - Assertive treatment (case management, crisis intervention)
  - Integrate multidisciplinary specialty teams into community systems of care

➢ Improved Functional Outcomes

➢ Reduced rates of hospitalization

➢ Greater adherence to treatments

McFarlane et al., 2015; Schottle et al., 2014

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