

Early onset psychoses:



Treatment & Management



Bolton, Salford and Trafford

M E N T A L H E A L T H N H S T R U S T

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Clinical features: schizophrenia

- insidious onset, esp. in very young
- thought disorder differences
- simpler delusions and hallucinations
- childhood themes
- lack of expected development
- non-specificity of early symptoms

Clinical features: bipolar disorder

- often sub-clinical previous episodes
- depressive or hypomanic episodes
- potential confusion with conduct disorder
- may present in mixed state
- ? shorter periodicity
- non-specificity of early symptoms

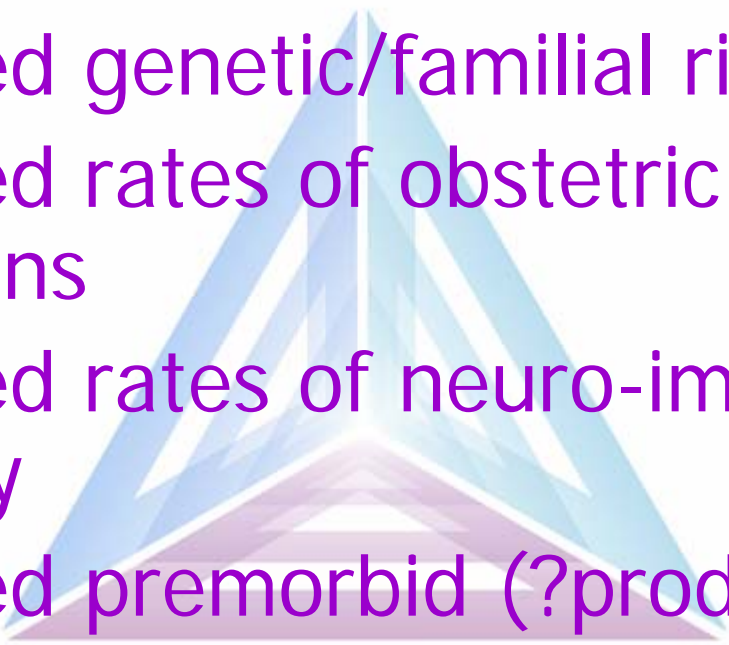
Epidemiology: schizophrenia

- poorly known - very rare pre-teens
- increasing incidence through teenage years
- ~50 times less common in age < 15
- 5% adults onset aged < 15 years
- 20% adults onset aged < 20 years
- male > female (~2:1)

Epidemiology: bipolar disorder

- uncertain - rare pre-teens; ?1% teens
- controversy re. relationship c. ADHD
- 4% adults onset aged < 15 years
- 20% adults onset aged < 20 years
- male = female


Aetiologies/Associations:

- increased genetic/familial risk
 - increased rates of obstetric complications
 - increased rates of neuro-imaging abnormality
 - increased premorbid (?prodromal) difficulties
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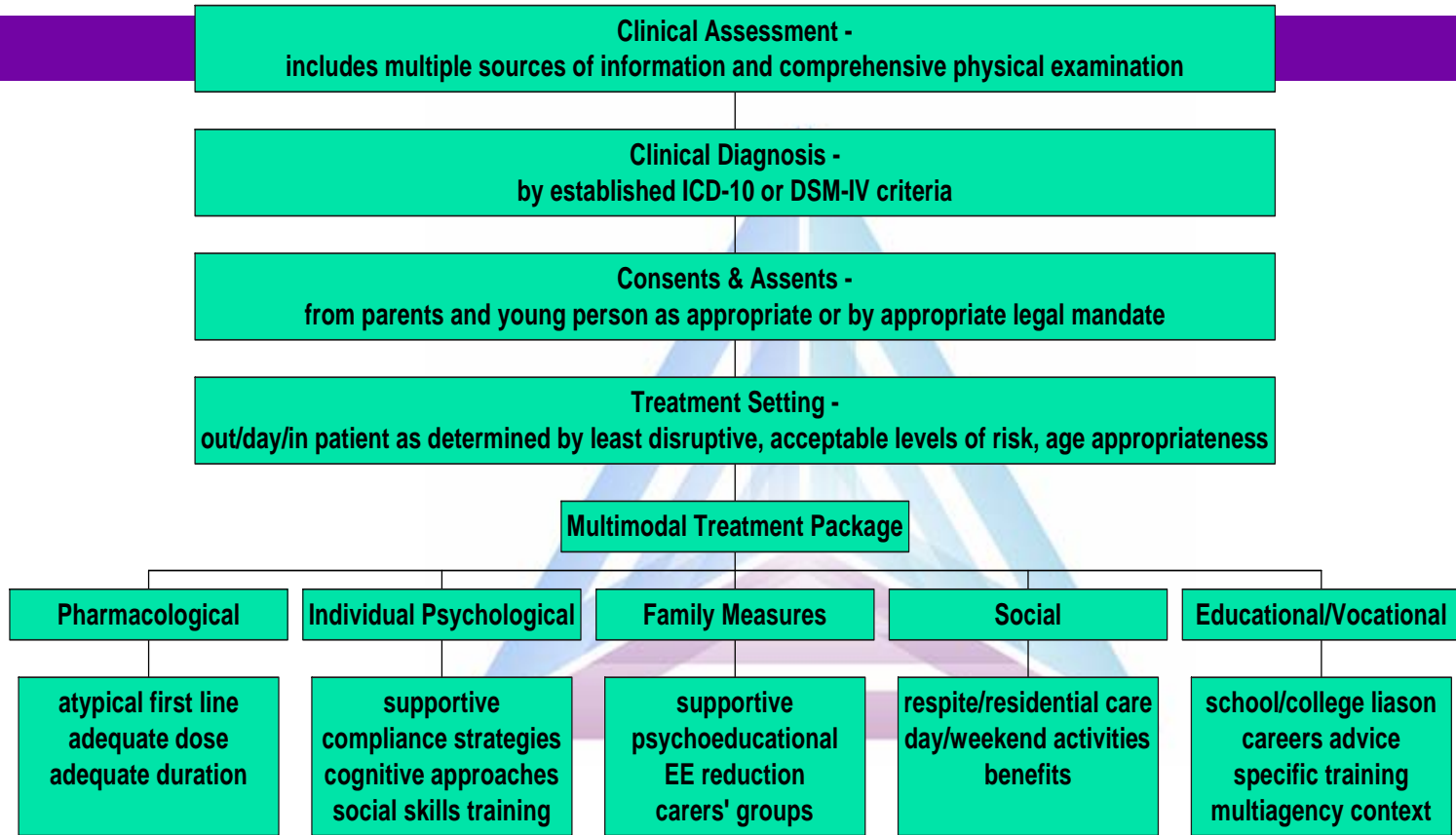
Differential Diagnoses:

- Schizophrenia
- Schizo-affective disorder
- Affective disorder
- Organic disorder (including misuse)
- Non-psychotic emotional/behavioural disorder
- Pervasive developmental disorder
- Obsessive-compulsive disorder

Guidelines

- Schizophrenia
 - Clark & Lewis (1998)/Clark (2001)
 - American Academy of Child and Adolescent Psychiatry (2001)
 - NICE CG1 & CG25 (2002 & 2005)
 - Bipolar Disorder
 - American Academy of Child and Adolescent Psychiatry (1997)
 - Clark (2001)
 - NICE CG38 (2006)
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Framework for assessment and management



diagnostic assessment

- semistructured interviews
 - young person and carer informant
 - school/college contact
 - role and extent of physical investigation
 - diagnostic criteria
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Physical assessment

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- Physical examination
 - FBC / U&Es / TFTs / LFTs
 - EEG
 - Drug screen
 - CT/MRI scan
 - Others as indicated (chromosomes, copper, autoantibodies etc)

consent and assent

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- competence & capacity to consent
 - understanding of purpose, nature, likely effects and risks
 - parental responsibility
 - alternative legal mandates

in/day/outpatient?

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- risk to self or others
 - psychosocial complexity
 - age appropriateness
 - disruption of admission
 - likely compliance and engagement with investigation and treatments

multimodal intervention

- pharmacotherapy
- individual psychological
- family interventions
- social
- educational/vocational



pharmacological treatments: schizophrenia

- limited age-specific evidence base
- atypical vs. typical antipsychotics
- adequate dosages & adequate durations
- adjunctive benzodiazepine sedation
- rapid tranquillisation
- early consideration of clozapine
- compliance strategies

pharmacological RCTs schizophrenia

- Pool et al 1976 - haloperidol & loxapine
- Realmuto et al 1984 - thioridazine & thiothixene
- Spencer & Campbell 1994 - haloperidol
- Kumra et al 1996 - clozapine

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pharmacological treatments: bipolar disorders

- conflicting age-specific evidence base
 - NICE
- antidepressants vs./+ mood stabilisers
 - Li vs VPA
- adequate dosages & adequate durations
- rapid tranquillisation
 - Olanzapine vs haloperidol
- ECT?
- compliance strategies

individual psychological

- supportive
- compliance enhancement
- reduction substance misuse
- CBT approaches
- social skills



family intervention

- supportive
- psychoeducational
- EE reduction
- carers' groups
- siblings



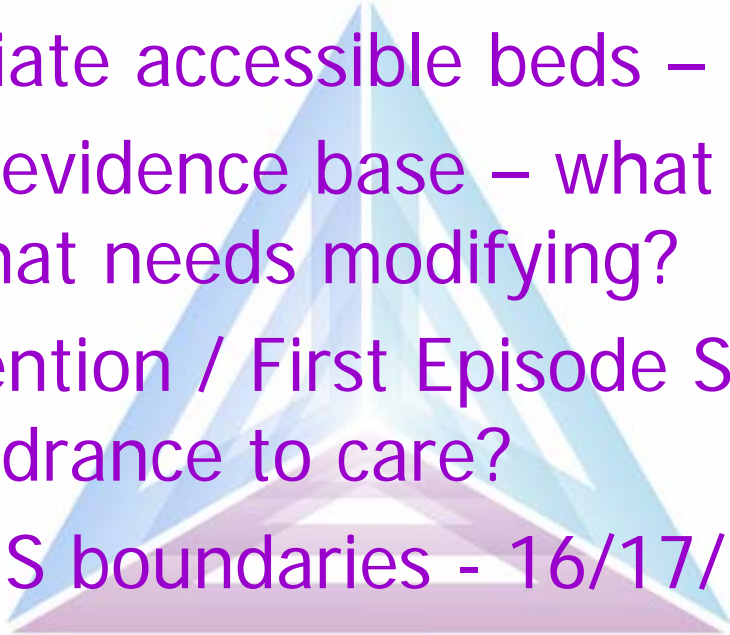
educational/vocational

- multiagency context (education & SS)
- early school/college/vocational liaison
- possible residential placements
- within care programmed approach
- “seamless” transitions

Outcomes

- Good diagnostic stability (~80%) for schizophrenia and affective psychoses
- Poor diagnostic stability (<33%) for schizoaffective and atypical psychoses
- Schizophrenia predicts poor outcomes in independence, education, illness
- Affective psychoses better outcomes but with episodic illness (70%)
- 10% ten year mortality

Challenges

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- Age appropriate accessible beds – open & ICU
 - Age-specific evidence base – what works, what doesn't & what needs modifying?
 - Early Intervention / First Episode Services – a help or a hindrance to care?
 - CAMHS/AMHS boundaries - 16/17/18...21...+?

Framework for assessment and management

