

Schizophrenia of Childhood: A Brief Overview

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Abstract

Childhood schizophrenia is an uncommon but severe mental disturbance during which children interpret reality abnormally. Schizophrenia has no single cause; there are not well defined etiological factors of this condition. Distorted perception of reality confused thinking, detailed and bizarre thoughts and ideas are some early symptoms of Childhood schizophrenia. According to the DSM-5, a diagnosis of schizophrenia is made if a person has two or more core symptoms, one of which must be hallucinations, delusions, or disorganized speech for at least one month. Childhood schizophrenia can be differentially diagnosed as autism because there are common symptoms among them. The management of Childhood schizophrenia include anti psychotic drugs along with psychotherapies .a combined action of different modalities shows good prognosis.

Key words: Childhood schizophrenia, child, therapy, hallucinations, delusions, factors.

Introduction

Schizophrenia of Childhood or Childhood schizophrenia is an uncommon but severe mental disturbance during which children interpret reality abnormally. Schizophrenia involves a variety of problems with thinking (cognitive), behavior or emotions. Schizophrenia is rare among children and a few of the symptoms and risk factors may overlap with those of autism¹.The problems which are initially seen may end in some combination of hallucinations, delusions, and very disordered thinking and behavior that impairs your child's ability to function².

1: Understood but not still completely understood: Complexities in Causes of Childhood Schizophrenia

Schizophrenia has no single cause. No well defined cause is established. A combination of genes from both parents plays a role. So do unknown environmental

factors. Experts believe that a child has to inherit a chemical imbalance in the brain to develop this condition³. The most important cause of childhood schizophrenia is a physiological crisis such as birth, severe illness or accident, and prepubertal or pubertal crises. The emotional climate in the family helps to determine the defense mechanisms⁴.

Many who show schizophrenic features in infancy retain many features throughout their lives even with fluctuations within the severity of the symptoms. Nevertheless the image offered has significant features which should be known so as to supply a prognosis in early schizophrenia, and to gauge the consequences of therapeutic programs and anticipate danger periods which may even appear in the midst of or following quiescent behavior⁵.

Recently neurosciences and genetics tries to understand how social experience across the life course interacts with genes, and impacts on biological development, to shape adult outcomes. These insights probably may show a more clear and well defined patho mechanism for conditions like childhood schizophrenia⁶.

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· **Genetics**

A combination of genes passed down by both parents can cause schizophrenia: If a parent has the disorder, a toddler has an estimated 10 to fifteen percent chance of developing it; if a sibling is schizophrenic, a toddler has an estimated 7 to 8 percent chance of developing the disease.

· **Environmental Stresses During Pregnancy**

Though data isn't conclusive, some experts believe a child's schizophrenia could also be linked to certain environmental factors that affect the mother during pregnancy, such as:

- exposure to certain viruses or infections
- extreme stress
- drug or alcohol use
- exposure to particular hormonal or chemical agents

This is what makes this disease complex ⁸.

2. Symptoms Are Not Doubts

No parents are aware about the symptoms of Childhood schizophrenia so there is always a chance that symptoms may turn out to just doubts. Parents might think as the child is growing they may have confusion with some concepts, so it will resolve by self in course of time.

Early warning signs of schizophrenia in children may include:

- distorted perception of reality
- confused thinking
- bizarre thoughts and ideas
- suspiciousness

- hallucinations (seeing, hearing, or feeling things that aren't real like hearing voices telling them to try to do something)

- delusions (ideas that appear real but aren't based in reality)

- extreme moodiness

- severe anxiety or fearfulness

- flat affect (lack of emotional expression when speaking)

- difficulty in performing schoolwork

- social withdrawal (severe problems in making and keeping friends)

- disorganized or catatonic behavior (suddenly becoming agitated and confused, or sitting and staring, as if immobilized)

The symptoms of schizophrenia often are classified as positive (symptoms including delusions, hallucinations and bizarre behavior), negative (symptoms including flat affect, withdrawal, and emotional unresponsiveness) ¹⁰.

Thirty-five children, aged 4 to 13 ($X = 9.54$), meeting strict DSM-III criteria for schizophrenia, all subjects were diagnosed employing a replacement semi structured interview. All were within the normal range of intelligence (mean IQ = 94) and freed from neurological disorders. Characteristic auditory hallucinations were present in 80% and delusions in 63% of the sample. The mean age of onset of psychotic symptoms was 6.9 years ¹¹.

3. Know your diagnosis

The table given below throws insight to the necessary criteria's required to diagnosis Schizophrenia both in child and adult

Table 1: DSM IV-TR Criteria for Schizophrenia⁷.

<p>A. Characteristic symptoms: Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):</p>	<ol style="list-style-type: none"> 1. delusions 2. hallucinations 3. disorganized speech (e.g., frequent derailment or incoherence) 4. grossly disorganized or catatonic behavior 5. negative symptoms, i.e., affective flattening, alogia, or avolition
<p>B. Social/occupational dysfunction:</p>	<p>For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).</p>
<p>C. Duration:</p>	<p>Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).</p>
<p>D. Schizoaffective and Mood Disorder exclusion:</p>	<p>Schizoaffective Disorder and Mood Disorder With Psychotic Features have been ruled out because either (1) no Major Depressive, Manic, or Mixed Episodes have occurred concurrently with the active-phase symptoms; or (2) if mood episodes have occurred during active-phase symptoms, their total duration has been brief relative to the duration of the active and residual periods.</p>
<p>E. Substance/general medical condition exclusion:</p>	<p>The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.</p>
<p>F. Relationship to a Pervasive Developmental Disorder:</p>	<p>If there is a history of Autistic Disorder or another Pervasive Developmental Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated).</p>

Note: Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) cautions that although the essential features of schizophrenia are an equivalent in childhood, it's harder to diagnose. Symptoms like disorganized speech and behavior, which are typically present in schizophrenia, also occur in many disorders of childhood⁹. To diagnose schizophrenia in childhood; the kid must meet equivalent diagnostic criteria as schizophrenic adults and adolescents. Despite the consequences of developmental factors, hallucinations, delusions, and formal thought disorder are often reliably assessed in childhood schizophrenia¹². Children with different severity forms of disorders may respond in several while in assessing them¹³.

Differential diagnosis: The onset of childhood schizophrenia usually follows a period of normal, or near normal, development. Strange interests, unusual beliefs, and social impairment are often prodromal symptoms of childhood schizophrenia, but also can be signs of autism spectrum disorder. Hallucinations and delusions are typical for schizophrenia, but not features of autism spectrum disorder¹⁷.

Since childhood disintegrative disorder (CDD) features a very similar set of symptoms and high co morbidity it are often misdiagnosed as childhood schizophrenia which may cause prescribing ineffective medications¹⁸.

5. Multi Modalities of Treatment

Pharmacotherapy in children with schizophrenia find efficacy and safety on use of antipsychotics (clozapine, risperidone, olanzapine, quetiapine, ziprasidone and aripiprazole), Adverse effects like extrapyramidal side effects and dyskinesia , metabolic syndrome (including hyperglycaemia and hyperlipidaemia), weight gain, hyperprolactinaemia, hepatotoxicity, seizures also observed¹⁶. There is not any convincing evidence suggesting that atypical antipsychotic medications are superior to the older typical medications for the treatment of adolescents with psychosis¹⁹.

Psychotherapy: In addition to medication, psychotherapy assists you and your child deal with the disorder. Psychotherapy may include:

- **Individual therapy.** Psychotherapy, like cognitive behavioral therapy, with a talented mental state professional can help your child learn ways to affect the strain and lifestyle challenges brought on by schizophrenia. Therapy can help reduce symptoms and help your child make friends and succeed at school. Learning about schizophrenia can help your child understand the condition, affect symptoms and persist with a treatment plan.

- **Group therapy.** Your child and your family may enjoy therapy that provides support and education to families. Involved, caring relations who understand childhood schizophrenia are often extremely helpful to children living with this condition. Group psychotherapy can also assist you and your family to reinforce communication, compute conflicts and affect stress related to your child's condition.

The treatment of the kid and adolescent presenting with psychosis depends on several factors. The character and etiology of the first disorder must be considered. Treatment interventions are multimodal and include targeted pharmacotherapy also as psycho education and family and supportive psychotherapy¹⁵.

Life skills training: Treatment plans that include building life skills can help your child function at age-appropriate levels when possible. Skills training may include:

- **Social and academic skills training.** Training in social and academic skills is a crucial a part of treatment for childhood schizophrenia. Children with schizophrenia often have troubled relationships and faculty problems. They'll have difficulty completing normal daily tasks, like bathing or dressing.

- **Vocational rehabilitation and supported employment.** This focuses on helping people with schizophrenia steel oneself against , find and keep

jobs¹⁴.

6. Seek Medical Advice If Your Child:

- Has developmental delays compared with other siblings or peers
 - Has stopped meeting daily expectations, like bathing or dressing
 - No longer wants to socialize
 - Is slipping in academic performance
 - Has strange eating rituals
 - Shows excessive suspicion of others
 - Shows a scarcity of emotion or shows emotions inappropriate for things
 - Has strange ideas and fears

7. Prevention of Schizophrenia

Preventive measures to scale back the incidence of schizophrenia aren't known well. Identification and early intervention, however, can improve the standard of life experienced by children and adolescents with schizophrenia. Treatment is most successful when symptoms of the primary psychotic episode are addressed properly and promptly¹⁰.

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