Psychotic Disorders in Children and Adolescents

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Learning Objectives

Audience will be able to:

1. Distinguish developmentally “normal” experiences from true psychosis in children.
3. Identify signs and symptoms of psychotic disorders.
4. Learn about treatment options for psychotic disorders.
What is psychosis?

Definition

• Medical condition of the brain, that affects the mind and thinking such that it makes it difficult for one to determine what is real and what is not.
• Characterized by some loss of contact with reality.

What is Developmentally “Normal”?

• Most children who exhibit psychotic or psychotic-like symptoms do not have a psychotic disorder (5% prevalence of psychotic symptoms in otherwise “healthy” children)
• Transient hallucinations are occasionally observed in preschool children, however usually prognostically benign.
• Loosening of associations and illogical thinking decrease markedly after about age 6 – 7 years in children.
Psychosis in Children

- Most common causes of psychosis in children are anxiety and depression.
- Brief psychotic episodes may be observed in dissociative states, following trauma, in relations to borderline PD, and in other conditions such as childhood onset schizophrenia.

Childhood Onset Schizophrenia

- Is the most severe of the psychotic illness.
- 1:10,000 children
- 2:1 Male to Female
- Peak onset is 15 – 30 years, schizophrenia symptoms generally start in the mid- to late 20s.
- Very early-onset schizophrenia in children younger than age 13 is extremely rare.
- Delusions tend to occur more frequently in adolescents then children.
- Studies have shown that 90% of youth who commit suicide have a mental disorder, and up to 30% of those with schizophrenia will make a suicide attempt during their lifetime.
Early Prodromal Signs of Schizophrenia in Childhood

- Language delays
- Late or unusual crawling
- Late walking
- Other abnormal motor behaviors - for example, rocking or arm flapping.

Early Prodromal Signs of Schizophrenia in Adolescents

- Withdrawal from friends and family
- A drop in performance at school
- Trouble sleeping
- Irritability or depressed mood
- Lack of motivation
- Strange behavior
- Substance use
- Compared with schizophrenia symptoms in adults, teens may be:
  - Less likely to have delusions
  - More likely to have visual hallucinations
Signs & Symptoms

As children with schizophrenia age, signs and symptoms of the disorder may progress to:

- **Delusions.** False beliefs
- **Hallucinations.** Seeing or hearing things that don't exist. The content of delusions and hallucinations in this age group often reflects developmental concerns (e.g., hallucinations may have to do with monsters, pets, or toys and delusions revolve around aspects of identity and are less complex and systematic than in adults)
- **Disorganized thinking.** Disorganized speech
- **Extremely disorganized or abnormal motor behavior.** Can range from childlike silliness to unpredictable agitation. Behavior is not focused on a goal, which makes it hard to do tasks. Behavior can include resistance to instructions, inappropriate or bizarre posture, a complete lack of response, or useless and excessive movement.
- **Negative symptoms.** This refers to reduced or lack of ability to function normally. For example, the person may neglect personal hygiene or appear to lack emotion — doesn't make eye contact, doesn't change facial expressions, speaks in a monotone, or doesn't add hand or head movements that normally occur when speaking. Also, the person may have reduced ability to engage in activities, such as a loss of interest in everyday activities, social withdrawal or lack ability to experience pleasure.

Risk Factors

- Having a family history of schizophrenia.
- Some pregnancy and or birth complications, such as malnutrition or exposure to toxins or viruses that may impact brain development
- Taking mind-altering (psychoactive or psychoactive) drugs during teen years
Differential Diagnosis

• Schizophrenia spectrum disorders
• Affective disorders with psychotic features (i.e. Major Depression & Bipolar)
• Pervasive Developmental Disorders
• Substance Induced Psychotic Disorders
• Medication Induced Psychotic Disorders

Schizophrenia Spectrum Disorders: Schizoaffective Disorder

• Must meet full symptom criteria for a mood disorder as well as full symptom criteria for schizophrenia.
• Must experience delusions or hallucinations for at least 2 weeks without the occurrence of mood symptoms.
• Mood symptoms must be prominent throughout the duration of the illness.
Schizophrenia Spectrum Disorders: Schizophreniform Disorder

- Characterized by the same symptoms as schizophrenia however length of time and severity may differ, length of time of symptomology is 1-6 months.
- Decreased functioning is not mandatory in order to make this diagnosis.

Schizophrenia Spectrum Disorders: Brief Psychotic Disorder

- Sudden appearance of at least one positive psychotic symptom.
- Duration is between one day to one month before individual returns to their normal state of functioning.
Schizophrenia Spectrum Disorders: Delusional Disorder

- Presence of at least one or more persistent non bizarre delusion (what distinguishes a nonbizarre delusion from a bizarre delusion is that the former actually has a remote likelihood of occurring, whereas the bizarre typically does not).
- Auditory or visual hallucinations are not usual features of this condition.
- If hallucinations do occur they are not prominent and are typically related to the delusional theme.
- Psychosocial functionating (occupational and social) of an individual with delusional disorder is often not substantially impaired and his or her behavior is not typically noted to be bizarre or odd.
- Mood symptoms may be experienced, however mood symptoms tend to be brief.

Schizophrenia Spectrum Disorders: Schizotypal Personality Disorder

- Characterized by many of the symptoms seen in schizophrenia, however symptoms of schizophrenia tend to have a more severe and potentially more debilitating course.
- Characterized by an ongoing pattern of social and interpersonal deficits.
- Might have ideas of reference, magical thinking, cognitive distortions, active social avoidance, and delusions.
- Might have poor academic performance, hypersensitivity, peculiar thoughts and language, bizarre fantasies, social isolation, poor peer relationships, and or social anxiety.
- May be described as being odd or eccentric.
- May have significant communication deficits such that it may difficult following the youth’s train of thought.
- Individuals with SPD are significantly more likely to drop out of school than adolescents with other personality disorders.
- It’s important to note that most clients with SPD do not develop schizophrenia or another psychotic disorder.
Affective Disorders with Psychotic Features: Major Depression & Bipolar

- Major differences between schizophrenia and an affective disorder with psychotic features is the presence of prominent mood symptoms.
- Delusions and Hallucinations for affective disorders with psychotic features are usually mood congruent and may be consistent with their subjective feelings.
  - For instance with profound depression hallucinations/delusions might include themes of guilt, disease, nihilism, death, and personal inadequacy.
  - Voices are often either critical of the client or derogatory in nature.
  - Voice may blame the youth for certain character flaws or past mistakes.
  - With bipolar the individual may have delusions that he or she has special or divine powers or that he or she is deified or may have delusions of persecution that are related to grandiose themes.
- Typically auditory hallucinations with affective disorders with psychotic features are most commonly characterized by a single voice (as opposed to multiple voices that converse as in with schizophrenia).

Pervasive Developmental Disorders

- Pervasive Developmental Disorders, which can include autism spectrum disorders, can sometimes be associated with poor social relatedness, asociality, or both.
  - In the presence of PDD, schizophrenia is diagnosed only if prominent delusions or hallucinations have been present.
- Hallucinations and delusions do not characterize pervasive developmental disorders.
- Pervasive developmental disorders symptoms usually emerge prior to 5 years of age whereas it is rare for the positive symptoms of schizophrenia to develop before this age.
Psychotic Disorder Due to a General Medical Condition

- Medical conditions may include but are not limited to:
  - Traumatic brain injury, brain lesions of the central nervous system and cerebral hypoxia, neurological diseases (Parkinson’s, Huntington’s, and Wilson’s diseases) epilepsy, infectious diseases, endocrine disorders, metabolic disorder, nutritional disorders, poisoning from metals).
  - Some research has noted that individuals with traumatic brain injury may be at a high risk for developing psychotic symptoms.
  - Primary psychotic disorders such as schizophrenia are more probable if:
    - there is a family history of psychotic illnesses
    - psychosocial dysfunction prior to the onset of the illness
    - A lack of motivation to engage in social interaction
  - Some over the counter medications can sometimes produce psychotic symptoms.

Substance Induced Psychotic Disorder

- Can occur after an excessive consumption of a given substance.
- Can be characterized by hallucinations and delusions.
- Bizarre delusions and thought disorders are more common in schizophrenia then in substance abuse disorders.
- Substance abuse often occur comorbidly and can be prevalent in clients experiencing their first episode of psychosis.
- Psychotic symptoms can occur while the individual is intoxicated or suffering from withdrawal.
- Psychotic state can last up to several weeks during a withdrawal period.
- For many clients the psychotic symptoms are caused solely by the abuse of the substance and not the existence of psychotic symptoms.
- If an individual has been exhibiting psychotic symptoms prior to the development of the substance abuse, a primary psychotic disorder should be considered.
When to Seek Help

- When Your child:
  - Has developmental delays compared with other siblings or peers
  - Has stopped meeting daily expectations, such as bathing or dressing
  - No longer wants to socialize
  - Is slipping in academic performance
  - Has strange eating rituals
  - Shows excessive suspicion of others
  - Shows a lack of emotion or shows emotions inappropriate for the situation
  - Has strange ideas and fears
  - Confuses dreams or television for reality
  - Has bizarre ideas, behavior or speech
  - Has violent or aggressive behavior or agitation

Treatment of Psychosis

- Medications
- Psychosocial treatments
- Family Interventions
  - Family Support and Education
- Supportive Housing
- Supportive Education/Employment and Vocational Rehabilitation
- Social Skills Training
- Independent Living Skills
- Substance use treatment/interventions
- Coordinated Specialty Care Programs for First Episode Psychosis
- Don’t forget to address depression and anxiety and other underlying causes.
Questions

Emergence Health Network

1. Crisis Emergency Services
   1600 Montana
   El Paso, TX 79902
   Crisis hotline: 915-779-1800

2. Coordinated Specialty Care for First Episode Psychosis Program
   2400 Trawood Suite 301-B
   915-599-6690 Ext 10313
   CSCOutreach@ehnelpaso.org

3. Child and Adolescent Mental Health Programs (ChAMPS)
   8500 Boeing
   El Paso, TX 79925
   915-599-6600
References
