



A CASE OF CHILDHOOD ONSET SCHIZOPHRENIA

¹Sharma A, ²Garg M

¹Junior Resident, ²Junior Resident

¹ Psychiatry Department,

¹ Indira Gandhi Medical College, Shimla, Himachal Pradesh, India

Abstract: Introduction: Childhood-onset schizophrenia (COS) is a rare illness with an incidence less than 0.4%, that is poorly understood but seems continuous with the adult-onset disorder. The disease usually continues to progress in adolescence and adulthood. It can be diagnosed with the same criteria that are used for adults. Aim: To present a case of 12 years old female child who presented with symptoms of schizophrenia. Results: Patient showed significant improvement (improvement in auditory hallucinations, self-absorbed behaviour, delusion of reference) following which she was discharged from the hospital. Conclusion: Schizophrenia is a devastating illness, particularly when presenting in childhood or adolescence. Once a diagnosis is confirmed, aggressive medication treatment combined with family education and individual counselling may prevent further deterioration.

Index Terms – Childhood onset schizophrenia, COS

I. INTRODUCTION

Childhood-onset schizophrenia (COS) is a rare illness with an incidence less than 0.4%, that is poorly understood but seems continuous with the adult-onset disorder. The clinical severity, impact on development, and poor prognosis of childhood-onset schizophrenia may represent a more homogeneous group. Positive symptoms in children are necessary for the diagnosis, and hallucinations are more often multimodal. In healthy children and children with a variety of other psychiatric illnesses, hallucinations are not uncommon and diagnosis should not be based on these alone. Schizophrenic psychoses that arise before the age of 13 have a very poor prognosis. The disease usually continues to progress in adolescence and adulthood. It can be diagnosed with the same criteria that are used for adults. Patients whose disease is of acute onset, with productive schizophrenic manifestations such as hallucinations and delusions have a better prognosis than those whose disease begins insidiously. The evaluation of a child with suspected COS includes collecting extensive collateral information, observing patients/families over several visits, excluding underlying medical illnesses and evaluating with a high index of suspicion for speech/language/educational deficits and comorbid mood or anxiety disorders.

II. RESEARCH METHODOLOGY

12 years old female child belonging to low socioeconomic status presented with psychotic symptoms in psychiatry out patient setting. Her symptoms started 10 months prior to presentation characterized by delusion of reference, hallucinatory behaviour (muttering and smiling to self), decline in academics, self absorbed behaviour with insidious onset and continuous and progressive course. Her mother has been diagnosed with bipolar affective disorder and was maintaining well on treatment and there was no history of substance use. Clinical examination revealed normal vital signs and patient was conscious and oriented. The laboratory tests including complete hemogram, glucose, electrolytes, liver function and kidney function tests were within normal range. Non-Contrast Computed Tomography of Brain was grossly normal. Mental Status Examination revealed depressed affect, third person auditory hallucinations, delusion of reference. She was started on T. Olanzapine 5mg which was gradually increased to 20mg in divided doses but there was no improvement. T.

Trifluoperazine 5mg was started and gradually increased to 15mg in divided doses and T. olanzapine was stopped. Patient showed 60% improvement with the treatment.

III. RESULTS AND DISCUSSION

Patient showed significant improvement. She started interacting with her family members. Her self care and personal hygiene got improved. She reported improvement in auditory hallucinations.

Schizophrenia is a devastating illness, particularly when presenting in childhood or adolescence. Despite the presence of premorbid characteristics, a reliable premorbid phenotype has not been defined, and research into the pathophysiology of the syndrome remains ongoing without a substantial target demonstrated in a systematic way. Once a diagnosis is confirmed, aggressive medication treatment combined with family education and individual counselling may prevent further deterioration.

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V. REFERENCES

- [1] Driver DI, Thomas S, Gogtay N, Rapoport JL. Childhood-Onset Schizophrenia and Early-onset Schizophrenia Spectrum Disorders: An Update. *Child Adolesc Psychiatr Clin N Am*. 2020 Jan;29(1):71-90.
- [2] Remschmidt H, Theisen F. Early-onset schizophrenia. *Neuropsychobiology*. 2012;66(1):63-9.

