

Schizophrenia in Children

What is Schizophrenia?

Schizophrenia is a medical illness that causes strange thinking, abnormal feelings, and unusual behavior. It is an uncommon psychiatric illness in children and is hard to recognize in its early phases. The behavior of children and teens with schizophrenia may differ from that of adults with this illness.

Mounting evidence indicates that schizophrenia has neurodevelopmental roots. The appearance of schizophrenic symptoms before age 12 is rare (less than one-sixtieth as common as the adult-onset type), but studying these cases is important for an understanding of this disorder.

Neurodevelopmental damage seems to be greater in childhood schizophrenia than in the adult-onset type. Most schizophrenic children show delays in language and other functions long before their psychotic symptoms (hallucinations, delusions, and disordered thinking) appear, usually at age seven or later. In the first years of life, about 30% of these children have transient symptoms of pervasive developmental disorder, such as rocking, posturing, and arm flapping. Childhood home movies indicate uneven motor development, such as unusual crawling, in adult-onset schizophrenic patients. Children with schizophrenia may be even more seriously impaired in this respect; they are also more anxious and disruptive than adult-onset schizophrenic patients were as children.

Early Warning Signs:

- Trouble discerning dreams from reality
- Seeing things and hearing voices that are not real
- Confused thinking
- Vivid and bizarre thoughts and ideas
- Extreme moodiness
- Peculiar behavior
- Concept that people are “out to get them”
- Behaving younger than chronological age
- Severe anxiety and fearfulness
- Confusing television or movies with reality
- Severe problems in making and keeping friends

The behavior of children with this illness may change over time. The schizophrenic psychosis develops gradually in children, without the sudden psychotic break that sometimes occurs in adolescents and adults. Children may begin talking about strange fears and ideas. They may start to cling to parents or say things that do not make sense. Children who used to enjoy relationships with others may become more shy or withdrawn and seem to be in their own world.

Treatment

Early diagnosis and medical treatment are important. Children with the problems and symptoms listed above must have a complete evaluation. These children may need individual treatment plans involving other professionals. A combination of medication and individual therapy, family therapy, and specialized programs (school, activities, etc.) is often necessary. Psychiatric medication can be helpful for many of the symptoms and problems identified.

Standard antipsychotic drugs appear to be effective for schizophrenic children and adolescents. However, second-generation (atypical) antipsychotic drugs are usually tried first because they may cause fewer side effects than standard drugs, especially a movement disorder called tardive dyskinesia. Serious side effects of second-generation antipsychotic drugs can include weight gain, diabetes and high cholesterol. Currently, the Food and Drug Administration approves the use of two second-generation drugs in children ages 13-17, Risperidone (Risperdal) and Aripiprazole (Abilify).

Parents need to ask their family physician or pediatrician to refer them to a child and adolescent psychiatrist who is specifically trained and skilled at evaluating, diagnosing, and treating children with schizophrenia.

Other Resources

[National Association of Child and Adolescent Psychiatry](#)
[Schizophrenia in Children](#)

[Schizophrenia.com](#). [Childhood Schizophrenia and Bipolar Disorder](#)
[Schizophrenia Medication Treatment](#)

[The Mayo Clinic](#). [Childhood Schizophrenia Treatments and Drugs](#)

[National Alliance on Mental Illness](#). [Early Onset Schizophrenia](#)

[National Institute of Mental Health](#). [Schizophrenia](#)

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