Sir,

Early Onset Schizophrenia (EOS, onset of symptoms prior to age 18 years) is a severe and chronic form of schizophrenia. In EOS, children and adolescents experience delusions, hallucinations, disorganized or incoherent speech, grossly disorganized or catatonic behaviour and negative symptoms. It has been estimated that about one in 10,000 children develop some form of schizophrenic disorder prior to age 12 years and it increases during adolescence. EOS is associated with problem behaviours including cognitive, social skill deficits and speech and language problems. The pre-morbid abnormalities and early onset of psychotic symptoms found in children with schizophrenia often lead to a severe disruption in the child’s global development.

The importance of understanding EOS is that its effects are among the most pervasive and debilitating of all childhood psychopathologies. Focusing more on early intervention in the prodromal phase (primary prevention) is needed rather than more on intervention after the onset of psychosis (secondary prevention), as a lot of cost is associated with the intervention after the onset of psychosis and the tertiary prevention. The Figure 1 shows the developmental course of EOS.

Early identification and intervention are important components influencing developmental trajectories of patients with EOS. The initial signs help in suggesting that there is an opportunity for early identification. The first step is recognizing risk factors and early indicators in early and middle childhood. Reduction of the ‘Duration of Untreated Psychosis’ (DUP) seems to be the most promising strategy.

Early identification and treatment of EOS at prodromal phase is a new concept, primary care physicians may not be aware of this and therefore, need to be educated. Educational institutions and schools should be encouraged to hire or get the services of mental health practitioners to conduct regular screenings. A vacancy of psychologist or counsellor can be generated in every government and private school, as in many schools in western countries. Formal screening of every child can be done at the time of admission and at risk children occasionally. Time and cost effective, standardized screening tools and inventories that identify the problem at prodromal states can be critical in early intervention. For assessing specific behavioural and emotional problems, Child Behaviour Checklist (CBCL); to identify ‘ultra high risk’ for psychopathology, Comprehensive Assessment of at Risk Mental States (CAARMS); and for the assessment of clinical high risk population for schizophrenia, The Prodromal Questionnaire-Brief version (PQ-B), 21-item, are commonly used. Based on the screening, evidence-based psycho-educational, cognitive behavioural and family interventions are effective for at risk children.

REFERENCES

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Figure 1: The early course of schizophrenia (Larsen, et al. 2001).


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