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Children and Adolescents with Schizophrenia Comorbidity: A Review

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Abstract

Comorbidity rates in children and adolescents with schizophrenia are notably high, according to studies utilizing standardized diagnostic interviews. However, the number of symptoms other than those required to diagnose schizophrenia is still a point of contention. The dilemma is whether these symptoms should be considered as a separate diagnosis or as a set of traits. Regardless, the occurrence of these symptoms underlines the difficulty in making a differential diagnosis in early-onset schizophrenia, particularly in the early stages.

Keywords: Adolescents • Schizophrenia comorbidity • Disorders

Developmental problems that affect the entire population

Many researches have raised concerns about probable family and diagnostic boundaries between schizophrenia and autism. Four of the schizophrenic children tested (23.5%) had an associated diagnosis of pervasive developmental disorder, according to Asarnow and Ben-study. Meir's other studies have found that children who met the diagnostic criteria for autism before developing schizophrenia are more common, 23% in Cantor's study and 39% in Watkins' analysis. According to Alaghband-Rad et al., 35% of schizophrenic children investigated displayed symptoms of Pervasive Developmental Disorder (PDD), with 13% meeting the full criteria for autistic condition. Russell also discovered that 26 percent of children before the onset of schizophrenia had various symptoms, such as echolalia and motor stereotypies, that are typically seen in pervasive developmental disorders, despite the fact that these children met all of the criteria for an autistic disorder diagnosis. Early developmental delays and behavioural abnormalities appear to be common in schizophrenic children who do not fulfil the precise diagnostic criteria for autistic disorder. Kolvin points out that whereas echolalia is seen in 6% of schizophrenia children, 49% have a delay in psychomotor development and 46% have a language delay. Other studies, on the other hand, demonstrate that the risk of schizophrenia in children with a widespread developmental abnormality is no higher than in the general population. Because schizophrenia appears to be a neurodevelopmental condition, it may share signs and symptoms with autistic disorder, even if current evidence supports a clear separation between the two [1].

Developmental problems that are multiple and complex

Similarly, some writers have identified a subset of youngsters who show significant impairment in multiple domains (especially on the cognitive and social levels) and for whom schizophrenia is frequently misdiagnosed. All of these children suffered developmental delays or issues while they were young. All of them had cognitive abnormalities impacting the visuospatial domain, attention, impulse control, emotion management, and language, particularly in its receptive component, to varied degrees. All of them had major social adjustment issues, but none of them exhibited the qualitative alterations in social interactions that pervasive developmental disorders are known for. Clinically, one or more symptoms matching to several diagnostic categories, such as borderline or schizotypal personality disorders or conduct disorder, were commonly found, although they did not meet all of the required criteria. Attention Deficit Hyperactivity Disorder (ADHD) was also commonly discovered. Finally, all of these youngsters described hallucinogenic episodes, excessive and age-inappropriate imaginations, and mood instability as intermittent or subclinical psychotic symptoms. Towbin proposed the term "multiple and complex developmental disorders" in the absence of a defined diagnostic category capable of accounting for these children's clinical picture. However, it is unclear if this clinical picture can be considered an independent diagnostic entity or if it is simply an early manifestation of a later progression towards schizophrenia or other psychotic disorders. Clinically, one or more symptoms matching to several diagnostic categories, such as borderline or schizotypal personality disorders or conduct disorder, were commonly found, although they did not meet all of the required criteria. Attention deficit hyperactivity disorder (ADHD) was also commonly discovered. Finally, all of these youngsters described hallucinogenic episodes, excessive and age-inappropriate imaginations, and mood instability as intermittent or subclinical psychotic symptoms [2]. Towbin proposed the term "multiple and complex developmental disorders" in the absence of a defined diagnostic category capable of accounting for these children's clinical picture. However, it is unclear if this clinical picture can be considered an independent diagnostic entity or if it is simply an early manifestation of a later progression towards schizophrenia or other psychotic disorders. Antipsychotic medication would not be effective for these children.

Emotional and behavioral illnesses those are not psychotic

Several studies have highlighted the high prevalence of emotional and behavioral disorders in schizophrenic children and adolescents, with the most common diagnoses being Attention Deficit Hyperactivity Disorder (ADHD), oppositional defiant disorder (ODD), separation anxiety disorder, generalized anxiety disorder, and simple phobias, in that order. Simultaneously, numerous studies highlight the prevalence of seemingly psychotic symptoms (hallucinations, relational instability, affective instability,

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and disorganised behaviour) in children and adolescents with non-psychotic emotional and behavioural disorders, the latter of which may be misdiagnosed as schizophrenic. They have few or no negative symptoms, behavioural irregularities, or mental process disruptions when compared to schizophrenia children and adolescents. Follow-up studies reveal that they are more likely to develop non-psychotic personality disorders, particularly borderline or antisocial personality disorders.

In addition, psychotic symptoms are frequently described in abused children and adolescents, particularly those suffering from post-traumatic stress disorder [3]. Again, these children and adolescents may be misidentified as schizophrenic, especially since early-onset schizophrenia frequently includes a history of maltreatment. Anxiety and dissociative phenomena, such as anxieties and intrusive thoughts, as well as feelings of unreality or depersonalization, are reported as psychotic symptoms in children and adolescents with post-traumatic stress disorder.

Obsessive-Compulsive Disorder (OCD)

In children and teenagers, the distinction between obsessive-compulsive disorder and schizophrenia is not always evident. The seemingly delirious tenacity and irrationality of specific obsessive fears observed in children and adolescents, the oddity of their rituals, and the irresistible nature of the agitation, aggression, and tantrums that they can manifest in connection with their obsessions and compulsions, could all lead to a diagnosis of schizophrenia. This diagnosis may usually be ruled out due to the absence of hallucinations and disruptions, as well as the preservation of contact with reality outside of obsessive-compulsive worries. On the other hand, approximately 20% of schizophrenic children and adolescents also suffer from obsessive-compulsive disorder [4-5].

Medical Problems

Epilepsies, central nervous system lesions (brain tumors, congenital malformations, traumatic brain injuries), neurodegenerative diseases, metabolic diseases and genetic abnormalities (endocrinopathies, Wilson disease), toxic encephalopathies, and infectious diseases are all known to cause psychotic disorders (encephalitis, meningitis, infection with the human immunodeficiency virus). Some of these diseases, such as bicycle-cardio-facial syndrome, may play an etiological role in the development of schizophrenia.

Conclusion

Comorbidity rates in children and adolescents with schizophrenia are notably high, according to studies utilising standardised diagnostic interviews. Early developmental delays and behavioural abnormalities appear to be common in schizophrenic children who do not fulfil the precise diagnostic criteria for autistic disorder. Towbin proposed the term "multiple and complex developmental disorders" in the absence of a defined diagnostic category capable of accounting for these children's clinical picture. Children and adolescents with schizophrenia disorders had considerably more premorbid disturbances than children and adolescents with bipolar illness or schizoaffective disorder. They have few or no negative symptoms, behavioural irregularities, or mental process disruptions when compared to schizophrenia children and adolescents. The persistence of symptoms after a sufficiently enough time of abstinence (usually more than a week) should point to schizophrenia as a diagnosis.

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