

P-286 - ANTIPSYCHOTIC MEDICATION FOR CHILDHOOD-ONSET SCHIZOPHRENIA

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Introduction: Childhood-onset schizophrenia, although rare, is schizophrenia with onset prior to the age of 13 years, appear to have a poor long term prognosis. Antipsychotic medication is one way of managing this rare but serious mental illness.

Objectives: To examine the effects of antipsychotic medication for childhood-onset schizophrenia.

Methods: We searched the Cochrane Schizophrenia Group Trials Register and inspected references of all identified studies for further trials. We included all RCTs involving children and young people with a diagnosis of childhood onset schizophrenia comparing any antipsychotic drug with another antipsychotic or placebo. We reliably selected, quality assessed and extracted data from trials.

Results: From a total of 2062 citations, we identified six relevant trials. A few results from one study favoured the atypical antipsychotic clozapine over haloperidol in treating treatment resistant childhood-onset schizophrenia (n=21, WMD CGAS 17.00 CI 7.74 to 26.26; n=21, WMD Bunney-Hamburg Psychosis Rating Scale -3.60 CI -6.64 to -0.56).

Participants on clozapine, however, were three times more likely to have drowsiness (1 RCT, n=21, RR 3.30 CI 1.23 to 8.85, NNH 2 CI 2 to 17) and half of the children receiving clozapine had neutropenia (1 RCT, n=21, RR 12, CI 0.75 to 192.86).

Conclusions: There is little conclusive evidence regarding the effects of antipsychotic medication for those with early onset schizophrenia. Some benefits were identified in using the atypical antipsychotic clozapine but the benefits were offset by an increased risk of serious adverse effects. Larger, more robust, trials are required.