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ANTIPSYCHOTIC MEDICATION FOR CHILDHOOD-ONSET SCHIZOPHRENIA

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Background: Childhood-onset schizophrenia is onset prior to the age of 13 years. Although rare, people who suffer from schizophrenia at an early age appear to have a severe form of the illness with poor long-term prognosis. Antipsychotic medication is one way of managing this serious mental illness.

Aims/objectives: To examine the effects of antipsychotics for childhood-onset schizophrenia.

Methods: We searched the Cochrane Schizophrenia Group Trials Register, inspected references and contacted pharmaceutical companies and authors of trials. We included all randomised clinical trials.

Results: From a total of 2062 citations, we identified six relevant trials. Three comparisons: atypical versus typical, atypical versus atypical and typical versus typical antipsychotic drugs. The only comparison to find any differences was atypical versus typical antipsychotic drugs. 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). 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 to192.86).

Conclusions: There are few relevant trials and, presently, 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 compared with haloperidol but the benefits were offset by an increased risk of serious adverse effects. Larger, more robust, trials are required.