

SCHIZOPHRENIA Factsheet

What are antecedents?

Antecedents are subtle deviations in development that may become evident during childhood or adolescence. The presence of these deviations may foreshadow the later development of schizophrenia, however most children who exhibit these antecedents do not develop the disorder. Studies exploring antecedents are ideally based on representative, population-based samples that follow the group from birth through childhood and adolescence to adulthood. These studies can provide unique insights into the changes in developmental trajectories that may be associated with schizophrenia.

What is the evidence for behavioural disturbances and psychopathology as antecedents?

Overall, moderate quality evidence suggests schizophrenia may be associated with a range of behavioural problems and psychopathology during childhood and early adolescence. These behavioural antecedents are subtle; individuals who later develop schizophrenia are not marked by extreme deviations in behaviours and most children who exhibit these disturbances do not develop schizophrenia. Possible behavioural disturbances include ADHD, social anxiety, social maladjustment, deviant behaviour, psychotic-like experiences, delusions, hallucinations, and general psychopathology.

The prevalence of psychotic-like experiences in children and adolescents is around 10%. Prevalence is higher in cross-sectional studies than in longitudinal studies, and in studies using questionnaires rather than interviews. Children and adolescents who report psychotic experiences had a medium-sized increased risk of later developing a psychotic disorder, or any other mental illness. The prevalence of hallucinatory experiences in children aged between 7 and 18 years is between 5% and 9%. The odds of transitioning to a psychotic disorder are higher for children who have experienced hallucinatory experiences than for children who have not experiences.

From age 3 years, higher levels of social withdrawal may be apparent. This is not specific to schizophrenia as it is also related to later development of depression, anxiety, neurosis, and mania. In adolescence, poor social functioning may be a specific predictor for a psychotic disorder. From age 3 to 6 years, higher levels of externalising behaviour may be evident, including aggression, bullying, disruptiveness, and noncompliance with adults. Higher levels of over-reactive behaviours may be apparent from age 7 to 12 years in males. From age 13 to 17 years, higher levels of disagreeableness and disruptiveness may be apparent, with no increase in aggressiveness or negative attitudes. Antisocial-externalising behaviour in preschool, childhood, and in high-risk adolescents may be a specific predictor of schizophrenia, although specificity does not extend to comparisons with mania.

For more information see the technical table

HOW YOUR SUPPORT HELPS

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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical enefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.