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SCHIZOPHRENIA Factsheet

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What is childhood and early-onset schizophrenia?

Childhood-onset schizophrenia is defined as schizophrenia with onset prior to the age of 13 years, and early-onset schizophrenia describes schizophrenia between the ages of 13 and 17 years.

What is the evidence for pharmaceutical treatments for childhood and early-onset schizophrenia?

Compared to first-generation antipsychotics, moderate quality evidence finds a small to medium-sized benefit of second-generation antipsychotics for global and mental state in children and adolescents with schizophrenia. There was greater improvement with standard dose than low-dose antipsychotics, although there are more side effects with standard doses.

Moderate quality evidence finds clozapine was the most effective antipsychotic and fluphenazine was the least effective antipsychotic for symptoms when compared to placebo and other antipsychotics (ziprasidone, loxapine, trifluperazine, asenapine, haloperidol, quetiapine, paliperidone, aripiprazole, risperidone, lurasidone, olanzapine, or molindone). There were few significant differences between the other antipsychotics, with only ziprasidone being less effective for symptoms than olanzapine, molindine, and risperidone.

For positive symptoms in particular (e.g. hallucinations and delusions), moderate to high quality evidence finds medium-sized improvements with olanzapine, risperidone, and asenapine, and small improvements with quetiapine, aripiprazole, and paliperidone over placebo. For negative symptoms (e.g. social withdrawal), moderate to low quality evidence finds medium-sized improvements with aripiprazole, asenapine, molindone, olanzapine and risperidone over placebo.

For side effects, moderate quality evidence finds haloperidol, loxapine, risperidone and quetiapine resulted in the most extrapyramidal (movement) symptoms. Olanzapine showed the most weight gain, followed by clozapine, quetiapine, paliperidone, risperidone, asenapine and then aripiprazole. There was less weight gain with lurasidone than with olanzapine, quetiapine, risperidone, asenapine, and paliperidone. Clozapine showed the most sedation, followed by paliperidone, asenapine, loxapine, olanzapine, haloperidol, aripiprazole, and risperidone. Risperidone showed the most prolactin increase, followed by haloperidol, olanzapine, paliperidone, and quetiapine.

For more information see the technical table

NeuRA
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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 benefits 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.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at **neura.edu.au/donate/schizophrenia**.

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