

P01-322

USE OF ATYPICAL ANTIPSYCHOTICS IN EARLY ONSET SCHIZOPHRENIA

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Introduction: Childhood or Early Onset Schizophrenia (EOS), defined as the onset of psychotic symptoms before the thirteenth birthday, represents a rare, clinically severe variant, associated with significant chronic functional impairment and poor response to antipsychotic treatment. Despite of that, in clinical practice, atypical agents have become the treatment of choice in patients with EOS.

Aims: To review the different pharmacological strategies, in which an atypical antipsychotic was used in the management of EOS in childhood and adolescence.

Methods: We conducted a literature search of articles related to the use of atypical antipsychotics in children and adolescents with EOS in the last 20 years from the Medline database.

Results: Several atypical antipsychotics, such as Risperidone, Olanzapine, Quetiapine, Aripiprazol and Clozapine were consistently found to reduce the severity of psychotic symptoms in EOS when compared to placebo. Although Clozapine has demonstrated to be more efficacious than other atypical and typical antipsychotics, it remains the medication of last resort due to its profile of side effects. Finally, in general, children and adolescent have a higher risk of extrapyramidal symptoms, akathisia, prolactin elevation, sedation and metabolic effects of atypical antipsychotics than adults.

Conclusions: Antipsychotics are the mainstay of treatment of EOS. Randomized controlled trials suggest a trend to superior efficacy for atypical antipsychotics over classic antipsychotic. Children and adolescents trend to be more sensible to antipsychotic side effects. Clinicians should be aware of this problem and be careful when monitoring this type of treatment.