GENDER ISSUES in EARLY ONSET PSYCHOSES

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DEFINITION

The presence of psychotic symptoms before 18 yrs of age.
SEPARATE CATEGORY FROM CHILDHOOD PSYCHOSES
RESEARCH ISSUES

- Symptoms not clearly defined
- Different age groups used
- Different lengths of follow-up
- Retrospective diagnoses
- Hard to distinguish from other disorders eg conduct disorders
Different definitions of onset:
First signs
First + signs
Maximum + symptoms
First admissions
TYPES of DISORDERS

- Early onset SZO (EOS)
- Bipolar Disorder
- Schizoaffective Disorder
- Brief Psychotic Disorder
- Substance Induced Disorder
As well ...

• Below clinical threshold hallucinations common in ADHD, PTSD, OCD, BPD, conduct disorder

• Benign course
PREVALENCE

Schizophrenia  0.23-0.54%
Affective Disorder  0.5-1%
Schizoaffective disorder  0.5%
EARLY ONSET SCHIZOPHRENIA (EOS)
EOS DIAGNOSTIC CRITERIA

- Reality distortions (hallucinations, delusions)
- Disorganization
- Psychomotor poverty:
  - poverty of speech, flat affect,
  - poor motivation,
  - social withdrawal
DIAGNOSTIC TOOL

PANNS

3 Scales:
- POSITIVE symptoms (7)
- NEGATIVE symptoms (7)
- GENERAL symptoms (16)

Rated from 1-7: absent to extreme
POSITIVE SYMPTOMS

- Delusions
- Conceptual disorganization
- Hallucinatory behaviour
- Excitement
POSITIVE SYMPTOMS
(con’t)

- Grandiosity
- Suspiciousness
- Hostility
NEGATIVE SYMPTOMS

- Blunted affect
- Emotional withdrawal
- Poor rapport
- Passive social withdrawal
NEGATIVE SYMPTOMS (con’t)

• Difficulty in abstract thinking
• Lack of spontaneity
• Stereotypical thinking
GENERAL SYMPTOMS

- Somatic concerns
- Anxiety
- Guilt
- Tension
- Mannerisms
GENERAL SYMPTOMS
(con’t)

• Depression
• Motor retardation
• Uncooperativeness
• Unusual thoughts
• Disorientation
GENERAL SYMPTOMS (con’t)

- Poor attention
- Lack of judgement/insight
- Disturbance of volition
- Poor impulse control
- Preoccupation
- Active social avoidance
MOST STABLE FACTORS

- Emotional and social withdrawal
- Poor rapport
- Blunted affect
- Decreased spontaneity
- Stereotypical thinking
- Disturbance of volition
EARLY vs LATER ONSET SZO

• Longer DUP
• More insidious onset
• Greater neurotic syndromes, emotional disorders, conduct disorders
• Higher rate of cognitive defects
• Less differentiated + symptoms
ADULT SZO

Before age 21:

Prodromal phase began in 47%

First + symptom seen in 21%
WARNING SIGNS

- Decreased grades/job performance
- Problems thinking clearly
- Decreased concentration
- Suspicious or uneasy with others
- Poor self-care
WARNING SIGNS con’t

• Social withdrawal
• Inappropriate or no feelings
• Positive family history
• Odd beliefs, magical thinking
• Mistrust
• Motor/language developmental delays
EARLY ONSET AFFECTIVE DISORDERS (EOAD)
DIFFERENCES between EOS and EOAD
EOAD

**FEWER**
- School problems
- Less introversion
- Self-care issues

**GREATER**
- Sleep problems
- First treatment contact after symptom onset
EOS

Longer prodrome

GREATER:
- School problems
- Introversion
- Self-care deficits
- Drug abuse
- Impulsivity
- Cognitive impairment

First treatment contact more likely before prodrome
EARLY ONSET SCHIZOAFFECTIVE DISORDERS
CRITERIA

Major mood episode
Concurrent with criterion 1 of szo
2 of: delusions,
  hallucinations,
  disorganized speech,
  disorganized or catatonic behaviour,
  negative symptoms
GENDER ISSUES
<table>
<thead>
<tr>
<th></th>
<th>BOYS</th>
<th>GIRLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOS</td>
<td>78%</td>
<td>22%</td>
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<tr>
<td>EOAD</td>
<td>56%</td>
<td>42%</td>
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Female gender is an independent significant predictor of affective psychosis
GENDER and ONSET

Adult SZO:
onset for women 3-4 yrs later
over age 30, higher incidence of
first onset for women

EOS:
males have earlier onset
GENDER and ONSET

ADULT AFFECTIVE DISORDERS

Men:
- earlier age of onset
- greater childhood antisocial behaviour

Women:
- higher incidence in rest of adult life
ULTRA-HIGH RISK (UHR)

- First degree relatives with psychosis
- Schizotypal Personality
- Showing deterioration
GENDER ISSUES IN UHR

• Boys more likely to transition to psychosis?
GENDER and PREMORBID STATE

BOYS have more severe negative symptoms before psychosis:
- neurotic symptoms
- emotional disorders
- socialization problems
- conduct disorders
• GIRLS

• Better functioning
• More affective symptoms
• Shorter DUP?
GENDER and COURSE

GIRLS;
better premorbid functioning
later onset
less severe symptoms
more favourable course
better response to treatment
need less medication
Boys

social development more
affected because of earlier onset

Social functioning is stronger
predictor of psychosis in boys
than in girls
ROLE of ESTROGEN

- Increases at menarche
- Does it have protective effect?
- Anti-inflammatory?
- Modulation of neurogenesis?
- Modulation of neuromigration?
- Sensitivity-reducing effect on D2 receptors?
GENDER and the BRAIN

• Over time:
  Loss of Gray matter
  Increase in CSF in frontal lobe

• Seen more in EOS than other disorders

NO GENDER DIFFERENCES
TREATMENT
MULTIDIMENSIONAL APPROACH

• MEDICATION
• PSYCHOLOGICAL
• SOCIAL
GENERAL ISSUES

More resources for children/adults than adolescents

Different types of services needed user friendly; one stop; modern technologies

104 Maisons d’adolescence
Appropriate AP choice

**Goal:**

- Improve symptoms
- Minimize side effects
- Decreased tolerance to side effects
- Greater risk of EPS
PSYCHOLOGICAL

GOALS:
- improve self-esteem, self-efficacy and cognition

Importance of adhering to treatment
- Cognitive remediation
- CBT
- Adherence therapy
SOCIAL

GOALS: Increase:
Friendships and family contact
Self-inclusion and community involvement
Employment opportunities
  • Indiv & Family Education
  • Voc & Social Skills training
  • Community support
  • Assertive community treatment
GOALS OF ACT

• Accomplish tasks of adolescence: autonomy, identity, appropriate narcissism
• Increase maintenance of contact with treaters
• Decrease re-admissions
• Increased adherence to treatment
SPECIAL CONCERNS for GIRLS

Diagnosis may be missed

- Low mood may be due to multiple teen stressors: dating; bullying; body image; sexual pressures
- Girls less likely to act out
- Assumption girls don’t get szo
SPECIAL CONCERNS for GIRLS (con’t)

Medication issues

• Medication compliance – weight gain a greater concern

• Specific medications
  valproic acid – PCOS, risks to fetus
SPECIAL CONCERNS for GIRLS (con’t)

Violence

SZO:
  increased vulnerability to abuse

Depression:
  wanting to be liked
  needing to belong
  wishing to please
PROGNOSIS
STABILITY of DIAGNOSES

• High degree in SZO spectrum and Affective disorders
• Some Major Depressions become BD
• SZO-affective dx may shift
• Transient Psychotic Disorders may become SZO or BD
REASON for the IMPACT

• Brain immature
• Age-specific response patterns of personality
• Anxiety, loss of interest, drug abuse, conduct problems are age-related, not just illness
• Interrupts cognitive and social development

• Results in more severe social consequences
GENERAL NEGATIVE FACTORS

- Negative symptom severity
- Premorbid problems
- Longer DUP
- Family history
RISK FACTORS for NEGATIVE PROGNOSIS in EOS

- Positive family history
- Marked impairment in functioning
- Motor/language delays
- Cognitive and social impairment
- Insidious onset
NEGATIVE FACTORS

con’t

• Decreased level of antioxidants at baseline
• Cortical thickness and Gray matter volume at baseline
Decreased chance of:

- Completing school
- Being employed
- Having an income
- Living independently
- Having a partner
CONCLUSIONS

EOP

- Disrupt development
- Gender differences in dx, onset, Rx and outcome
- Personal and global impact
- Suicide is the most common cause of death
• Mental illness has a greater economic impact than cancer

• To prevent loss of youths’ potential, we need effective, user-friendly interventions at an early age.
SUMMARY

- EOP often has a delayed diagnosis
- Boys initially present with conduct disorders
- Girls most often have affective symptoms
- Major impact because of age and DUP
- Prognosis is guarded