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Opinion

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A Brief Note on Children Suffering with Psychosis and Schizophrenia

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Introduction

Psychiatric illnesses, particularly psychotic disorders in children and adolescents, have become more widely recognised over the last decade. Because of this increased awareness, as well as shifting patterns in mental health care, primary care physicians and paediatricians are increasingly being called upon to treat psychiatrically sick children and their families. The backbone of contemporary psychosis evaluation and management is primary care practitioners and mental health services (e.g., in colocated care, embedded care practises, patient-centered homes, and consultation).

What is Psychosis and How Common is it in Young People

Psychosis is defined as the presence of either delusions (false, unreasonable beliefs) or hallucinations in a narrow sense (false perceptions involving any sensory modality). Psychosis can also emerge as mental abnormalities, behavioural disorganisation, or catatonia, according to a broader definition [1]. According to community-based surveys, the incidence of psychotic symptoms may be significantly higher than previously thought, with a meta-analysis estimating a prevalence rate of 5%–8% in the general population (which is nearly 10 times higher than the prevalence of diagnosed psychotic disorders).

Characteristics of Psychosis in Children

Hallucinations, poor functioning, flattened affect, and social disengagement are the most typical symptoms among young persons with psychosis. Because children sometimes underestimate, misrepresent, or avoid reporting their symptoms, ca Interviews with the child and his or her family members, review of records, information gathered from other involved adults (including a detailed description of the presentation and course of the psychotic symptoms), attention to developmental delays, a family psychiatric history, a history of abuse and/or neglect, and a mental status evaluator should all be included in a comprehensive psychiatric assessment [2]. regivers are more likely than the child patients themselves to report these issues to the clinician.

Diagnosis

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) fifth edition makes many adjustments to the schizophrenia category, including raising the symptom threshold. Delusions, hallucinations, incoherent speech, highly disorganised or catatonic conduct, or negative symptoms such as affective flattening are now required for a diagnosis of schizophrenia.

In addition, a category called "attenuated psychosis syndrome" was added to the research section for people who don't fulfil the criteria for a full-blown psychotic condition but have slight variations of pertinent symptoms. Clinicians must also be aware of developmental, cultural, and intellectual influences on assessment and diagnosis.

Causes Schizophrenia in Childhood and Adolescence

While there is no single known cause of childhood-onset or early-onset schizophrenia, genetic, behavioural, and environmental factors are all believed to have a role in its development. The subject of genetic risk has been extensively researched. Patients with childhood-onset schizophrenia have a higher prevalence of schizophrenia and schizophrenia spectrum disorders, as well as impairment in smooth pursuit eye movements similar to those seen in adult-onset schizophrenia patients.

Treatment

Changing the surroundings to reduce unnecessary stress (which raises the risk of psychotic episodes) and adjusting the degree of stimulation to the patient's level of alertness and overall functioning are common psychosocial therapies. Identifying the elements that contribute to the patient's clinical deterioration aids in establishing suitable expectations at home and in the classroom. Cognitive-behavioral approaches that assess evidence for beliefs or think through reasons for a patient's perceptions can aid in the modification of dysfunctional behaviors.

Conclusion

When examining children and adolescents with emotional and behavioural disorders, clinicians should be cautious and evaluate psychotic illnesses. Clinicians should use a variety of diagnostic and treatment techniques to limit the risks associated with chronic psychotic disease, given the high developmental, financial, and functional toll.

References

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