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The Maudsley early onset schizophrenia study

Predictors of psychosocial outcome at 4-year follow-

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Abstract Objective To examine the contribution of premorbid function, duration of untreated psychosis (DUP), age of onset, severity of symptoms at presentation, and number of subsequent hospitalisations to the outcome of early onset schizophrenia (EOS; onset before 17th birthday).

Method Twenty-three EOS patients (mean age at onset 15.16 ± 1.39 years) were re-assessed after a mean interval of 4 ± 1.08 years. At baseline and follow-up clinical diagnoses were confirmed using the Structured Clinical Interview for DSM-IV Axis I Disorders and symptoms were assessed with the Positive and Negative Syndrome Scale. Premorbid function, as measured with the Premorbid Adjustment Scale, age of onset and DUP were assessed at baseline only. Outcome was evaluated using the Social

Adaptation Self-Evaluation Scale (SASS) and the Global Assessment of Functioning (GAF) Scale.

Results Mean DUP was 2.95 ± 3.59 months and mean total PAS score was 6.65 ± 3.02 . They had an average of 2.09 ± 1.44 hospitalisations and their mean SASS and GAF scores were 37.27 ± 6.5 and 54.19 ± 18.99 , respectively. Poor childhood premorbid function and the severity of negative symptoms at baseline were correlated with worse SASS and GAF scores. No other significant associations were found. **Conclusion** Poor childhood function is the most significant predictor of outcome in EOS.

Key words early onset schizophrenia – premorbid function – psychosocial outcome – prediction

Introduction

Schizophrenia in childhood and adolescence (Early onset schizophrenia; EOS) lies in the same diagnostic continuum with the adult onset form [5] and shows high diagnostic stability over time [24, 35]. EOS (defined herein as schizophrenia with onset before the 17th birthday) typically runs a chronic course with while the majority (72–74%) requiring long-term psychiatric treatment [13, 28, 35]. Social function is severely impaired; patients are often unable to sustain

close relationships outside their immediate family; remain financially dependent either on parents or public assistance [16, 28].

A large body of literature has focused on potential predictors and modifiers of outcome in schizophrenia. The factors identified are not always consistent across studies but premorbid function, age of onset, duration of untreated psychosis (DUP) and severity of presenting symptoms are amongst the most reliable [1, 20, 36].

EOS patients have worse premorbid function than adult onset cases [36, 37, 40] and consequently