A Follow-Up Study of Early Onset Psychosis: Comparison Between Outcome Diagnoses of Schizophrenia, Mood Disorders, and Personality Disorders

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This study examined the outcome of youth previously diagnosed with psychotic disorders at a public-sector tertiary care hospital. Of 95 children and adolescents retrospectively identified, follow-up information (mean interval 3.9 years) was obtained on 24 subjects with an outcome diagnosis of schizophrenia, 9 with psychotic mood disorders, 5 with personality disorders (antisocial or borderline), and 1 with schizo-affective disorder. The schizophrenic group was more often odd premorbidly and functioned worse at outcome, while the mood-disordered group had a shorter follow-up period and was more often anxious or dysthymic premorbidly. The personality-disordered group resembled the schizophrenics in their degree of impairment and chronicity. All three groups had high rates of family disruption, low SES, substance abuse, and chronicity, and were similar in their degree of premorbid impairment, length of prodrome, age of onset, initial diagnosis, and family psychiatric history. Misdiagnosis at onset was quite common and highlights the need for systematic longitudinal assessment of early onset psychotic disorders.

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The literature regarding the longitudinal course of early onset psychotic disorders is limited. Distinguishing between the different psychotic disorders at the time of onset is a difficult task and frequently results in misdiagnosis (Carlson, 1990b; Werry, McClellan, & Chard, 1991). Therefore, it is important to look at the course and outcome of these disorders in comparison to one another. In this study, we examined retrospectively the outcome of subjects with early onset psychotic disorders. The clinical characteristics of three different diagnostic groups found at follow-up, schizophrenia, psychotic mood disorders, and personality (borderline and antisocial) disorders, were then compared.

**SCHIZOPHRENIA**

The current research literature regarding the phenomenology, clinical course, outcome, treatment, and associated social and familial features of early onset schizophrenia (EOS) is insufficient (Beitchman, 1985; McClellan and Werry, 1992; Werry, in press). There are few studies examining schizophrenia with onset in childhood or early adolescence that adhere to DSM-III (or equivalent) criteria, in part because prior to 1971 childhood schizophrenia was frequently lumped together with all childhood psychotic disorders (Beitchman, 1985; Werry, 1992). Of those studies that are available, most have focused on onset in childhood, even though onset in early adolescence is more common (Werry, in press). Childhood onset has been referred to as prepubertal, although this has generally been made on the basis of age less than 12 years, not by physiologic development. For the purposes of this paper, very early onset schizophrenia (VEOS) refers to those cases with onset below age 12 years, while early onset schizophrenia (EOS) refers to onset before age 18 years.

Since the advent of DSM-III, the same criteria have been used to diagnose schizophrenia in both youth and adults. This distinguishes EOS from autism and other childhood psychoses, a conceptual change influenced by the work of Kolvin (1971). Since this diagnostic change, studies have supported that EOS is a variant of schizophrenia, differing quantitatively, not qualitatively, from the adult onset form (Beitchman, 1985; Werry, in press).

Characteristics noted consistently in the early onset form of the disorder include (a) predominance in males, especially in VEOS (Bettes & Walker, 1987; Green & Padron-Gayol, 1986; Kolvin, 1971; Russell, Bott, & Sammons, 1989); (b) insidious onset (Asarnow & Ben-Meir, 1988; Green & Padron-Gayol, 1986; Kolvin, 1971); (c) high rate (54 to 90%) of premorbid abnormalities, including being socially withdrawn and odd, lags in