

# Psychosis and Schizophrenia in Children and Young People

## Review Questions

### Section A: Recognition

*Scope 4.3.1(a)*

#### Chapter 5 – At Risk section

1. In CYP, what are the specific behaviours and symptoms that are associated with an increased risk of developing psychosis and schizophrenia (at risk mental state):
  - a) What is the course of these behaviours and symptoms?
  - b) What are the specific behaviours and symptoms that prompt initial recognition of psychoses or prompt diagnosis of schizophrenia?

### Section B: Treatment

*Scope 4.3.1 (b) – (h) & (k)*

#### Chapter 5 – At Risk section

1. For CYP who are at risk of developing psychosis and schizophrenia (at risk mental state), does the provision of pharmacological and/or psychological or psychosocial interventions improve outcomes?

#### Chapter 7 – Pharmacological Interventions

2. Does the efficacy profile of continuous antipsychotic drug treatment, compared to alternative management strategies (placebo, another drug treatment, psychological interventions, psychosocial interventions) differ between CYP and adults with psychosis and schizophrenia? The following subgroups should be considered:
  - a) Initial treatment (first episode psychosis)
  - b) Acute treatment (not FEP)
  - c) Treatment resistance
  - d) Remission
  - e) Maintaining and promoting recovery

#### Chapter 7 – Pharmacological Interventions

3. Are CYP with psychosis and schizophrenia more susceptible to side effects of antipsychotic medication, compared to adults with psychosis and schizophrenia (in particular, the metabolic, neurological and cognitive impairments)? The following subgroups should be considered:
  - a) Initial treatment (first episode psychosis)
  - b) Acute treatment (not FEP)

<sup>1</sup> Sub-questions

- c) Treatment resistance
- d) Remission
- e) Maintaining and promoting recovery

#### Chapter 7 – Pharmacological Interventions

4. Do clinicians manage and monitor side effects of antipsychotic treatment differently in CYP with psychosis and schizophrenia compared to adults with psychosis and schizophrenia?<sup>1</sup> The following subgroups should be considered:
- a) Initial treatment (first episode psychosis)
  - b) Acute treatment (not FEP)
  - c) Treatment resistance
  - d) Remission
  - e) Maintaining and promoting recovery

#### Chapter 7 – Pharmacological Interventions

5. For initial treatment in CYP with psychosis or schizophrenia:
- a. Should the dose/duration (and where relevant frequency) be different compared to adult patients?
  - b. Are there any different factors (including patient populations, age etc.) which predict the nature and degree of response to medication, which should be considered in CYP with psychosis and schizophrenia that are not considered necessary to consider in adults with psychosis and schizophrenia?<sup>1</sup>

#### Chapter 7 – Pharmacological Interventions

6. Are the same baseline measurements/ monitoring procedures taken before initiating antipsychotic medication used in CYP with psychosis and schizophrenia compared to adults with psychosis and schizophrenia? The following subgroups should be considered:
- a) Initial treatment (first episode psychosis)
  - b) Acute treatment (not FEP)
  - c) Treatment resistance
  - d) Remission
  - e) Maintaining and promoting recovery

#### Chapter 7 – Pharmacological Interventions

7. For CYP with psychosis and schizophrenia in whom antipsychotic medication is ineffective (treatment resistance), what is the next most effective treatment strategy and when do you decide to change treatment? Does this differ from adults with psychosis and schizophrenia?

#### Chapter 7 – Pharmacological Interventions

<sup>1</sup> Sub-questions

8. Does the most appropriate treatment strategy in cases where antipsychotic medication is effective but not tolerated, differ between CYP with psychosis and schizophrenia compared to adults with psychosis and schizophrenia? The following subgroups should be considered:
- Initial treatment (first episode psychosis)
  - Acute treatment (not FEP)
  - Treatment resistance
  - Remission
  - Maintaining and promoting recovery

#### Chapter 7 - Pharmacological Interventions

9. Does the length of antipsychotic medication that is continued for prevention of relapse (maintaining and promoting recovery) differ between CYP and adults with psychosis and schizophrenia?

#### Chapter 7 - Pharmacological Interventions

10. Does the risk of adverse events associated with antipsychotic augmentation differ between CYP and adults with psychosis and schizophrenia that is in remission?

#### Chapter 6 - Psychological/ Psychosocial Interventions

11. Do the advantages and disadvantages of psychological or psychosocial interventions, compared to alternative management differ between CYP and adults with psychosis and schizophrenia? The following subgroups should be considered:
- Initial treatment (first episode psychosis)
  - Acute treatment (not FEP)
  - Treatment resistance
  - Remission
  - Maintaining and promoting recovery

#### Chapter 6 - Psychological/ Psychosocial Interventions

12. Are the advantages and disadvantages of combining particular psychological/ psychosocial interventions with an antipsychotic, either concurrently or sequentially, different for CYP with psychosis and schizophrenia compared to adults with psychosis and schizophrenia? The following subgroups should be considered:
- Initial treatment (first episode psychosis)
  - Acute treatment (not FEP)
  - Treatment resistance
  - Remission
  - Maintaining and promoting recovery

#### Chapter 6 – Psychological/ Psychosocial Interventions

13. Should the duration (and where relevant frequency) of an initial psychological/ psychosocial intervention be different in CYP with psychosis and schizophrenia compared to adults with psychosis and schizophrenia?

#### Chapter 6 – Psychological/ Psychosocial Interventions

14. Is the most effective format for particular psychological/ psychosocial interventions (e.g. group or individual) the same for CYP with psychosis and schizophrenia compared to adults with psychosis and schizophrenia? The following subgroups should be considered:

- a) Initial treatment (first episode psychosis)
- b) Acute treatment (not FEP)
- c) Treatment resistance
- d) Remission
- e) Maintaining and promoting recovery

#### Chapter 6 – Psychological/ Psychosocial Interventions

15. Do the competencies or training requirements for practitioners to be able to deliver such interventions differ for those working with CYP with psychosis and schizophrenia compared to those working with adults with psychosis and schizophrenia?<sup>1</sup> The following subgroups should be considered:

- a) Initial treatment (first episode psychosis)
- b) Acute treatment (not FEP)
- c) Treatment resistance
- d) Remission
- e) Maintaining and promoting recovery

#### Chapter 6 – Psychological/ Psychosocial Interventions

16. Are there any different factors (including patient populations, age etc.) which predict the nature and degree of response to psychological / psychosocial interventions, which should be considered in CYP with psychosis and schizophrenia that are not considered necessary to consider in adults with psychosis and schizophrenia?<sup>1</sup> The following subgroups should be considered:

- a) Initial treatment (first episode psychosis)
- b) Acute treatment (not FEP)
- c) Treatment resistance
- d) Remission
- e) Maintaining and promoting recovery

<sup>1</sup> Sub-questions

## Section C: Service Settings and Educational Needs

### *Scope 4.3.1 (i) & (j)*

#### Chapter 8 – Service-Level Settings and Education Needs

1. For CYP with psychosis and schizophrenia:
  - a) Are there any psychological or psychosocial interventions (cognitive remediation) that enhance cognition and/or improve engagement with education/occupational activities?
  - b) What are the competencies or training requirements for practitioners to be able to deliver such interventions?<sup>1</sup>

#### Chapter 8 – Service-Level Settings and Education Needs

2. For CYP with psychosis and schizophrenia:
  - a) Do specialised intensive services (early intervention services) improve outcomes compared to routine care/CAMHS?
  - b) Do specialised intensive services improve access and engagement with mental health services for CYP with schizophrenia (particularly in black and minority ethnic groups)?

#### Chapter 8 – Service-Level Settings and Education Needs

3. What is the best way of providing educational opportunities to integrate/coordinate access to education/employment opportunities for CYP with schizophrenia: school, or a classroom in a CAMHS unit?<sup>1</sup>

<sup>1</sup> Sub-questions