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CAN EARLY ONSET SCHIZOPHRENIA BE PREVENTED BY EARLY RECOGNITION AND TREATMENT?

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In adult psychiatry early recognition and treatment of schizophrenia has become a major goal because of manifold evidence of a relation between delayed initiation of treatment and an unfavourable developmental course. The duration of untreated psychosis (DUP) seems to be significantly prolonged in adolescents compared to adults due to both a protracted sub-threshold development of psychotic features and the failure of families and health professionals to take seriously the initial signs of psychosis that mimic quasi normal adolescent emotional perturbations. Although in adults studies have shown a subset of prodromal signs and attenuated psychotic features to have predictive evidence for the development of schizophrenia, these symptoms however seem of limited specificity in adolescence. Basic symptoms represent subjective experiences of the prodromal phase and will be presented in a sample of schizophrenic adolescents in comparison to non-psychotic patients and normal controls. Results reveal that basic symptoms do not show any specificity for schizophrenia, but schizophrenics present with higher amounts of basic symptoms in the prodromal phase compared to non-psychotic controls. For early recognition a combination of psychopathological and biological markers seems fruitful. First data on perceptual closure and event related potentials of the optic system will be presented that seem to differentiate between early and late onset schizophrenia.