Introduction

Tools for identifying clinical high risk (CHR) for psychosis primarily target adolescents and adults. Assessing risk in children is complicated by developmental factors, particularly cognitive and language capacities. However, the occurrence of psychotic symptoms in children under 13 is well-documented:

- Childhood onset (CO) schizophrenia (est. prevalence 0.01%) 1
- Delusional and hallucinatory experiences at age 11 were associated with a 16 fold increase in risk for schizophreniform disorder at age 26 (42% of whom reported psychotic symptoms at age 11) 3
- Of children ages 9-11, 66% reported psychotic-like experiences 4

**Aim:** to assess the frequency and pattern of CO of prodromal severity symptoms in CHR and first episode schizophrenia-spectrum (FES) samples.

Methods

**PARTICIPANTS**

- Boston CIDAR study: Vulnerability to Progression in Schizophrenia
- 42 first episode schizophrenia-spectrum disorder (FES)
- 44 clinical high risk (CHR) for psychosis.

**MEASURES**

- The Structured Interview of Prodromal Syndromes (SIPS) was used to elicit retrospective report of prodrome level (rating of 3-5) symptom onset.
- Severity ratings and onset dates were queried for positive (P), negative (N), disorganized (D), and general (G) symptoms.
- Onset age was defined as in childhood (“lifetime” or < age 13), adolescence (age 13-17), or adulthood (age 18+).

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th></th>
<th>CHR N (%)</th>
<th>FES N (%)</th>
</tr>
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<tbody>
<tr>
<td>Male</td>
<td>44</td>
<td>42</td>
</tr>
<tr>
<td>Caucasian</td>
<td>20 (45)</td>
<td>26 (62)</td>
</tr>
</tbody>
</table>

**Results**

<table>
<thead>
<tr>
<th>SIPS Symptoms</th>
<th>CHR N (%)</th>
<th>FES N (%)</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>14 (32)</td>
<td>9 (20)</td>
<td>22 (26)</td>
</tr>
<tr>
<td>N</td>
<td>8 (18)</td>
<td>6 (14)</td>
<td>14 (16)</td>
</tr>
<tr>
<td>D</td>
<td>7 (16)</td>
<td>6 (14)</td>
<td>13 (15)</td>
</tr>
<tr>
<td>G</td>
<td>6 (14)</td>
<td>5 (12)</td>
<td>10 (12)</td>
</tr>
</tbody>
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**Conclusions**

- 41% FES reported onset of at least one SIPS (P, N, D, or G) symptom < age 13.
- Those reporting CO had significantly lower education but did not differ on any other demographics.

**Discussion**

- CO of attenuated and fully psychotic symptoms in individuals who later meet CHR or FES criteria suggests the potential for earlier intervention or prevention efforts.
- Findings are limited by inaccuracies and biases inherent to retrospective reports.
- Improved identification and longitudinal follow-up is needed of attenuated and fully psychotic symptoms appearing in childhood.

References