


Overview Of Psychotic Disorder In Adolescents

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Article Info	ABSTRACT
Keywords: Teenager, Psychotic, Sociodemographics, Governance, prognosis	The adolescent phase is a transition phase from childhood to adulthood. A number of studies suggest that psychotic experiences are more common in children and young adolescents compared with adults but few longitudinal studies have assessed psychotic phenomena at multiple points in time using semi-structured interviews, and none have assessed such experiences sequentially from childhood until adolescence. In one study the incidence rate of psychotic experiences increased between ages 13 and 24, peaking in late adolescence . Method Which used that is literature review. The results obtained in this literature were that there were 8 articles obtained with a year limit 2019 – 2024 and that's it done analysis about description psychotic on teenager. Conclusion: teenagers are vulnerable to mental health problems, including psychotic disorders such as schizophrenia. Maintenance Which appropriate And support family important For recovery teenager Which experience psychotic.
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INTRODUCTION

The adolescent phase is a transition phase from childhood to adulthood. The age range for teenagers is 10 years to 21 years according to some experts. The characteristic that can be seen is that there are many changes that occur, both physical and psychological. Each age phase has special characteristics that differentiate it from other growth phases. Likewise, the adolescent phase has different characteristics and different characteristics from the childhood, adult and old phases. In addition, each phase has unique conditions and guidelines for each individual. Therefore, an individual's ability to behave and act in the face of one situation differs from one phase to another. (1)

Psychotic disorders have a lifetime prevalence of approximately 3% and have a major impact on individuals, their families, and society. Partial psychotic disorders are defined by the presence of psychotic experiences. Psychotic experiences usually occur outside the context of a full psychotic disorder. One study reported an estimated 6-month prevalence of approximately 5% in late childhood or adolescence. While psychotic experiences are usually transient (yet often distressing and associated with impaired social and occupational functioning, both concurrently and prolonged and with suicidality as such), psychotic experiences may index a common, and under-recognized, public health burden. (2).

Epidemiological studies have shown that hallucinations and delusions, classic

symptoms of psychosis, are much more common in the population than true psychotic disorders. These symptoms mainly occur in childhood and adolescence. Longitudinal studies have shown that psychotic symptoms in adolescence increase the risk of psychotic disorders in adulthood. However, research on the direct clinicopathological significance of psychotic symptoms in adolescence is lacking. (3)

METHOD

Study This is study with type Literature Reviews. Method This used For gather And analyze articles study about Psychotic disorders in later adolescence conducting an examination of the literature latest And latest. With use method This, can done generalization from literature-literature which has a very extensive description.

Type data on study This form data secondary, that is databases from various reference, like journal study, review journal, annually report, data Which related with description of psychotic disorders in adolescents published in 2019-2024. Search literature is carried out through electronic databases, namely Google Scholar, Clinical Key, PubMed, Researchgate, searching for withuse say key: Youth; psychotic; sociodemographics; governance; prognosis

RESULTS

Study This done with method studies literature, that is with gather data from a number of source about title "Description Disturbance Psychotic In Adolescents". As for The literature obtained amounted to 8 references which were then discussed and linked to title study This. Reference Which most in accordance served in form table under This:

Table 1. Literature Results

N	Year	Title	Method	Writer	Results	Conclusion
1	2022	National record-linkage study of hospital admissions for schizophrenia in childhood and adolescence in England	Retrospective Cohort	Olena Seminog, Uy Hoang, Michael Goldacre, Anthony James	Early onset schizophrenia occurs in adolescents between the ages of 13-17 years. The ratio of males to females changes with age: up to the age of 13 there are more cases in females than males (20 vs 12).	Retrospective surveys show that less than 1% of all schizophrenic disorders appear before age 10 years, and 4% before age 15 years. The majority (90%) of schizophrenia cases occur in the age group 14 years and

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o						over. These findings confirm that schizophrenia occurring in childhood is rare, but with age, it becomes one of the most common and detrimental psychiatric disorders in adulthood.
2.	2021	Psychosis in adolescents in Africa: A scoping review for current understanding and future directions	Scoping review	Samuel Adjorlolo, Mawuko Setordzi	A total of four studies (36.36%) provided information regarding clinical characteristics and psychosis, the majority (i.e., 80%) were diagnosed with schizophrenia and schizophreniform disorder. In terms of symptoms of psychosis or schizophrenia, auditory hallucinations (47%) are the most frequently occurring positive symptoms, delusions (33%), disorganized	Gender analysis of specific psychotic experiences revealed that men reported more visual hallucinations, thought control, referential thinking, and persecutory ideation than their female counterparts.

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o					behavior (18%) and visual hallucinations (13%), the dominant class of hallucinations (Psychosis Type 1: 9.6%), and the pan-psychotic class (Type 2 Psychosis: 7.2%). The results of further research showed that significantly more men fell into the psychotic class. Lastly, among 508 students from Nigeria, the prevalence of prodromal symptoms was estimated at 20.9%	
3.	2021	Cross-Sectional Descriptive Pilot Study on the Risk of Psychotic Disorders among Adolescents	Cross Sectional	<u>Carmen Cendrero-Luengo</u> , <u>María Jiménez-Palomares</u> , <u>Juan Rodríguez-Mansilla</u> , <u>Elisa María Garrido-Ardila</u>	38.6% of participants were at risk of developing psychosis, the majority of the sample were men. Regarding gender, 70.6% of	The vulnerability and risk of developing psychotic disorders in the sample of adolescents aged 14–18 years studied was relatively

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o					<p>male participants were at risk of experiencing psychotic disorders, women were 29.4%, that the highest percentage of adolescents at risk was obtained among participants who lived with their parents (82.4% of them) . Regarding the family's economic situation, only 9.1% of participants stated that they experienced economic difficulties. Overall, 38.6% of participants were at risk of developing psychosis. 75% of the population had a sedentary</p>	<p>high. Contributing risk factors that showed high values in the studied population were alcohol consumption and the presence of stress. Physical activity as a protective factor was found in almost the entire population studied. Early detection and intervention at the most prodromal stages of this mental disorder is essential for a better prognosis.</p>

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o					lifestyle, most at-risk participants had high scores for contributing factors, with 64.7% of at-risk youth consuming alcohol and 82.4% reporting stress. Only 6.82 % occasionally consumed marijuana and 15.91% reported that they had been victims of bullying.	
4.	2022	Heritability of Psychotic Experiences in Adolescents and Interaction With the Environment Risk	Twin studies	Mark J. Taylor, Daniel Freeman, Sebastian Lundström, Henrik Larsson, Angelica Ronald	Moderation effects for 5 of 6 measures (83 .3 %) in TEDS: paranoia, hallucinations, cognitive disorganization, grandiosity, and anhedonia (4 of which were statistically significant). Its legacy decreases as environmental exposure increases. However, fluctuations in	To our knowledge, this study in twins is the first with results indicating that environmental factors play a greater role in the etiology of psychotic experiences than genetic factors. For clinicians who may be aware that

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o					<p>the underlying variance components varied across these measures. Heritability of paranoia changed from 44% to 38% with increasing exposure. The heritability of cognitive disorganization changed from 47% to 32% as total genetic variance decreased, whereas nonshared environmental variance increased. The same was true for grandiosity, where heritability changed from 41% from 32% in individuals without exposure to 31% in all four exposure groups. Underlying this stability is increasing genetic and environmental variance. The CATSS sample yielded a</p>	<p>psychotic disorders are highly heritable, this is an important message that early manifested of psychotic experiences during adolescence are not as strongly heritable, especially in the context of higher environmental exposures. Psychotic experiences are likely to occur in adolescents with or without a family history of such challenges and further highlights that genetic and environmental risks for psychotic experiences do not occur in isolation from each other.</p>

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o					statistically significant moderation effect, with the heritability of psychotic experiences changing from 35% to 31% across groups.	
5.	2020	Early persistence of psychotic-like experiences in a community sample of adolescents	Cohorts	Danish Hafeez, Alison R. Yung	The results of this study showed that 5.1 % of respondents suffered from experiences such as early persistent psychosis. Woman showed a higher rate of early persistence (6.4%) than men (3.8%) and constituted 66.6% of the persistent PLE group. Early persistent PLE was associated with increased depressive symptoms, psychological distress, open-mindedness and neuroticism as well as decreased functioning,	The results of this study reinforce the importance of monitoring and assessing young people with psychotic-like symptoms, especially when associated with depression.

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o					follow-up time and sociability. Increased neuroticism and openness and decreased agreeableness were associated with early persistent PLE.	
6.	2021	A systematic review of suicide and suicide attempts in adolescents with psychotic disorders	Systematicreview	Sara Barbeito, Patricia Vega, Feels Sanchez Gutierrez, Juan Antonio Becerra, Ana Gonzalez-Pinto, Ana Calvo	this research identify 10 study. Results show that height kill rate yourself on population This. Factors that most related with effort suicide is depression, pressure with psychotic symptoms, which has less negative symptoms in beginning, and disturbance worry. Related factors also includes psychiatric history	Teenagers with disturbance psychotic has risks great for do kill self And there are factors specific ones relate with that thing. Early detection to teenager with very psychotic important because early intervention can prevent Action commit suicide on teenager.

N	Year	Title	Method	Writer	Results	Conclusion
o					previously, gender women, and history of suicide previous self, family history suicide.	
7.	2023	Practitioner Review: Psychosis in Children and Adolescents	Journal Review: Summarize Method	Anna Sunshin, Jon McClellan	Antipsychotic medications are the mainstay of treatment for schizophrenia. Randomized controlled trials generally support the efficacy of newer atypical antipsychotics (eg, risperidone, aripiprazole, olanzapine, paliperidone, lurasidone) and some traditional neuroleptics (eg, haloperidol, loxapine) in children and adolescents with schizophrenia spectrum disorders. The coordinated specialty care is an innovative treatment model for first	Effective treatment for schizophrenia spectrum disorders includes antipsychotic medication plus educational, supportive, and psychotherapeutic interventions. For individuals considered to be at risk for psychosis, educational and psychotherapeutic interventions (e.g. CBT and family treatment) are generally recommended before starting treatment. Coordinated specialty care models designed to address first-episode psychosis combine evidence-based pharmacology, psychotherapy,

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o					episode psychosis designed for broad community intervention, the NAVIGATE program In adolescents and young adults, NAVIGATE has been shown to improve quality of life, increase engagement in work/education and reduce symptoms associated with schizophrenia	psychoeducation, and assertive case management services into a community-wide intervention.
8.	2021	Annual Research Review: Prevention of psychosis in adolescents – systematic review and meta-analysis of advances in detection, prognosis and intervention	systematic review and meta-analysis	Ana Catalan, Gonzalo Salazar de Pablo, Julio Vaquerizo Serrano, Pierluca Mosillo, Helen Baldwin, Aranzazu Fernandez-Rivas, Carmen Moreno, Celso Arango, Christoph U. Correll, Ilaria Bonoldi,	The prognostic accuracy of the SPI-CY and i-PQ16 (16 prodromal question items) in adolescents was good (sensitivity: 0.7 –0.83, specificity: 0.73–0.86) which was comparable to findings in the adult population. Regarding the different CHR-P subgroups, our meta-analysis showed that	Specifically, lower levels of negative baseline symptoms and mood were associated with higher odds of recovery. Lower levels of baseline negative symptoms and mood were associated with higher odds of recovery at 2 years. The most significant reduction in attenuated positive symptoms occurred in the first two years

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o				Paolo Fusar-Poli	the majority (82.6 %) of CHR-P individuals met APS criteria, in accordance with previous meta-analyses including adults (85%), However, the proportion of GRD (Risk Genetic) and Deterioration syndromes) appeared to be higher in adolescents in CHR-P (8%) compared with previous meta-analyses, including adult populations (5%).	after diagnosis. The intensity of distress associated with anxiety and substance use is also associated with an increased risk of psychosis.

Discussion

Research conducted by Seminog et al. (4) Early-onset schizophrenia occurring in adolescents between the ages of 13-17 years—along with the broader category of non-affective psychosis for both age groups. The pattern of non-affective psychosis (F20–F29) shows decreasing rates in males aged 13–17 years and increasing rates in females in the same age group, as revealed by time period analysis. The majority (90%) of schizophrenia cases occur in the age group 14 years and over. The ratio of males to females changes with age: up to the age of 13 there are more cases in females than males (20 vs 12). Research conducted by Seminog is consistent with Dalsgaard et al regarding the incidence rates and cumulative incidence of the full spectrum of mental disorders diagnosed in children and adolescents, corresponding to low incidence rates of schizophrenia spectrum disorders before the age of 13 years, after which they increase in girls and boys. By age 18 years, the cumulative incidence is higher in girls (5) . In Kelleher et al, (3) found that psychotic symptoms indexed a very high risk for 2 or more co-occurring Axis-1 disorders in young people aged 11 to 16 years, suggesting that psychotic symptoms are an important marker of risk. more severe psychopathology, not limited to psychosis. The stability of

schizophrenia diagnosed in adolescence is very high, especially in middle (and not early) adolescence. (6)

In research conducted by Samuel et al, regarding psychotic clinical symptoms in teenagers, it was found that the most common symptoms, namely auditory hallucinations (47%), were the most frequent positive symptoms, followed by delusions (33%), disorganized behavior (18%) and visual hallucinations (13%), Among a Kenyan school sample, it was found that individuals who endorsed psychotic experiences were significantly less likely to report symptoms of ADHD, major depression, bipolar disorder, generalized anxiety disorder, and alcohol use disorder. In this study it was also found that men reported more visual hallucinations, thought control, referential thinking, and persecutory ideas than their female counterparts. (7) Regarding hallucinations being the most common symptom in psychosis, this is also in line with research conducted by Marie et al that the most frequently recorded symptoms are auditory hallucinations, any hallucinations and other hallucinations. Followed by delusions (any: persecution, referential. Thinking disorders often occur. Patients are reported to show strange behavior. Have negative symptoms, have flat/dull affect. (8)

Regarding the risk factors that play a role in experiencing psychosis in adolescents, in the results of research conducted by Carmen et al, it was found that men were the highest risk factor for experiencing psychosis compared to women, and all participants lived in villages with the highest risk adolescents being found among participants who lives with his parents a. While some studies link bullying to persistent exposure to stress with victims of bullying reporting some psychotic disorders, practices such as physical exercise may be a protective factor in influencing mental health, acting as a releaser of positive neurotransmitter regulation and increasing mental activity. Currently, the literature on factors that may influence adolescent mental health is very mixed but evidence suggests that stress, bullying and consumption of toxic substances are the main explanatory factors. (9)

Regarding the increase in the occurrence of psychoticism in adolescents due to the family experiencing psychoticism and due to the environment, Mark et al tested whether the heritability of adolescent psychotic experiences changes along with exposure to environmental risks associated with psychotic experiences. Results suggest gene-by-environment interactions for paranoia, hallucinations, cognitive disorganization, grandiosity, and anhedonia. Research suggests differences in the heritability of certain psychotic experiences may be related to environmental exposure. Specifically, there was an observed reduction in the heritability of psychotic experiences with environmental exposure. These results are consistent with the bioecological framework, which predicts that better environments will result in higher heritability. Although the relative risk for schizophrenia is increased among relatives of individuals diagnosed with schizophrenia, the majority of relatives of individuals with schizophrenia do not develop schizophrenia. The results of research from Mark et al., indicate that psychotic experiences may be prevalent in populations with high levels of exposure to environmental risks related to psychotic experiences. Mark et al observed that while heritability varied by environmental exposure for some psychotic experiences, heritability was more consistent for hallucinations and negative

symptoms. This is important from a clinical point of view, given that negative symptoms are considered predictors of subsequent mental illness. Thus, these results strengthen the argument that the etiology of psychotic experiences may differ according to specific subtypes of psychotic experiences. (10)

Research findings from Lorna et al., explain where socio-environmental adversity impacts neurodevelopment during childhood, leading to reduced ability to crystallize and an increased likelihood of psychotic experiences in adolescence. Children growing up in disadvantaged environments face barriers to learning at school; and then, with reduced opportunities during the transition to adulthood, encounter more psychological stress that triggers the emergence of psychotic experiences. Individuals living in densely populated areas have been shown to have a higher risk of psychotic experiences. This study identified higher levels of social stress and economic deprivation in rural China, both of which indicate an increased risk of psychotic experiences. Negative perceptions of the surrounding environment are also associated with psychotic experiences. These findings suggest cultural differences in urban/rural living, pollution and perception, possibly underlying mechanisms by which urbanization may increase the risk of psychotic experiences. (11)

Research by Danish et al, regarding the early persistence of psychotic-like experiences in an adolescent community, showed that researchers found that risk factors for the prevalence of PLE (Psychotic-like experiences) were also associated with increased depression, psychological distress, suicidality, and also increased neuroticism and openness and decreased agreeableness was associated with early persistent PLE, but this association was no longer significant after adjusting for depression. This may be due to the overlap between the traits of Neuroticism and depression, so that people with high agreeableness are less likely to experience depression. Early persistence of PLE associated with depression may be transdiagnostic, reflecting the interaction of common environmental factors with a common genetic predisposition to psychotic and depressive disorders. However, it is important to note that depression also occurs frequently in the prodromal phase of schizophrenia and is predictive of schizophrenia. Depressive symptoms may reflect an increased tendency to develop prodromal “At-Risk Mental Conditions” rather than mood disorders. (12) . Young patients with psychosis show a greater risk of suicidal behavior than healthy patients. The age groups for suicide risk did not differ significantly regarding children versus adolescents. The symptoms most closely associated with suicidal behavior in people with early psychosis are post-psychotic depression, depression, distress with fewer negative symptoms in the presence of positive anxiety disorder symptoms and comorbid first episode psychotic symptoms.

The findings from Sarah et al are that adolescent patients with psychosis show a high risk of attempting suicide. The risk of suicide is high in patients experiencing a psychotic episode and even higher in adolescents. These patients also have a high risk of death. Associations have been found between various risk factors and an increased risk of suicide e.g., past psychiatric history or number of psychiatric hospitalizations, depressive symptoms) and others more controversial (e.g., gender, active positive or negative psychotic symptoms). However, the risk of suicide is greater in younger patients, with depressive symptoms associated with psychotic episodes. (13)

Antipsychotic medications are the mainstay of treatment for schizophrenia. In the journal Ana et al, describe randomized controlled trials generally supporting the efficacy of newer atypical antipsychotics (eg, risperidone, aripiprazole, olanzapine, paliperidone, lurasidone) and some traditional neuroleptics (eg, haloperidol, loxapine) in children and adolescents with schizophrenia spectrum disorders. Cognitive behavioral therapy interventions , cognitive remediation therapy, psychoeducation programs and family interventions. In cognitive behavioral therapy for psychosis (CBTp), Cognitive remediation therapy (CRT). In Ana et al's journal there is a coordinated special care innovative treatment model for first episode psychosis designed for broad community intervention. One example, the NAVIGATE program, is a team -based treatment that combines evidence-based medication management, family therapy, personal therapy, and educational/occupational support and is structured around the patient's definition of recovery and the concept of stress-prone psychosis. In adolescents and young adults, NAVIGATE was shown to improve quality of life, increase engagement in work/education and reduce symptoms associated with schizophrenia, compared with community treatment. The program is also effective in reducing racial and ethnic disparities in symptom severity and treatment response. (14) In the journal *Clinical Practice Guidelines for the Management of Schizophrenia in Children and Adolescents* Some general conclusions from this meta-analysis include the superior efficacy of antipsychotic medications when compared with placebo (except perhaps for ziprasidone), overall, antipsychotic medications have superior efficacy in terms of reduction of positive symptoms. It is also generally suggested that the side effects of antipsychotics in adolescents are similar to those of adult patients, except that adolescents experience more side effects, a higher level of symptom severity at baseline. Molindone is more often associated with akathisia, whereas risperidone is more often associated with increased serum prolactin levels . Although olanzapine and risperidone were associated with weight gain and metabolic side effects in the acute phase, at the end of the maintenance phase, there were no differences between the three antipsychotics. However, compared with olanzapine, risperidone use was associated with more extrapyramidal side effects.

Based on available evidence, antipsychotic medications are considered first-line treatment for schizophrenia in adolescents, which should be used in conjunction with psychosocial management. Among the various antipsychotics, it is generally recommended that second generation antipsychotics, other than clozapine, can be used as first-line agents. The United States Food and Drug Administration has approved haloperidol, molindone, risperidone, aripiprazole, quetiapine, paliperidone, and olanzapine for the management of schizophrenia among adolescents 13 years of age or older.

Overall prognosis/risk of psychosis. Systematic review: Between 36% and 49.1% of adolescents in CHR-P experienced remission from baseline CHR-P conditions after 2 years, and only 40% experienced remission after 6 years. Lower levels of negative baseline symptoms and mood were associated with higher odds of recovery at 2 years. The CHR-P population had greater predicted age deviations from individual chronological age (brain age-chronological age; brain age gap) than HC (healthy controls). A higher brain age gap between brain age and chronological age was associated with a higher risk of psychosis in

adolescents in CHR-P. Additionally, smaller putamen volume was associated with higher levels of dyskinesia, whereas baseline putamen and caudate volume differentiated CHR-P individuals who transitioned to psychosis from those who did not. Overall, Ana et al. Specifically, lower levels of negative symptoms and mood were associated with a higher likelihood of recovery, thus suggesting that negative symptoms and mood should be targets for future interventions in this area. (15)

CONCLUSION

Based on the results research and discussion can be taken conclusion ie Teenagers are vulnerable to mental health problems, including psychotic disorders such as schizophrenia. Psychoticism in teenagers can affect thoughts, feelings and behavior they, make it difficult For differentiate between Which real And No real. Factor-factors such as genetics, family environment, past trauma, and stress can play a role in development disturbance psychotic on teenager. Maintenance Which appropriate And support family important For recovery teenager Which experience psychotic. Although social stigma is still a challenge, public awareness about this condition can be help reduce the negative impact on teenager Which experiencing psychosis.

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