

CLINICAL CASE ROUNDS IN CHILD AND ADOLESCENT PSYCHIATRY

Commentary: Anxiety Disorders and Perceptual Disturbances in Adolescents with 22q11.2 Deletion Syndrome Treated with SSRI: A Case Series

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This case series reinforces findings from previous studies of 22q11.2 deletion syndrome (22q11.2DS) and presents a rational approach. Genetic conditions should be considered for any child with intellectual deficits (Miller et al., 2010). Although risk for psychotic disorders is high in 22q11.2DS (~1 in 5), nonpsychotic conditions are more prevalent (Fung et al., 2010). Notably, generalized anxiety disorder has higher prevalence in 22q11.2DS than in the general population (Fung et al., 2010).

Optimal psychiatric management begins with accurate psychiatric diagnosis. This requires extra care in children with medical and cognitive comorbidities. Endocrine disorders such as hypocalcemia require monitoring and effective treatment (e.g., vitamin D) (Bassett et al., 2011). Collateral information, longitudinal follow-up and caution in history taking, given suggestibility, are essential (Bassett & Chow, 2008). Children and adolescents who meet criteria for a major psychotic illness should however be diagnosed and treated as such (Bassett & Chow, 2008).

Best practice includes trial of a standard treatment, addressing compliance with caregivers, adequate follow-up to improved functioning, monitoring side effects and adjunctive measures including reassurance and a structured environment and routine to minimize stress (Bassett et al., 2011). There is no evidence that experimental treatments are necessary in 22q11.2DS forms of psychiatric illness (Bassett & Chow, 2008; Philip & Bassett, 2011).

With maturity, and adequate treatment of underlying disorders, attenuated psychotic-like features often disappear (Bassett & Chow, 2008). There is no evidence that

childhood psychiatric illness predicts adult psychotic disorder in 22q11.2DS (Philip & Bassett, 2011). Median onset of schizophrenia is about 22 years however and ongoing follow-up is advisable (Fung et al., 2010; Bassett et al., 2003). Further research may determine whether brain structural or other changes at a young age are similar to those associated with later expression of schizophrenia (Chow et al., 2011).

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