Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

We’d appreciate feedback on your satisfaction with this literature search. Please visit [http://www.hello.nhs.uk/literature_search_feedback.asp](http://www.hello.nhs.uk/literature_search_feedback.asp) and complete the form.

Thank you

**Literature search results**

<table>
<thead>
<tr>
<th>Search completed for:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Search required by:</td>
<td></td>
</tr>
<tr>
<td>Search completed on:</td>
<td>22 October 2013</td>
</tr>
<tr>
<td>Search completed by:</td>
<td>Marilyn Shaw</td>
</tr>
</tbody>
</table>

**Search details**

Psychosis and OCD in adolescents – studies.

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; Health Business Elite; MEDLINE; PsychINFO; Google Scholar; Google Advanced Search

**Database search terms:**

**Evidence search string(s):**

**Google search string(s):**

**Summary**

Included are details of the most relevant-looking items which have been found for this search. None located on all aspects of the requested search – OCD, psychosis and adolescents.

**Guidelines and Policy**

CG 128 Autism in children and young people NICE 2011
CG 82 Schizophrenia NICE 2009
CG 78 BiPolar Disorder NICE 2009
CG 158 Conduct disorders in children and young people NICE 2013
CG 31 Obsessive-compulsive disorder NICE 2006
Evidence-based reviews

1. Systematic review and mapping study of alternatives to inpatient care for children and adolescents with complex mental health needs.

National Institute for health Research (NIHR), 1 March 2008

http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1604-141_V01.pdf

**Description:** Providing mental health services in the community to young people with a severe mental health problem so they do not need to be admitted to hospital may help to improve symptoms and other outcomes. However we do not know if this is true for all young people with a mental health problem requiring hospital admission. Nor do we have a complete picture of what young people and their parents think about receiving care at home or at a centre where they do not have to stay. We will therefore review the literature, following a standardised process which can be used by others, to describe the different ways of organising services providing an alternative to inpatient care for young people who have a serious mental health problem requiring hospital admission. The literature review will help us assess what previous research has reported on how effective these types of service are, and how acceptable they are to young people and their parents. We will also send out a questionnaire to providers of mental health services for young people in England, Scotland, Wales and Northern Ireland to find out what types of services they provide that offer an alternative to inpatient care. The review of the literature and the feedback from the questionnaire will provide commissioners, the public and patients with a description of the range of mental health services available to young people as an alternative to inpatient care. This will help service providers select which services to develop, and will inform parents, and young people using these types of specialised mental health services. We will also be able to identify key questions for future research.

2. Trevillion K, Oram S, Feder G et al

**Experiences of domestic violence and mental disorders: a systematic review and meta-analysis**

Public Library of Science (PLoS), 26 December 2012

http://www.plosone.org/article/info:doi/10.1371/journal.pone.0051740

There are 21 Cochrane Reviews which come up 2008 – 2013 using the search terms ”psychosis” AND “obsessive-compulsive disorder” AND “adolescent*” but none of them are general enough for this search.

Published research – Databases

3. Faragian S, Kurs R, Poyurovsky M

**Insight into obsessive-compulsive symptoms and awareness of illness in**
adolescent schizophrenia patients with and without OCD


Citation: Schizophrenia Research, March 2009, vol./is. 108/1-3(170-175), 0920-9964 (Mar 2009)

Author(s): Niendam, Tara A; Berzak, Jodi; Cannon, Tyrone D; Bearden, Carrie E

Abstract: Objectives: Obsessive-Compulsive Disorder (OCD) is a common co-morbid condition in schizophrenia, associated with poor prognosis. However, the prevalence of obsessive compulsive symptomatology (OCS) and its relationship to outcome has not been evaluated in adolescents at ultra high-risk for psychosis (UHR). Methods: Sixty-four UHR and 26 non-prodromal comparison (NPC) youth were ascertained using the Structured Interview for Prodromal Syndromes (SIPS). Participants completed diagnostic interviews and the Padua Inventory (Sanavio, E., 1988. Obsessions and compulsions: the Padua Inventory. Behav. Res. Ther. 26, 169-177.), a self-report measure of OCS. Results: UHR youth reported significantly higher rates of OCS on the Padua Inventory compared to NPC youth. Clinical diagnosis of OCD (20% of sample) was associated with lower risk of conversion to psychosis over the follow-up period, but was unrelated to clinical severity or psychosocial functioning. However, dimensional ratings of OCS were significantly associated with positive symptom severity, self-reported depression, and a trend toward increased suicidal ideation within the UHR sample. Conclusions: OCS rates in UHR youth are well above estimated prevalence rates in normal pop ulations, and commensurate with rates of comorbidity observed in schizophrenia. Although clinical diagnosis of OCD was not associated with later conversion to psychosis, OCS severity in UHR youth was associated with more acute symptomatic presentation, including more severe depression and suicidality. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Source: PsycINFO (Printed off for you)

5. Childhood obsessive-compulsive disorder presenting as schizophrenia spectrum disorders.

Citation: Journal of Child and Adolescent Psychopharmacology, August 2008, vol./is. 18/4(395-401), 1044-5463;1557-8992 (Aug 2008)

Author(s): Rodowski, Maria F; Cagande, Consuelo C; Riddle, Mark A

Abstract: Obsessive compulsive disorder (OCD) is a highly heterogeneous disorder, presenting with a wide array of symptoms. Sometimes, OCD can appear to be psychotic in nature, with periods of loss of insight or the emergence of paranoid ideas. Likewise, individuals with schizophrenia spectrum disorders (SSDs), including schizophrenia or schizo-affective disorder, can have obsessive-compulsive or “obsessive-compulsive like” symptoms. The complexities of differentiating obsessive-compulsive symptoms from true psychotic symptoms have been recognized in adults. However, in the child and adolescent OCD literature, this has just begun to be explored. In children, limited insight regarding their obsessions and compulsions often makes it more difficult to differentiate OCD from psychotic disorders, including schizophrenia. This report describes 2 adolescents who were initially diagnosed with “difficult-to-treat” SSDs, leading to the use of third-line antipsychotic treatments such as clozapine. Once the core symptoms were recognized as obsessions and compulsions, and appropriately treated, the apparent “psychosis” resolved and did not return over extended follow up. Awareness of the possibility of OCD presenting as if it were a schizophrenia spectrum disorder can facilitate proper diagnosis and treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Source: PsycINFO

Full Text: Available from Journal of Child and Adolescent Psychopharmacology in Grantham Hospital Staff Library

6. Dose-response relationship between number of comorbid anxiety disorders in adolescent bipolar/unipolar disorders, and psychosis, suicidality, substance abuse and familiality.
Citation: Journal of Affective Disorders, December 2006, vol./is. 96/3(249-258), 0165-0327 (Dec 2006)

Author(s): Dilsaver, Steven C; Akiskal, Hagop S; Akiskal, Kareen K; Benazzi, Franco

Abstract: Objectives: To ascertain rates of panic, obsessive-compulsive (OCD) and social phobic disorders among adolescents with bipolar disorder (BP), unipolar major depressive disorder (MDD) and psychiatric comparison patients, to assess their relationships to suicidality, psychosis, comorbidity patterns and familiality. Methods: The first author (SCD) interviewed 313 Latino adolescents using a structured interview based on the SCID. Family history was ascertained by live interview or interview by proxy. Patients were classified as BP, MDD, or non-affectively ill comparison controls (CC). Data regarding suicidality and psychosis were collected. Regression analysis was used to test associations and control for confounding effects. Positive likelihood ratios were used to measure the dose-response relationships between number of anxiety disorders and measures of severity of illness and familial loading for affective illness. Results: Of the total sample, 36.7% were BP, 44.7% MDD and 18.5% CC. In BP vs. MDD the odds of panic disorder were 4.4, of OCD 5.1, and of social phobia 3.3. MDD, in turn, were more likely to have these disorders than CC. BP (but not MDD) with panic disorder and social phobia, were more likely to have suicidal ideation; among the anxiety disorders, only social phobia was associated with having greater odds of suicide attempts. Among BP and MDD, patients with all three anxiety disorders were more likely to be psychotic. Presence of any mood disorder among first-degree relatives substantially increased the odds of having panic disorder and social phobia. The presence of one comorbid anxiety disorder increased the odds of having another. Finally, there were dose-response relationships between number of anxiety disorders and measures of severity of illness and familial loading for affective illness. Limitations: Single interviewer using the SCID; cross sectional exploratory study. Conclusions: BP adolescents have a greater anxiety disorder burden than their MDD counterparts. The results are compatible with the hypothesis that heavy familial-genetic loading for affective illness in juveniles is associated with bipolarity, cumulative anxiety disorder comorbidity, suicidality and psychosis. These observations are in line with pioneering psychopathologic observation in the early 1900s by two French psychiatrists, Gilbert Ballet and Pierre Kahn, who saw common ground between what until then had been considered the distinct categories of the neuroses and cyclothymic (circular) psychoses. This perspective has much in common with current complex genetic models of anxious diatheses in bipolar disorder. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Source: PsycINFO

7. Prospective Study of Adolescents with Subsyndromal Psychosis: Characteristics and Outcome.

Citation: Journal of Child and Adolescent Psychopharmacology, 2005, vol./is. 15/3(418-433), 1044-5463;1557-8992 (2005)

Author(s): Correll, Christoph U; Lencz, Todd; Smith, Christopher W; Author, Andrea M; Nakayama, Emilie Y; Hovey, Lauren; Olsen, Ruth; Shah, Manoj; Foley, Carmel; Cornblatt, Barbara A

Abstract: Objective: The aim of this study was to examine the characteristics and outcome of adolescents with psychotic disorder not otherwise specified (PsyNOS) and brief psychotic disorder (BrPsy), two neglected subsyndromal diagnostic entities. Methods: As part of an ongoing, naturalistic study investigating adolescents considered to be prodromal for schizophrenia, 29 youngsters (mean age, 16.2 +/- 2.7 years) with PsyNOS or BrPsy were identified as theoretically at highest risk for schizophrenia and followed for over 6 (mean, 22.8 +/- 9.4) months. Results: Contrary to our expectations, only 7 of the 26 individuals (27.0%) with follow-up data developed schizophrenia or schizoaffective disorder, and only 2 subjects (7.7%) retained their diagnosis of BrPsy/PsyNOS. The most frequent other diagnoses at follow-up were mood disorders (34.6%), personality disorders (11.5%), and obsessive-compulsive disorder (7.7%). Regarding severity of outcome, 38.5% of the patients progressed to a syndromal psychotic disorder, 23.1% continued to have attenuated positive symptoms, and 38.4% improved to having attenuated negative symptoms only, or no positive or negative symptoms. BrPsy was associated with lower
maximum levels of negative symptoms (p = 0.02) and higher likelihood of symptom remission (p = 0.02). Conclusions: This study indicates that psychotic symptoms not fulfilling criteria for schizophrenia or a psychotic mood disorder are unreliable predictors of a syndromal psychotic disorder outcome at 2 years. Long-term studies of PsyNOS and BrPsy are needed to clarify where these disorders fall in the developmental course of schizophrenia. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Source: PsycINFO

Full Text: Available from Journal of Child and Adolescent Psychopharmacology in Grantham Hospital Staff Library

8. The Psychosis Prodrome in Adolescent Patients Viewed Through the Lens of DSM-IV.

Citation: Journal of Child and Adolescent Psychopharmacology, 2005, vol./is. 15/3(434-451), 1044-5463;1557-8992 (2005)

Author(s): Meyer, Stephanie E; Bearden, Carrie E; Lux, Sabrina R; Gordon, Jamie L; Johnson, Jennifer K; O'Brien, Mary P; Niendam, Tara A; Loewy, Rachel L; Ventura, Joseph; Cannon, Tyrone D

Abstract: Objective: Recently developed research criteria have made it possible to identify adolescents at imminent risk for psychosis. However, the array of symptomatology in these patients is broad and has not yet been systematically characterized using established diagnostic and assessment tools. Method: The authors characterized 24 adolescent research participants at the UCLA Center for the Assessment and Prevention of Prodromal States (CAPPS) using structured interviews for the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, (DSM-IV), the Child Behavior Checklist (CBCL), and information regarding psychiatric treatment histories. Two composite cases are also presented. Results: The most common DSM-IV diagnosis at study entry was major depression, followed by anxiety disorder not otherwise specified (NOS), and social phobia. Most participants met criteria for at least one subthreshold condition, including obsessive-compulsive disorder (OCD), psychosis, mania or hypomania, and generalized anxiety. CBCL data revealed high rates of affective disturbance and broad-ranging symptomatology, as did participants’ diagnostic and treatment histories. Conclusions: Consistent with retrospective studies of patients with first-episode psychosis, findings revealed frequent mood and anxiety disturbance during the prodromal phase of illness. The DSM-IV does not offer a clear framework for describing the widespread subthreshold symptomatology that characterizes putatively prodromal patients. The authors consider whether the psychosis prodrome merits designation as a recognized clinical entity. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Source: PsycINFO

Full Text: Available from Journal of Child and Adolescent Psychopharmacology in Grantham Hospital Staff Library


Citation: CNS Spectrums, December 2004, vol./is. 9/12(889-890), 1092-8529 (Dec 2004)

Author(s): No authorship indicated

Abstract: Presents clinical updates in Neuropsychiatry. The comorbidity of obsessive-compulsive disorder (OCD) and bipolar disorder is clinically challenging because agents that have been shown to be helpful in treating OCD may exacerbate mood symptoms and precipitate mania. Ashraf Attala and colleagues explored the frequency and nature of comorbidity in a pediatric population and systematically evaluated it as part of a prospective family genetic study of early-onset OCD. Many children suffering from attention-deficit/hyperactivity disorder (ADHD) also suffer from sleep difficulties. Judith Owens, compared sleep difficulties in 107 children with ADHD and 46 healthy controls. Sleep latency onset actigraphy results showed that controls had longer median sleep latency onset (mean=32.94 minutes, P<.001), but there was greater variability among children with ADHD (mean=31.44 minutes). The researchers believe these results indicate that children with ADHD have more sleep-related problems; Mara Parellada and colleagues compared total and regional cerebral volumes in a group of early onset first-episode psychosis patients with age and gender matched controls as part of a larger
research project following changes in cerebral structure over a 2-year period. The data suggests that gray matter reduction in frontal, temporal, and parietal lobes may be an unspecific risk marker for psychosis. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal  
**Source:** PsycINFO

10. **Coexistent Hypothyroidism, Psychosis, and Severe Obsessions in an Adolescent: A 10-Year Follow-up.**  
**Citation:** Journal of Child and Adolescent Psychopharmacology, June 2004, vol./is. 14/2(315-323), 1044-5463;1557-8992 (Jun 2004)  
**Author(s):** Bhatara, Vinod; Alshari, M. Ghyath; Warhol, Peter; McMillin, J. Michael; Bhatara, Anjali  
**Abstract:** This is the first longitudinal report on possible psychosis resulting from the juvenile onset of hypothyroidism. A 10-year follow-up in the case of a 13-year-old boy published in this journal in 1993 is presented. The patient presented with a diagnostic dilemma. Although psychosis resulting from hypothyroidism was the most parsimonious explanation of his symptoms (new-onset auditory hallucinations, severe obsessions, and severe hypothyroidism), a primary psychiatric disorder (obsessive-compulsive disorder [OCD] or psychotic depression) aggravated by hypothyroidism could not be excluded. The aim of this study was to illustrate that the diagnosis and clinical interrelationships can be clarified by longitudinal data. Follow-Up Data: The patient's symptoms responded optimally to a combination of fluvoxamine, risperidone, and levothyroxine (LT4, 300 g daily). He was free from severe symptoms until age 21, when he discontinued all psychotropic medications while continuing with LT4. Over 2 months later, he was hospitalized for thoughts of hurting himself or others. In the hospital, his LT4 was discontinued and propranolol was started. He was discharged on multiple psychotropic medications, and was rehospitalized 6 days later for suicide risk. When LT4 (200 g daily) was added to his psychotropic regimen, he partially responded and was discharged. The optimal response to treatment occurred only after he was placed on a combination of fluoxetine, risperidone, and LT4 (300 g daily). The patient remained stable for up to 12 months of follow-up. Conclusions: This chronology suggests that the optimal treatment in this patient probably required three components: a Selective Serotonin Reuptake Inhibitor, (SSRI) risperidone, and LT4 (300 g daily). Each component was apparently necessary but not sufficient individually for the optimal response. The relapse after the discontinuation of fluvoxamine and risperidone (but not LT4) suggests the presence of a primary psychiatric disorder (OCD with depression). The failure to improve without an adequate dosage of LT4 suggests that hypothyroidism was probably an aggravating factor. This case illustrates the diagnostic difficulty in distinguishing between obsessions, depressive ruminations, and delusions in children and the need to consider hypothyroidism in the differential diagnosis of the sudden worsening of OCD, or in cases of new-onset psychosis in children and adolescents. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)  
**Publication Type:** Journal; Peer Reviewed Journal  
**Source:** PsycINFO  
**Full Text:** Available from Journal of Child and Adolescent Psychopharmacology in Grantham Hospital Staff Library

11. **Behavioral and Psychiatric Disorders in Children and Adolescents With Down Syndrome.**  
**Citation:** Mental Health Aspects of Developmental Disabilities, April 2004, vol./is. 7/2(69-76), 1057-3291 (Apr-Jun 2004)  
**Author(s):** Pary, Robert J  
**Abstract:** Not all children and adolescents with Down syndrome are happy and sociable. Some have behavioral problems, such as aggression or self-injury. Others may suffer with major depression or obsessive-compulsive disorder. There are few epidemiologic studies of psychiatric disorders in Down syndrome. Consequently, clinicians often have limited guidance from peer-reviewed literature, in selecting treatment options. This paper will review the behavioral disorders of aggression and self-injurious behavior as well as
depression, bipolar disorder, psychosis, and obsessive-compulsive disorder. Although more research is needed in almost all areas, there are a few observations. Before using a psychotropic for aggression, attempt to rule out communication, social, environmental or medical etiologies. Similar to the general population, the first-line treatment for major depression is a SSRI (with the exception of paroxetine). (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Publication Type:** Journal; Peer Reviewed Journal

**Source:** PsycINFO

12. *Comorbidity in juvenile obsessive-compulsive disorder: A report from India.*

**Citation:** The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie, April 2000, vol./is. 45/3(274-278), 0706-7437;1497-0015 (Apr 2000)

**Author(s):** Reddy, Y. C. Janardhan; Reddy, P. Srinivas; Srinath, S; Khanna, S; Sheshadri, S; Girimaji, S. C

**Abstract:** Using minimal exclusion criteria, this study assessed the psychiatric comorbidity in children and adolescents (aged <=16 yrs) with obsessive-compulsive disorder (OCD) and compared the findings with those of previous studies. 54 children and adolescents who satisfied Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM-III-R) criteria for OCD were assessed using a structured interview schedule, the Children's version of the Yale-Brown Obsessive Compulsive Scale (CY-BOCS), and the questionnaire for tic disorders. Comorbidity was found in 69% of the sample: 22% were diagnosed with disruptive disorders; 20% met criteria for mood disorders; 19% had anxiety disorders; and 17% had tic disorders. Only 1 patient had bipolar disorder. The rates for individual diagnoses-in particular, the rates for disruptive disorders, bipolar disorder, and psychosis-were considerably lower than those reported in previous studies. Patterns of comorbidity in this study differed from those previously reported, novel patterns of comorbidity with disruptive disorders, bipolar disorder, and psychosis reported in other studies were not replicated. These differences are probably due to different ascertainment methods. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Journal; Peer Reviewed Journal

**Source:** PsycINFO

**Full Text:** Available from EBSCOhost in Canadian Journal of Psychiatry

These details are taken from references from another article so no abstract is available:


**Obsessive-compulsive disorder in adolescent schizophrenia patients**


---

**Published Research - Google Scholar**

*From 1st fifty results:*


**Comparison of clinical characteristics, co-morbidity and pharmacotherapy in adolescent schizophrenia patients with and without obsessive-compulsive disorder**

Psychiatry Research, 2008, Issue 1-2, p133-139

15. Cunill R, Castells X, Simeon D

**Relationships between obsessive-compulsive symptomatology and severity of psychosis in schizophrenia: a systematic review and meta-analysis**

Jnl of Clinical Psychiatry, 2009, e1 – e13 *(Printed off for you)*

16. Fonseca-Pedrero E, Lemos-Giraldez S, Paino-Pineiro M et al

**Schizotypal traits, obsessive-compulsive symptoms and social functioning in adolescents**