

Symposium | Cultural Psychiatry : [Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

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[Symposium 58] 25th Anniversary of the Korea-Japan Young Psychiatrists Association (KJYPA)-Friendship and Research Collaboration

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[SY-58-05] Hikikomori or Early-Onset Schizophrenia? Diagnostic and Therapeutic Considerations in Adolescent Social Withdrawal – A Case-Based Review

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Keywords : Early onset schizophrenia, Hikikomori, Social withdrawal

Abstract:

Early-onset schizophrenia and hikikomori are two distinct yet interrelated phenomena that primarily affect adolescents and young adults. This case-based review explores these complexities through a clinical scenario, focusing on early recognition, assessment, and targeted pharmacological intervention.

Case:

A 17-year-old high school student was brought in by his parents after over a year of progressive social isolation, withdrawal from school, and confinement to his room. He exhibited minimal verbal communication, irregular sleep patterns, and functional decline. Initially, the clinical picture suggested hikikomori as prominent psychotic symptoms were not observed. Although there were persecutory ideas—such as believing that school friends were talking behind his back—they were not bizarre in nature. However, subtle behavioral cues—including occasional muttering, suspiciousness, and impaired emotional responsiveness—prompted further psychiatric evaluation. Over weeks of observation and structured interviews, signs consistent with early-onset schizophrenia emerged, including mild thought disorganization and negative symptoms. A diagnosis of schizophrenia was made. The patient started on aripiprazole but soon began to complain of akathisia. Although propranolol was administered, there was no improvement, and the patient subsequently reported a depressed mood and suicidal ideation. Therefore, the medication was switched to paliperidone. Following this change, the patient showed improvement in akathisia, as well as gradual enhancement in engagement, affect, and social functioning. After discharge, the patient has continued outpatient appointments, adhere to prescribed medications, Although the patient's level of functioning has declined compared to previous assessments, he is still able to maintain a certain degree of daily life while continuing to work.

Conclusion:

This case highlights the diagnostic complexity in distinguishing hikikomori from early-

onset schizophrenia in adolescents. Overlapping features such as isolation and functional decline can obscure underlying psychotic processes, particularly when positive symptoms are subtle or delayed. Early identification and intervention are crucial, as timely antipsychotic treatment may significantly alter the illness trajectory.