

CHILDREN DIAGNOSED WITH ASD FOLLOWING MALTREATMENT: A CASE SERIES

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INTRODUCTION

Children who have experienced maltreatment often present with a complex range of emotional, behavioural and neurodevelopmental difficulties [Kočovská, 2012; Ford, 2007]. They may also struggle with social interactions and communication, suggestive of autism spectrum disorder (ASD). A multi-disciplinary team (MDT) assessment is indicated and this is a common reason for referral to the Attachment and Trauma Team (ATT) at Great Ormond Street Hospital (GOSH).

AIMS

The aims of the study were to investigate the following questions:

1. Do children diagnosed with ASD at GOSH have symptoms previously found to discriminate between ASD and attachment disorder [Green, 2016; Dickerson 2016]?
2. Have children referred to the ATT at GOSH previously had multi-disciplinary team (MDT) assessment prior to referral?
3. What were the outcomes of previous assessments?

METHOD

- Patients were identified from referral information.
- Inclusion criteria were children who were diagnosed with ASD following referral to ATT at GOSH.
- Patient records (including ADOS-2 and 3di/ADI-R reports) were reviewed and anonymised data extracted. Standardised clinical questionnaires, such as the DAWBA (development and wellbeing assessment), and tools such as the Children's Global Assessment Scale (CGAS) were also used.
- All data was collected and analysed using Microsoft Excel.

RESULTS

Data from 25 patients was collected and analysed. Demographic data is shown in table 1.

A total of 21 out of 25 patients were living in out-of-birth family placements.

Seventeen patients had a clearly documented history of maltreatment.

There was a family history of either neurodevelopment disorders or intellectual disability in 9 patients. There was reported in utero exposure to alcohol or other substances in 7 cases.

The children in this cohort had a mean CGAS of 44. Fifteen children out of 25 had received an MDT assessment, prior to referral to ATT.

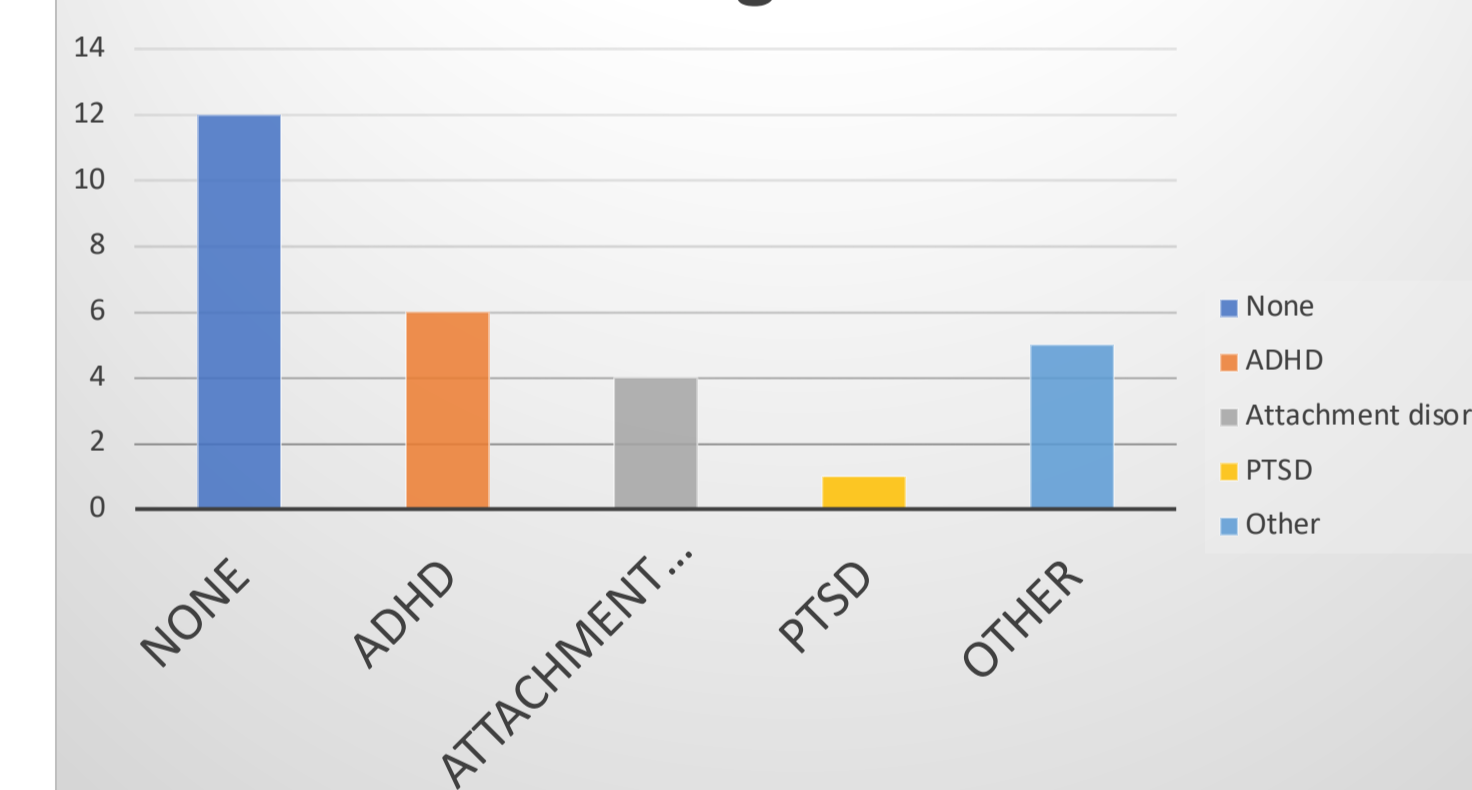
Thirteen children had been diagnosed with one or more diagnosis prior to their assessment at GOSH. See graph 1. Other diagnoses include depression, anxiety, dyspraxia and global developmental delay.

All patients were found to have discriminating symptoms for ASD. See graph 2 for full details. The most commonly occurring symptoms were restricted interests and sensory sensitivities.

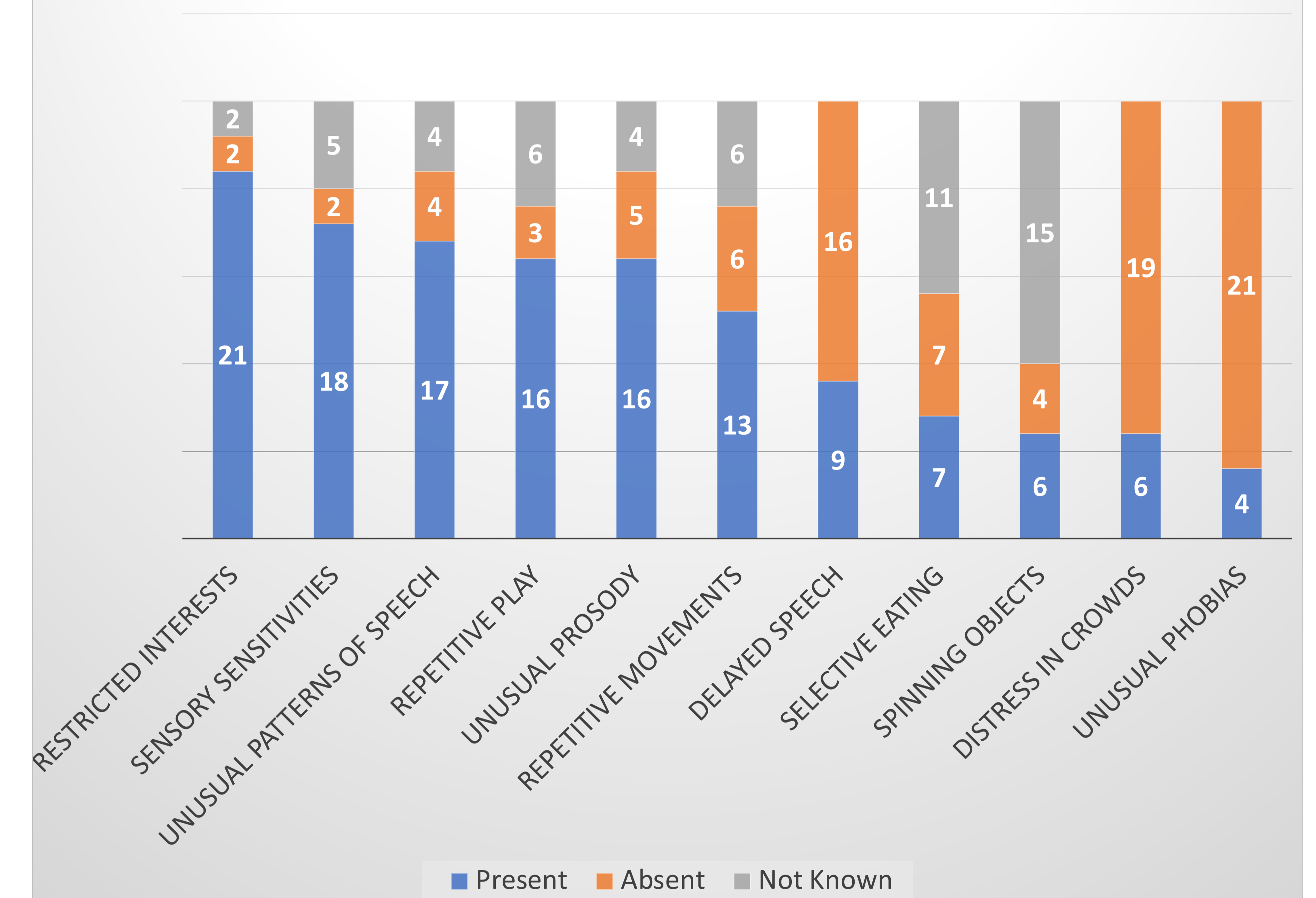
Table 1: Demographic Data (n = 25)

Age/years	
Mean	11.2
Age range	6-14
Male	14
Female	11
Ethnicity	
Afro-Caribbean	3
Asian-Indian	2
Black-British	1
Other Black	1
Portuguese	1
White British	16
Not recorded	1

Graph 1: Pre-assessment Diagnoses



Graph 2: DISCRIMINATING SYMPTOMS FOR ASD



CONCLUSIONS

- Patients in this cohort have complex presentations and have major impairments in several areas, which can be difficult to assess. Many have prior diagnoses of attachment disorder (16%) and post-traumatic stress disorder (16%).
- This study provides further evidence that there are discriminating symptoms which allow clinicians to differentiate between ASD and attachment disorder.
- We recommend that all patients who present with a history of maltreatment, difficulties with communication, social interactions and/or complex emotional and behavioural problems have a comprehensive MDT assessment, including ADOS-2 and a detailed parent/carer's assessment, such as ADI-R or 3di. This should lead to careful formulation and wide-ranging management plan.

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ACKNOWLEDGEMENTS

Thank you to the Attachment and Trauma Team at GOSH, patients and families/carers who have made this study possible.

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