Developmental Disorders: a psychiatric trap

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Think of your failures

Ambition
Happy
Living in community
Enjoying the community

Reality
Unhappy
Not using local resources
Loner

Neurodevelopmental disorder
Neurodevelopmental disorders

- Autism Spectrum Disorder (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Developmental Coordination Disorder (DCD)
- Epilepsy

Neurodevelopmental disorder
1) Difficulties with social relationships (social isolation)

- Social awkwardness, limited responsiveness.
- Difficulty with reciprocal friendships → few friends
- Reduced intuitive understanding of others’ views/feelings (apparent egocentricity / ruthlessness)
- Unaware of social rules - prone to social blunders
2) **Difficulties with NV communication**

Communication

- **Verbal**
- **Expressive**
- **Receptive**
- **Non-Verbal**
2) Difficulties with NV communication

- speech
  - an unusual voice - tone vivacity, pitch, pace, volume
  - talking 'at' > 'to' you (↓ awareness of your response)
  - Difficulties with comprehension - implied meaning

- Unusual use of gaze, facial expression & gesture
  - impassive appearance - few gestures
  - an awkward / odd posture & body language
  - gaze not used communicatively - poorly co-ordinated
    - may avoid looking at you (= furtive)
    - may look through you (= aggressive)
3) Absorbing and narrow interests

- Unusual in their intensity, content or amount of time
- unusually circumscribed / repetitive
  they contribute little to a wider life
  (e.g. collecting facts/objects of limited practical/social value)
- An inflexible approach to everyday life
  - may include unusual routines/rituals
  - minor or unexpected change may be upsetting
  distinct from OCD as not alien (∴ no desire to change)
1) **Inattentiveness**
   - Difficulty in organizing thoughts, tasks – distractible
   - Problems in completing tasks – wrapping up
   - Forgetful - missing appointments or tasks – losing things
   - Procrastination – especially if sustained input required

2) **Hyperactivity**
   - Restless / fidgety
   - Driven, constantly on the go, talkative

3) **Impulsivity**
   - Frustrated by delay, interrupting
   - Driven, constantly on the go
30-60% persist into adulthood

- Number & severity of symptoms,
- Genetics & birth trauma

(not adversity / psycho trauma)

Prevalence

ASD

Adult population (not ID) 1% 3-4%
M | F 2.0% | 0.3%

Adult mental health 3-5% 20%
M | F 4.1% | 5.4%

ADHD

But these are dimensional disorders:
- Number of symptoms
- Intensity of symptoms

what of incomplete (atypical) variants......

Autism’s three diagnostic domains
Autism’s three diagnostic domains

- Restricted, repetitive behaviours & Interests
- Social impairment
- Communication impairment

Orion’s Belt

Alnitak

Alnilam

Mintaka
Evolving criteria – DSM 5 of developmental disabilities

- Articulation disorder
- Motor incoordination
- Executive function
- Social impairment
- Communication impairment
- Central coherence
- Overactivity
- Impulsivity
- Motor incoordination
- Sensory (in) sensitivities
- Vocal tics
- Visual tics
- Seizures
- Dyslexia
- Dyscalculia
- ASD
- Tourette
- DCD
- ADHD
- SCD
- OCD
- DCD
- AD
- Communication disorder
- Articulation disorder
- Impulsivity
- Catatonic symptoms
- Motor incoordination
- Overactivity
- Sensory (in)sensitivities
- Social impairment
Diagnostic variation
Where to set the cut-off?

- Autism
- Research
- Clinical
- Administrative

Neurotypical

Criteria
Informant
Instrument
Clinician
Purpose
<table>
<thead>
<tr>
<th>Condition</th>
<th>ASD</th>
<th>Ctrl</th>
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<td>Depression</td>
<td>26%</td>
<td>10%</td>
<td>35%</td>
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<tr>
<td>Bipolar Disorder</td>
<td>11%</td>
<td>2%</td>
<td>34%</td>
<td>27%</td>
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<tr>
<td>Anxiety</td>
<td>29%</td>
<td>9%</td>
<td>23%</td>
<td>15%</td>
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<tr>
<td>OCD</td>
<td>8%</td>
<td>1%</td>
<td>26%</td>
<td>16%</td>
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<td>Schizophrenia</td>
<td>8%</td>
<td>1%</td>
<td>8%</td>
<td>4%</td>
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<tr>
<td>Attempted suicide</td>
<td>2%</td>
<td>1%</td>
<td>7%</td>
<td>3%</td>
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<tr>
<td>Alcoholism</td>
<td>3%</td>
<td>6%</td>
<td>18%</td>
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<tr>
<td>ADHD</td>
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<td>2%</td>
<td>12%</td>
<td>1%</td>
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</table>
**ASD misleads the clinician**

Expression of internal state

- Thoughts: concrete, literal
- Feelings: identify/describe/show (emotional literacy)
  - anxiety/fear – happiness - depression

Individual variation +++

**Video examples of this are on the College website**

http://www.rcpsych.ac.uk/traininpsychiatry/eventsandcourses/courses/diagnosticinterviewresource.aspx

**The interview guide is freely available at**

http://www.rcpsych.ac.uk/pdf/CALC%20Diagnostic%20Interview%20Guide%20for%20Aspergers%202012.pdf
ASD misleads the clinician

Expression of internal state

Comprehension
Speech following speaker’s agenda
Overinclusive → apparent loss of goal

Thought disorder

Emotional incongruity
Catatonic symptoms

Emotional arousal

Routines & rituals
OCD

Unusual (maladaptive), lifelong characteristics

Arrogant selfishness
Psychopathic PD

Emotional lability
Borderline PD

Uncertain identity
ASD misleads the clinician

Anxiety symptoms

Hypomanic symptoms
The Treatment of ASD

Diagnostic label

Many treatments
None outstandingly successful

Autism is a severe disability
There are very committed parents & professionals
A trouble shared (with another agency)

There is money in treating autism

Malaise → ↑ autism symptoms

Treatment of underlying disorder → ↓ autism symptoms
The Treatment of ASD

Many treatments

Offset deficits

Catch up

Educational

compensatory social skills etc.

organisational skills & strategies

deficits 'lack of informal learning

Environmental adaptations

Sensory processing anomalies

Reduce ambient / distracting 'noise'

Written information
The Treatment of ASD

**Many treatments**

- Omega-3
- Vitamin B6 (pyridoxine)
- MgSO$_4$
- Probiotics
- Antifungal (Nystatin)
- Antibiotic
- Gluten & Casein Free Diet

**Diets & Additives**

**Biomedical Interventions**

- Hyperbaric oxygen
- Chelation
- Secretin: $\frac{1}{3}-\frac{1}{2}$ improved
- Oxytocin (nasal spray)

 transient placebo = secretin
The Treatment of ASD

Many treatments

Drugs not used to improve core symptoms

haloperidol - significant improvement in:

- behavioural disturbance
- discrimination learning
- stereotypy

Neuroleptics – behavioural disturbance

aripiprazole & risperidone

Serotonergics

- speech

Antiepileptics

- motivation
- sociability

Are these treating comorbidity / malaise?

Is the risk worth the benefit?

dyskinesias

metabolic syndrome
Emotional Disorders

Emotional Management

Recognition
Immediate management
Strategy – avoidance & disengagement
Medication

Anxiety & Anger

Social & Sexual feelings

Emotional literacy

e.g. relaxation training

e.g. safe areas

other activities

anxiolytics

serotonergics (serotonin syndrome)

neuroleptics (akathisia)