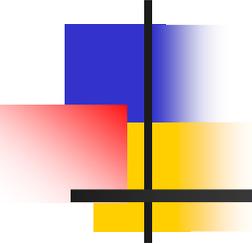
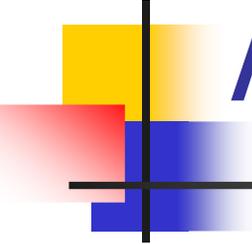


Pitfalls in the Diagnosis of Autism and ADHD



David M. Snyder, M.D., FAAP

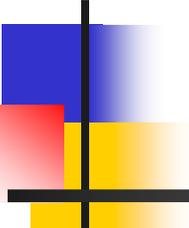
April 23, 2010



Autism and ADHD

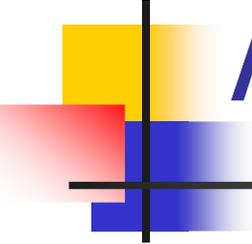
- Both are substantial problems
- Diagnosis is based on DSM criteria
- Both are “behavioral syndromes”
- Both are frequently under- and over-diagnosed

The Concept of Differential Diagnosis



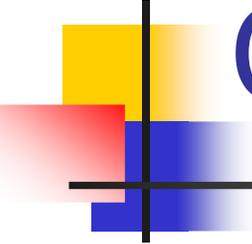
The determination of which of two or more diseases with similar symptoms is the one from which the patient is suffering, by a systematic comparison and contrasting of the clinical findings

Stedman's Medical Dictionary.



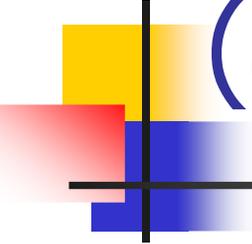
Autistic Disorder

- Qualitative impairment in social interaction
- Qualitative impairments in communication
- Restricted repetitive and stereotyped patterns of behavior, interests and activities



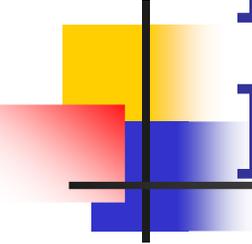
Qualitative Impairments

- *Not* a developmental delay
- *Not* a quantitative difference
- Social interactions and communication that would be abnormal at *any* stage of development.



Impairments in Social Interaction (at least two of the following)

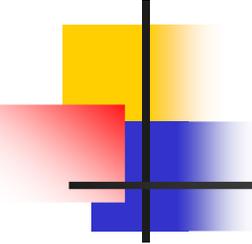
- Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
- Failure to develop peer relationships appropriate to developmental level.



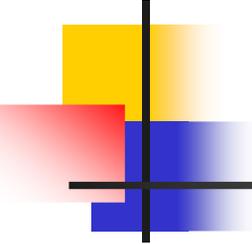
Impairments in Social Interaction

- A lack of spontaneous seeking to share enjoyment, interest, or achievements with other people.
- Lack of social or emotional reciprocity.

Impairments in Social Interaction: Pitfalls

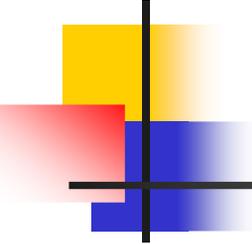


- Impairment must be distinguished from inhibition in social interaction associated with social anxiety.
- “He won't look at my when I'm talking to (yelling at) him!”
- Developmental delay in peer relationships must be distinguished from “failure to develop” peer relationships.



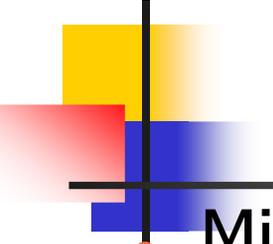
Impairments in Communication (at least one of the following)

- Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime).
- In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others.



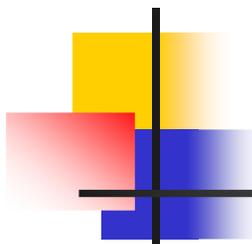
Impairments in Communication

- Stereotyped and repetitive use of language or idiosyncratic language.
- Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.



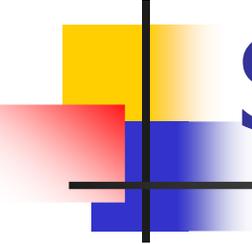
Impairments in Communication: Pitfalls

- Missing early signs of qualitative impairment in in communication.
 - Lack of play dialogue at 2-3 months.
 - Not imitating speech sounds at 8-9 months
 - Lack of pointing as proto-naming at 9-12 months.
 - Lack of conversation at 3-4 years in a child speaking in 3-4 word phrases.
- Mistaking selective mutism for autistic atypical language development.
- Normal echolalia vs stereotypic speech.



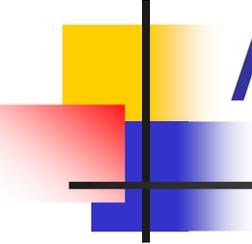
Restricted, Repetitive and Stereotyped Patterns (at least one of the following)

- Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
- Apparently inflexible adherence to specific, nonfunctional routines or rituals.
- Stereotypic and repetitive motor mannerisms
- Persistent preoccupation with parts of objects.



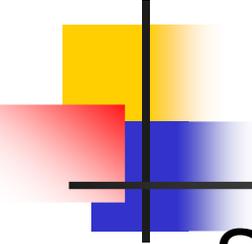
Restricted, Repetitive and Stereotyped Patterns: Pitfalls

- How much “preoccupation” is “abnormal either in intensity of focus?”
- Differential diagnosis of “motor mannerisms.”
 - Head banging
 - Hand flapping
 - Finger flicking
 - Tics, complex partial seizures, motor stereotypies.
- Interaction with objects: What is “play?”



ADHD

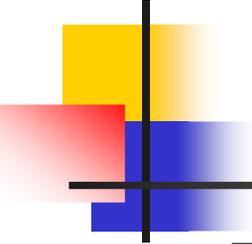
- Problems with sustained attention and/or selective attention.
- Problems with distractibility
- Hyperactivity
- Impulsivity



ADHD

- Symptoms are maladaptive.
- Symptoms are inconsistent with developmental level.
- Symptoms cause impairment before 7 years old.
- Symptoms cause impairment in two or more settings.
- Clear evidence of clinically significant impairment in social, academic or occupational functioning.
- Symptoms not better explained by another Dx.

ADHD: Pitfalls



- The child who is just very active.
- Sleep deprivation
- Physical illness (low energy, pain, sensory impairment)
- The over-focused child.
- Reactive Attachment Disorder.
- ADHD, inattentive type.
- Anxiety and worries.
- The child with learning disabilities.
- Depression ... or not.