

PAEDIATRIC DEVELOPMENTAL AND BEHAVIOURAL PROBLEMS

MEQ issues: where to refer?

- Community health centre or Early Childhood Nurse;
- Speech pathology
- Occupational therapy
- Psychologist
- Social worker
- Hearing and vision clinic
- Genetic investigations (eg. syndromic?) and genetic counselling
- Special education support
- Developmental disability services
- Condition specific support networks and services

PREVALENCE per 1000

- Language dysfunction	200
- Learning difficulty	150
- Language disorder	30
- Comprehension disorder	10
- Global intellectual impairment	30
- ADHD	50
- Conduct disorder	30
- Gifted child	10
- Aspergers	1.2
- Autism spectrum	1.3

RISK FACTORS FOR LANGUAGE DISORDERS:

- family history (most important)
- hearing impairment
- preterm
- very low birth weight
- intellectual disability
- autistic spectrum
- seizure disorder
- acquired neuro problem (eg. head injury)
- genetics: fragile X, Down's, Duchenne, etc...

Is it AUTISM?

- Socially withdrawn
- Poor eye contact
- Little language
- Better at puzzles, mechanics, visuals
- Poor imaginative play
- ? could it be a language disorder, a dyspraxia, or global intellectual disability?

COMMON PRESENTATIONS:

- not affectionate; poor listening and understanding
- says nothing, or very little
- poor imagination
- keeps doing the same thing (eg. spinning the wheels of a toy, sorting blocks, climbing everything)

PRIOR TO SCHOOL ENTRY:

- delay entry until ready
- language support: phonics, speech therapy etc
- clear instructions in teaching
- allow time for motor activity between short education sessions
- frequent and obvious behavioural support; reinforce the good, discourage the bad.
- Teach playing skills

ADHD: 2 major types: IMPULSIVE and INATTENTIVE

IMPULSIVE:

- motor weirdness
- mainly in boys
- language and speech disorder is common
- behaviour disorder, aggression etc....
- social rejection is a big problem
- family discord often present
- treated by behavioural modification and medication

INATTENTIVE

- Memory and planning weirdness
- Boys affected at about same rate as girls
- Subtle language and speech problems
- Social reticence is a big problem
- Often anxious or depressed
- Managed with organizational training and medication.

Medication effective in 70 to 90%; low-level side effects.

Benefit from medication is related to other therapeutic approaches being used.

Which Communication disorder is this?

Poor communicative intent? Just don't want to talk?

- unaware that others are social creatures? = **Autism or profound intellectual disability**
- unempathetic, don't feel that others expect speech? = **autism or PID**
- unwilling to talk? = **anxiety**

Poor input? Nothing getting in?

- incomprehension; = **intellectual disability, autistic spectrum, hearing impairment, verbal agnosia**

Poor output? Nothing useful coming out...

- Unintelligible? = **stutter, anatomical or neurological defect eg. dysarthria, or is it anatomy of the palate? Conductive hearing loss can also impair the way you pronounce your words.**
- Unproductive? Just NOT TALKING? = **Selective mutism, autism, anxiety disorder**
- Unexpressive? Monotonous, invariable? = **Moebius syndrome (underdevelopment of facial nerves; permanent poker face)**

Poor quality? Inappropriate gibberish, or worse, articulate but blasphemously rude?

- = **semantic-pragmatic language disorder (just never quite sure what is appropriate)**
- = **could it be Tourettes?...**
- = **thought-disordered PSYCHOSIS? In one so young, oh my.....**