

Autism and ADHD

Dr Priyanka Palimar MBCHB MRCPsych
ST4 Child and Adolescent Psychiatry Trainee
Dudley and Walsall Mental Health Trust

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The triad

- Socialisation
- Communication
- Repetitive inflexible behaviour

- (Sensory problems)



AUTISM SPECTRUM DISORDER



HIGH-FUNCTIONING AUTISM

LEVEL 1

Needs support
Patient's social and communication skills and repetitive behaviors are only noticeable without support.

AUTISM

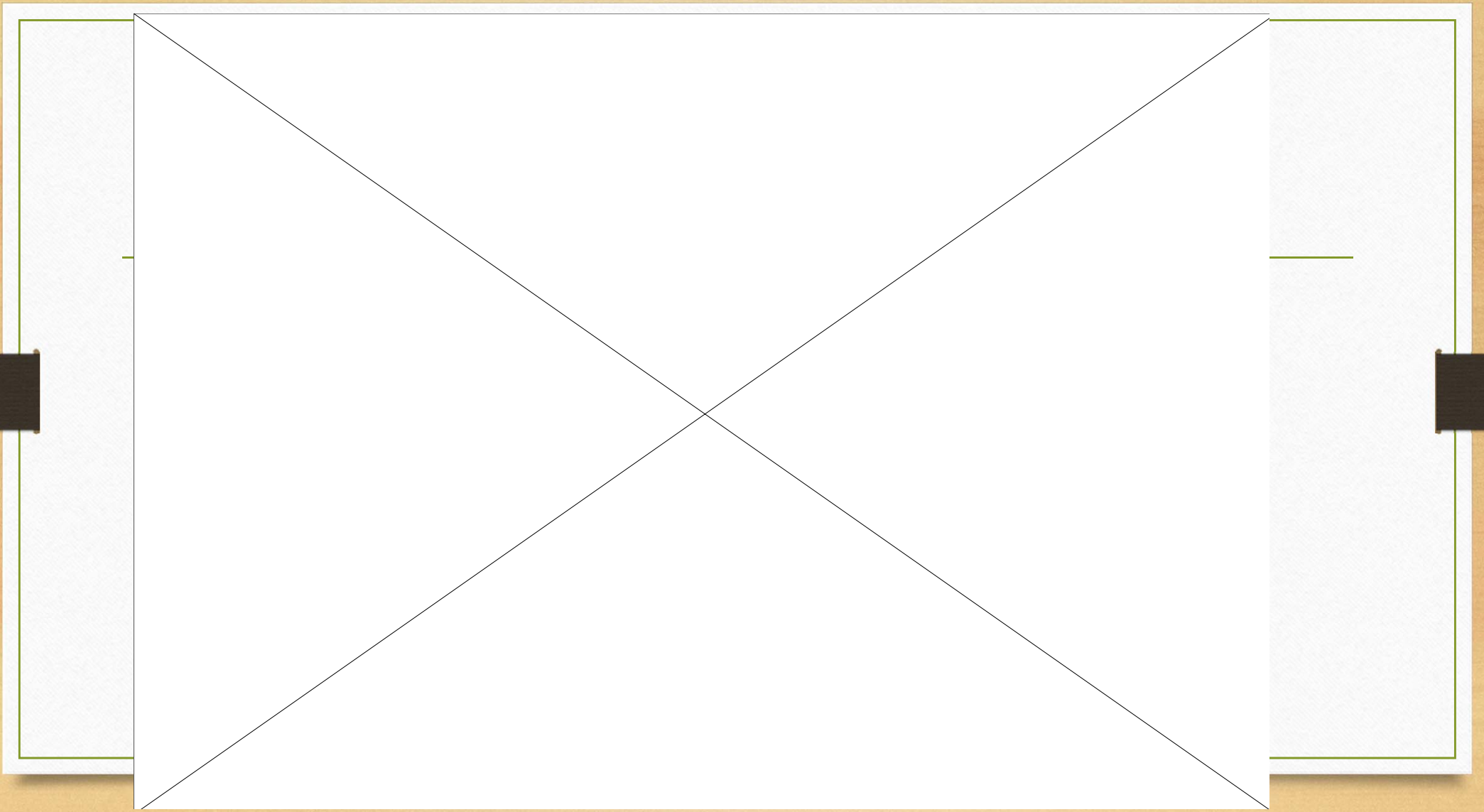
LEVEL 2

Needs substantial support
Patient's social and communication skills and repetitive behaviors are still obvious to the casual observer, even with support in place.

SEVERE AUTISM

LEVEL 3

Needs very substantial support
Patient's social and communication skills and repetitive behaviors severely impair daily life.



By 12-24 months

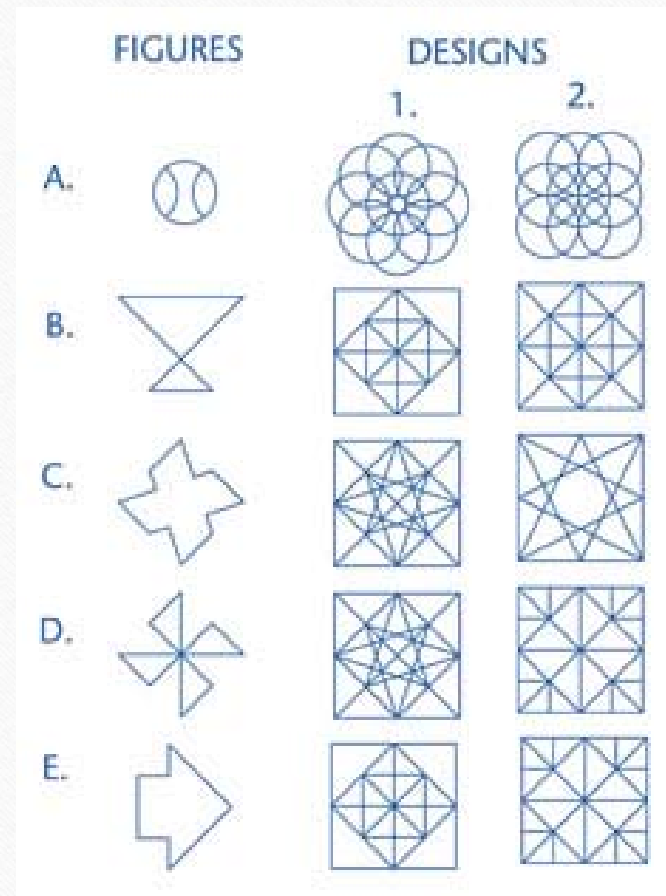
- Reduced social interest
- Lack of warm emotional joyful expressions
- Lack of sharing enjoyment or interest- pointing, gesturing, verbal turn taking
- Abnormal language development
- Lack of coordination of gaze, facial expressions, gesture and sound during expressions
- Not responding to name

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- Brain size in newborn within first few years is in overgrowth
 - Brain size later arrests in comparison to controls.

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- Pierce et al
 - 2 year olds presented them with face or geometric design.
 - >70% time at design, 100% predictability of autism
 - Clinic based not community



- Detail vs big picture
- More accurate and quicker
- Understanding systems mechanical and mathematic



Risk Factors

- A sibling with autism
- Birth defects associated with central nervous system malformation and/or dysfunction, including cerebral palsy
- Gestational age less than 35 weeks
- Parental schizophrenia-like psychosis or affective disorder
- Maternal use of sodium valproate in pregnancy
- Intellectual disability
- Neonatal encephalopathy or epileptic encephalopathy, including infantile spasms
- Chromosomal disorders such as Down's syndrome
- Genetic disorders such as fragile X, Rett Syndrome
- Muscular dystrophy
- Neurofibromatosis
- Tuberous sclerosis

Genetics

- Polygenic:
 - Heritability ~ 40-80% (family/twin studies)
 - Relative risk to sibling ~5-20x
- Small deletions or duplications
- Spontaneous de novo mutations

Assessment

- Paediatrician
- Community Paediatrician
- Child and Adolescent Mental Health Services

- Multi-disciplinary assessment

Is Autism increasing in prevalence?

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- More 'experts'
 - Deemed to be not as rare as first thought
 - Broader diagnosis
 - Child Psychiatry- 1950s
 - Move to inclusivity
 - More services
 - Rise of advocacy and disability rights 1990s
 - Decline in child mortality- can justify research into development
 - Educational environments and demands
 - Decline of psychoanalysis- blame of parents

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NEW YORK TIMES BESTSELLER

"... beautifully told, humanizing, important."
—*The New York Times Book Review*

NeuroTribes

The Legacy of **Autism**
and the Future of Neurodiversity



WINNER
of the
Samuel
Johnson
Prize

STEVE SILBERMAN

Foreword by Oliver Sacks
Copyrighted Material

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- <https://www.youtube.com/watch?v=pUaFRh5ksVY>
 - <https://www.youtube.com/watch?v=YtvP5A5OHpU&t=12s>

Hyperkinetic disorder/ADHD

- Signs before the age of 12
- Must be long-term.
- Be abnormal for the child's age or developmental stage.
- Be genuinely disruptive to the child's everyday life and wellbeing
- Occur in more than one setting

Symptoms of inattention

Often makes careless mistakes

Difficulty sustaining attention in tasks or activities

Does not seem to listen when spoken to directly

Does not follow through on instructions and fails to finish schoolwork

Difficulty organising tasks and activities

Avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort

Loses things necessary for tasks or activities

Easily distracted by extraneous stimuli

Forgetful in daily activities

Symptoms of hyperactivity and impulsivity

Fidgets with or taps hands and feet, or squirms in seat

Leaves seat in situations when remaining seated is expected

Runs and climbs in situations where it is inappropriate (in adolescents or adults, may be limited to feeling restless)

Unable to play or engage in leisure activities quietly

'On the go', acting as if 'driven by a motor'

Talks excessively

Blurts out answers before a question has been completed

Difficulty waiting their turn

Interrupts or intrudes on others

Why does it need to be diagnosed?



Social
exclusion

Oppositional defiant
disorder and Conduct
disorder

Criminal
activity

Substance
use
including
alcohol

Addictions

Depression

Poor self-
esteem

RTA

Anxiety

Worse
academic
performance

Management

- Very important to explain the diagnosis and remove the guilt (it's no one's fault)
- Education to family and school
- Parenting support
- Medication only in moderate and severe cases of ADHD

Resources

- The National Autistic Society
- Autism: An evolutionary perspective, Professor Simon Baron-Cohen, 1st Symposium of EPSIG, 2016
- <https://www.adhdfoundation.org.uk/>

Thank you
