



## PEDIATRICS

# Caring for the Child with Pervasive Developmental Disorder

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Today so many children are diagnosed with Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), and a myriad of learning disabilities, that they seem to have become part of the culture. ADD and ADHD are "buzz" words for today. With drugs like Ritalin™ being prescribed so readily to children and others like Zolof™ being manufactured in lower dosages for kids, we need to ask ourselves: "What is happening to our children?"

Many of these children have been diagnosed with PDD (Pervasive Developmental Disorder). In practical terms, PDD is considered to be a *spectrum disorder*. Those who have PDD with low level symptomatology, or symptomatology that does not fit a particular known diagnosis such as ADD, ADHD or autism, are considered to have PDD-NOS or pervasive developmental disorder which is not otherwise specified. They too lie along the PDD spectrum, but are much harder to classify. They have symptoms which can be identified, and others that overlap with the other conditions along the

spectrum. The range of conditions which fall along this spectrum range from AUTISM to ADD/ADHD (Figure 1, page 16). The autistic child is considered to be "low functioning" and the ADD/ADHD child "high functioning."

These conditions are considered to be a part of a spectrum because they have significant symptoms or behaviors in common. As we explore the various symptomatology seen in this disorder and explore how to recognize the mild aspects of some of these symptoms in a child, it is important to see this disorder in a specific context.

Let us take the case of "Nathan" as an example. Nathan was brought to my practice because his parents felt that he had "difficulties" that were becoming "unmanageable." They did not know where to turn. While Nathan's parents could not clearly identify his "problems" or "difficulties", he had been placed on Ritalin™ by the pediatrician for poorly defined "attention problems."

It was his mother's contention that something was "not quite right" with Nathan. While she wasn't sure what to

do about his problems, she wanted him taken off the Ritalin™ as he had been taking it for 5 years (Nathan was 9 years old) with no signs of improvement. She consulted the pediatrician, Nathan's teacher and the school psychologist. They too were at a loss, as Nathan's symptoms were mild, yet his quality of life was affected.

After taking a careful history of the child and prior to examining him, I discussed with the mother what type of classroom Nathan was in at school. I expected the answer to be that he was in a self-contained or resource room type of class. The mother however looked at me in a quandary. I then realized that Nathan's problems were not being addressed AT ALL in school. So while his parents recognized that he had problems, they were not yet identified in school.

During the history it was evident to me that Nathan had problems in the PDD spectrum. The table on page 16 gives the mother's answers to my questions posed to her about her son, along with the PDD manifestation they represent.

Even without a physical examination, the parental interview showed that the child potentially had a PDD spectrum disorder.

Upon physical examination, Nathan exhibited poor coordination, inability to determine right from left, difficulty in tying his shoes laces, and poor upper body strength. He had very low muscle tone and poor motor skills. While his reflexes were normal, his strength and stamina even from running in one spot for a few minutes demonstrated that he also had physiological difficulties.

Nathan had never been referred to a neurologist nor had he ever had a psy-

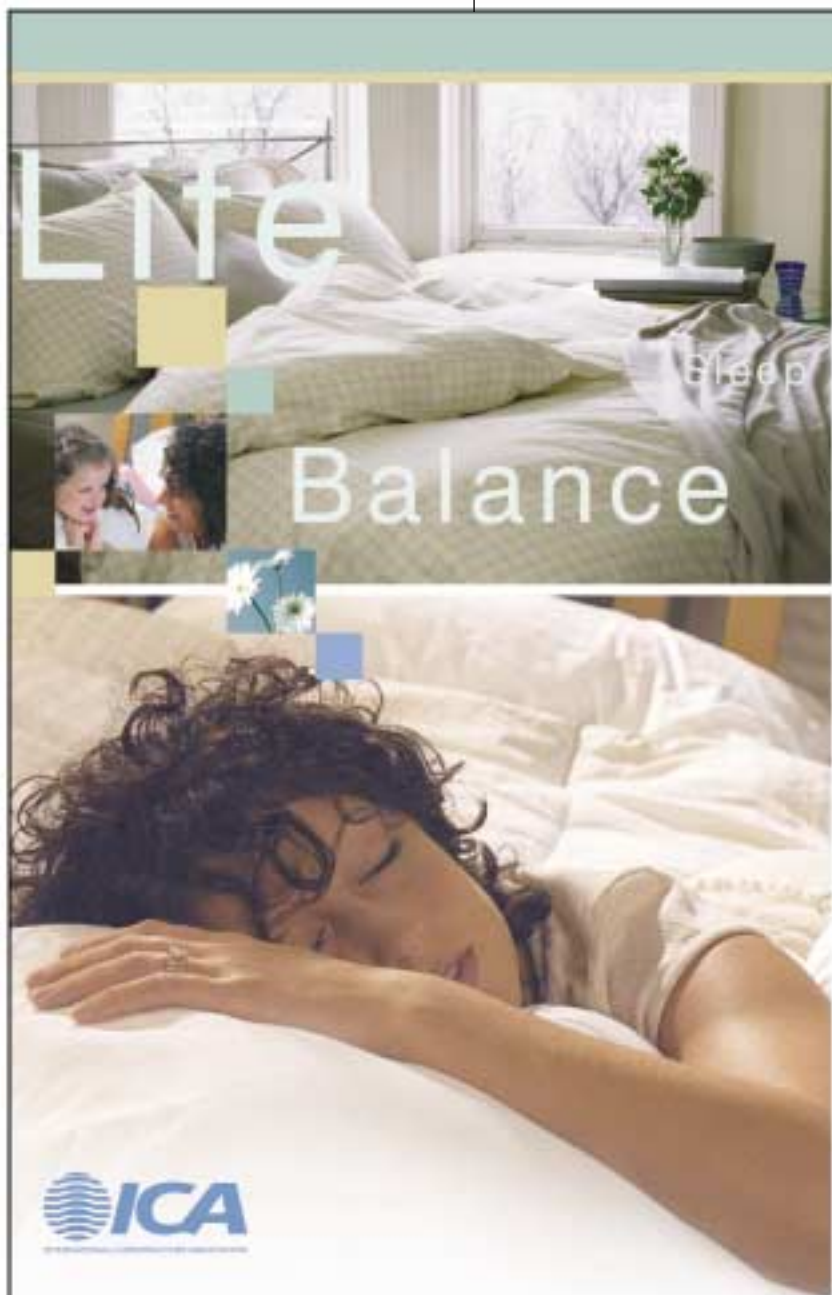
chological or occupational therapy evaluation. He had never been identified by any professional, including his teacher in school to have a problem worthy of further examination.

From a sociological point of view, the medical community as well as the educational system appeared to have failed Nathan on some level. I'm sure that it is a complex set of circumstances where-by a child is allowed to fall through the cracks of the system. Nathan is a handsome, likable child who seldom gets into trouble either at school or at home. Perhaps if he had manifested behaviors which were considered oppositional or defiant, his condition would have been diagnosed earlier.

There continues to be much speculation and conjecture as to why there appears to be so many more children with developmental problems than there were 10, 20 or 30 years ago. Skeptics say that this is due to better reporting mechanisms and better identification tools. This of course appears not to be the case, for identification of developmental delays is done in the realms of behavior analysis and psychometric testing as well as speech, motor, and physical examination. These skeptics generally refute the notion that the environment that we live in has an effect on our physical and mental health.

Some experts argue that the physical environment we live in contains many toxins which help to "poison" the body, while others argue that technological advances such as those in prenatal care affect the child. Everything from ultrasound to epidural anesthesia have been blamed in the process. If we add to this the vaccination issue and the overuse of antibiotics, we have a multi-factorial scenario.

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