Disability Awareness Begins With You

Pervasive Developmental Disorder (PDD)

Q. What is Pervasive Developmental Disorder?

A. The term Pervasive Developmental disorder was first used in the 1980s to describe a class of disorders. Pervasive refers to the multiple areas in which Developmental acquisitions (that is, cognitive, language, motor and social skills) appear as Disorders—impairments which, in contrast to delays, are not normal for any stage of child development. PDD does not refer, as is sometimes supposed, to a milder form of "autistic-like behavior. It is an overarching categorical term which, in the Diagnostic Statistical Manual of Mental Disorders (DSM), includes the five following subclasses:

1) **Autistic Disorder**, a diagnosis emphasizing impairment in verbal communication and social interaction and depends on the presence of at least 8 of 16 criteria.

2) **Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS),** the diagnostic option where social and verbal impairment is still present, but fewer than 8 areas of behavior abnormality are noted.

3) **Rhett's Disorder**, where there is apparently normal development for the first 6-18 months of life but then the child loses hand skills, social and motor skills and has severe language impairment.

4) **Childhood Disintegrative Disorder** has clearly apparent regression of multiple areas of function such as ability to move, bladder and bowel control and social and language skills. This appears after at least 2 years of apparently normal development and decline begins prior to the age of 10.

5) **Asperger's Disorder**, a developmental disorder characterized by lack of social skills, difficulty with social relationships, poor coordination and poor concentration and a restricted range of interests, yet the individual has normal intelligence and adequate language skills in the area of vocabulary and grammar. Although similar to Autistic Disorder, the onset begins or is recognized later than Autistic Disorder. Because of similarities between them, it is sometimes incorrectly referred to as "high functioning autism".

Q. Why can one doctor diagnose my child with Autistic Disorder and another say it is PDDNOS?

A. The intent behind the DSM-IV is that the diagnostic criteria not be used as a checklist but, rather, as guidelines for diagnosing pervasive developmental disorders. There are no clearly established guidelines for measuring the severity of a person's symptoms. Therefore the line between autism and PDDNOS is blurry. There is still disagreement among professionals concerning the PDDNOS label. Some professionals consider Autistic Disorder appropriate only for those who show extreme symptoms in every one of several developmental areas related to autism. Other professionals are more comfortable with the term Autistic Disorder and use it to cover a broad range of symptoms connected with language and social dysfunction. Despite the DSM-IV concept of Autistic Disorder and PDDNOS being two distinct types of PDD, there is evidence suggesting that Autistic Disorder and PDDNOS are on a continuum (I.e., an individual with Autistic Disorder can improve and be rediagnosed as PDDNOS, or a young child can develop more autistic features, and be rediagnosed as having Autistic Disorder). To add to the list of labels the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* uses the term Multisystem Developmental Disorder (MSDD). Regardless of whether the child's label is autism, PDDNOS or MSDD, his or her treatment is similar.

Q. What causes PDD?

A. PDD is caused by a neurological abnormality-- problems with the nervous system. However, no specific cause or causes have been identified. While studies have found various nervous-system problems, no single problem has been consistently found, and exact causes are far from clear. This may be due to the current approach of defining PDD based on behaviors (as opposed to, say, genetic testing). Hence, it is possible that PDD is the result of several different conditions. If this is the case, it is anticipated that future studies will identify a range of causes.

Q. What treatments exist for PDD?

A. The treatment of PDDs in children focuses on educational and behavioral therapies. Even very young children can benefit from language therapy and behavior modification programs designed for children with social and communication problems. Special teachers and classrooms can help older children improve their academic level and behavior. Medical treatment centers around medication. Sometimes mood- or behavior-altering drugs can control behaviors that may cause self-injury or greatly interfere with school or social ability. These medicines must be prescribed by a doctor experienced with their use in children with PDD. No medication has been found, however, that will eliminate the symptoms. Parents of children with PDD often become aware of new or alternative treatments through friends or the media. Since the specific cause or causes of PDDs are not yet known, it is best to consult your doctor to help you decide if these treatments could help or harm your child.

Q. What can we expect in the future for a child with PDD?

A. It is impossible to make precise, long-range predictions for individual PDD children. It is likely that all children who display PDD characteristics will need special education. Some of these children will be mainstreamed to some degree, especially in the higher grades. Successful independent living as an adult mostly depends on how well they develop their social skills and what, if any, degree of mental retardation may be present.

For more information contact the National Information Center for Children and Youth with Disabilities (NICHCY).