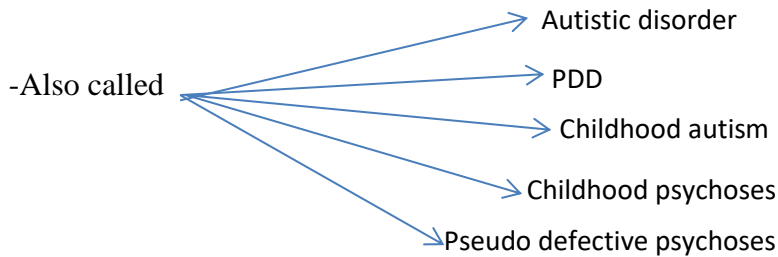


Pervasive Development Disorder (PDD) :-

-Infantile autism was described for the first time by (Leo Kanner 1943)



-Male : female = (3-4)/(1)

-Age of onset typical at age $2\frac{1}{2}$ year, although some case occur earlier (childhood autism)

-Clinical Features :-

-The characteristic features are :-

1-Impairment in reciprocal social and interpersonal interaction

- Absent of social smile
- Lack eye to eye contact
- Lack of awareness of existence of other deal with people as Furniture
- Lack of attachment of parent
- Absence of separation anxiety of parent
- No, social playing (loneless) and prefer solitary game
- Inability to make friend
- Lack of imitative behavior
- Absent of fear of risk

2-Marked impairment of language and non-verbal communication

I-Lack of verbal and social response

II-Lack of communication sound like babbling

III-Delayed speech (half of autistic child has delayed speech)

IV-Echolalia, preservation, poor articulation and prominent reversal (I-you) is common

V-Role of memory is good

VI-Impaired abstracted thinking

3-Abnormal behaviors

I-Mannerism

II-Stereotype behavior :- head banging, body spinning, hand flicking, lining-up, clapping, twirling

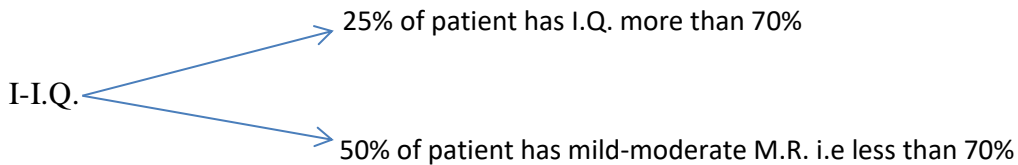
III-Ritualistic and compulsive behaviors

IV-Resistant to slight changes in environment

V-Attach to inanimate object

VI-Hyper kinetic is common

4-Mental Retardation



5- Other features of autism

I-Many interested in music

II-(Idiot Savant) syndrome → for example splinter function having prodigious memory on calculating ability (Single Skill)

III-Epilepsy is common in children I.Q. less than 50%

Course of autism :-

- Chronic course → is usual
- 1-2% → become near normal in socio-occupational function
- 70% (large majority) → go into dependent life

Aetiology :-

- Refrigerator mother :- causing autism
- Perinatal insult of CNS → evidences

Treatment of autism :-

It consist three modes :

1-Behavioral therapy :- consist

- Regular routine with slight change as possible
- Structure room training, for learning of new material
- Positive reinforcement to teach self-care skills
- Speech therapy and sign language teaching
- Increase (interpersonal) interaction

2-Psychotherapy :-

- Parental counseling
- Supportive psychotherapy to reduce anxiety, guilt

3-Pharmacotherapy of autism :-

I-Haloperidol decrease dopamine level in brain. It is believed that it decreases hyperactivity

II-Risperdal and atypical antipsychotic is licensed in some countries for child at age of 5 years both drugs cause extra pyramidal symptom (EPS). starting dose of risperidone is 0.25-0.5 mg

III-Other drugs SSRI, chlorpromazine, amphetamine, methylsergide, imipramine, multivitamin, triiodothyronine T3

IV-Anti-convulsant, use for treatment of generalized epilepsy.

Other Pervasive Developmental disorder

1-Childhood psychoses :-

It includes all psychotic illness of childhood best called

- Schizophrenia, mood disorder, organic disorder, have relatively similar to adulthood.
- Sometime childhood schizophrenia mistaken with childhood

-The important differentiating points :-

1-Delusion formal thought disorder and hallucination may be present in childhood-onset but they are absent in childhood autism

2-Typical age of symptoms is before $2\frac{1}{2}$ year in infantile autism. While it is after 5-6 year in childhood onset of schizophrenia.

3-Moderate to severe mental retardation and epilepsy, are common in autism .while they are rare in childhood schizophrenia.

-Heller's syndrome or disintegrative psychoses

- Age of onset 3-5 year
- Rapid downhill course
- (rag-bag) category contains diverse organic brain syndrome are varying categories
- Lipoid degenerative ganglia in CIVS
- Poor prognoses

Asperger's syndrome :- is characterized by

- Delayed language and cognitive development (inched) I.Q.
- More in male, male : female = 8:1

Rett's syndrome:-

- It affects girls only
- It occurs after normal development of head circumference at birth and deceleration of head growth at 5-3 months
- Stereotyped movement of head (e.g. hand-wringing)
- Mental retardation

Attention Deficit Disorder Hyperactivity Disorder (ADHD) :-

-It occurs in about 3% of school age

-Male : female = $\frac{8-6}{1}$

-Usually it starts at age of before 7 years and large majority occur at age 4th year

Attention Deficit Disorder (ADD) has four clinical types

1-Poor attention span with distraction

I-Fail to finish things started

II-Shift from one uncompleted activity to other

III-Doesn't seem to listen

IV-Easily distracted by external stimuli

V-Often loses things

-Hyperactivity

I-Fidgety

II-Difficult in sitting still at one place for long time

III-Talks excessively

IV-Moving about here and there

V-Interference with other activity

-Impulsivity :

I-Act before thinking

II-Difficulty in waiting

2-Attention deficit disorder without hyperactivity .

I-It is rare with similar clinical features. Except hyperactivity

3-Residual type :- it is usual diagnosis in patient with adulthood, with past history of ADD and presence of fear residual features in adult life

4-Hyperkinetic disorder with conduct disorder

Diagnosis of ADD :-

I-Teacher school report (most reliable)

II-Parent report

III-Clinical examination

IV-Comorbidity with mental retardation

Aetiology :-

-Minimal brain damage

-Genetic factor

-Neurotransmitters (norepinephrine and dopamine)

-Psychosocial factor

Course of ADD :-

-(80%) of patient improve by their self in puppetry

-(15-20%) may have persistent symptom

-While hyperactivity start to resolve in adulthood

Treatment of ADD :-

-Pharmacotherapy :

1-CNS stimulate like (Dextro-amphatamin (2.5-20 mg/d))

-Methylphenidate (50-60mg/d) usually used it is a drug of choice and ADD, it is available in sustained release which is preferable.

Both dexamphetamine and methylphenidate act on reticulo-endothelial. System (RES) with decrease inhibition of cerebral cortex

2-Clonidine, tricyclic, venlafaxine, chlorpromazine, thioridazine

3-Atomoxetine (Strattera) is (Norepinephrine-re-uptake inhibitor), is alternative for (CNS stimulant non responsive patient)

Behavioral therapy :-

-Counseling and supportive psychotherapy :-

Very successful treatment of ADD and can be used along with drug