

## List of Disorders

### Intellectual disability

- Intellectual Development Disorder
- Global Development Delay (kids < 5)
- Down syndrome
- Williams syndrome
- Fragile X syndrome
- Prader-Willi syndrome
- Angelman syndrome
- Fetal Alcohol Spectrum Disorder (FASD)

### Autism spectrum disorder

### Communication disorder

- Language disorder
- Speech-sound disorder
- Childhood-Onset Fluency disorder
- Social (pragmatic) communication disorder

### Specific learning disorder with impairment in:

- Reading
- Mathematics

### ADHD

- ADHD, predominately Hyperactive-Impulsive Type (ADHD-HI)
- ADHD, predominately Inattentive Type (ADHD-PI)
- ADHD combined type (ADHD-C)

### Conduct disorder (CD)

- Childhood Onset type / Life-course persistent
  - Develops adult antisocial personality disorder
- Adolescent limited

### Oppositional Defiant Disorder (ODD)

### Depressive disorders

- Major depressive disorder (MDD)
- Persistent Depressive Disorder (Dysthymia) (P-DD)
- Late Life depression [Geriatric Depression Scale GDS]

### Anxiety disorders

- Separation anxiety (SAD)
- Selective mutism
- Generalised anxiety (GAD)
- Specific phobias
- Social phobia (SOC)

# Intellectual Disability (ID)

Developmental disability that can arise from various causes and involving significant impairment in:

- General intelligence **and**
- Deficits in adaptive behaviour

## TERMS

- Intellectual Disability (primary term in DSM5)
- Intellectual Development Disorder (alternative label in DSM5)
- Mental Retardation (DSM4)
- Global Development Delay (DSM5, children < 5)

## DSM5 CRITERIA

| Intellectual deficits  | Deficits in adaptive functioning   | Onset                                       |
|--|--|---|
| such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning and learning from experience | <i>How effectively someone copes with ordinary life demands and is capable of living independently.</i><br>Deficits result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. | during the developmental period (before 18) |
| confirmed by both clinical assessment and individualised standardized intelligence testing                                 | Without ongoing support, the deficits limit functioning in one or more activities of daily life across multiple environments   |   |

**Specifiers:** *convey the severity of deficit for each of the domains:*

- \* *Conceptual* (difficulties in learning academic skills)
- \* *Social* (social behaviour and communication)
- \* *Practical* (daily tasks)

## TESTING

**IQ tests:**

- WPPSI (Wechsler Preschool and Primary Scale of Intelligence)
- WISC-IV (Wechsler Intelligence Scale for Children)
- WAIS-IV (Wechsler Adult Intelligence Scale)
- If little language: Leiter International Performance Scale (Leiter-R) (nonverbal test)

-SD = 15

- 68% score within 1SD

- 96% score within 2SD

- 2% score 2 SD below the means (range for considering intellectual disability)

# Fronto-temporal Dementias FTD

| <u>Info</u>   | <u>Symptoms</u>  | <u>Neurobiological changes</u>  |
|---|--|---|
| <ul style="list-style-type: none"> <li>• No evidence for environment or psychosocial influence</li> <li>• High heritability</li> <li>• May have mutation on tau gene (chromosome 17)</li> </ul> | <ul style="list-style-type: none"> <li>✓ Frontal = <b>Behavioural mood and personality changes</b> (rude, impulsive, sexual, poor insight, later apathy...)</li> <li>✓ Temporal = <b>Speech and language impairments</b> (reduced production, retrieving names of things, mutism and echolalia later)</li> </ul> | <ul style="list-style-type: none"> <li>✓ NO amyloid plaques</li> <li>✓ Possible neurofibrillary tangles</li> <li>✓ <b>Pick's disease</b> subtype: Pick cells and bodies</li> <li>✓ May have focal atrophy and decreased activity in <b>frontal</b> and <b>temporal</b> lobes</li> </ul> |

## Treatment:

- No specific treatments have been validated
- Use similar approaches as in AD
- If aggression and agitation – use antipsychotics or mood stabilizing meds (for bipolar and schizophrenia)
- Cholinesterase inhibitors may work

## AD vs. FTD

