

Case Study: ADHD vs ASD vs ADHD and ASD

MP, 5 year old girl

Parents' Concerns: Parents have been concerned about possible autism due to her history of delayed speech and language skills. They also had concerns about poor focusing, short attention span, poor sleep, and difficulty listening.

Developmental and Behavioral History:

Family's first developmental and behavioral concerns were before 3 years of age. She had always been behind in speech and language milestones. She had a history of echolalia and other atypical use of language. Her Dad commented that at times her words were all jumbled and it was hard for the family to decipher what she was trying to say. She also had always been very active.

She started ECSE services at 3 years of age including Speech therapy. She has shown a good deal of speech and language progress over the last year and now speaks in phrases and short sentences. She began Kindergarten this September; however, the first day went poorly with MP showing a good deal of inattention and impulsive and oppositional behavior.

Parents report she has no idea of personal boundaries. She would walk away with anyone. In the park, she would go over to other children, may try to take over by pulling a child's arm and saying "let's do (this)." If approached by another child, she may respond with a jumble of words and follow; however, the interaction would likely break down quickly and she would go off on her own.

Questionnaires:

The parent-completed Ages and Stages Questionnaire (54 month ASQ completed at 55 months of age) was failure in all areas. The parent-completed Child Behavior Checklist (CBCL) was borderline or elevated in all categories and clinical domains. The T score for Attention was 77 and 97th percentile. The teacher-completed CBCL was markedly elevated in attention (T score 90 and >97th percentile) and borderline in emotionally reactive, withdrawal and aggression categories, and elevated in the clinical domains of Pervasive Developmental Disorder and ADHD and borderline in Oppositional Defiant Disorder.

Perinatal History:

She was the 6# product of a term gestation. No gestational complications. At delivery MP had a small lump on her head due to the apparent accidental injection by a para-cervical needle/block. She had no apparent symptom and was discharged home the next day doing well.

Past Medical History:

A couple of ER visits for high fever associated with inter-current illnesses, no overnight hospitalizations. She does have a history of recurrent ear infections with most recent episode this past winter.

Review of Systems:

MP has a selective diet with few vegetables and fruits and limited protein choices. She was successful with toilet training only this summer. She has a history of minor constipation but no other GI problems. She resists bedtime and has prolonged sleep latency and occasional brief night-time awakenings.

Physical Exam:

MP has minor synophrys and a long philtrum with no other minor anomalies. She has a mild increase in passive range of motion at large joints with mild flexible flat feet. The remainder of the general physical exam is unremarkable. There are no significant findings on neuro-motor exam. She demonstrated 4+ distractibility and impulsivity during the interview and the exam.