

Title: What is Known about the Dual Diagnosis of ASD and Down Syndrome?

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Abstract

The poster will provide an overview of what is known about the dual diagnosis of Autism Spectrum Disorder and Down Syndrome. Two common ways DS-ASD present will be separated into two groups. Identifiable brain differences that distinguish children with DS-ASD from those diagnosed with DS alone will be stated. The importance, obstacles, how to keep individuals with DS-ASD from falling through the cracks will be discussed.

Prevalence of ASD in individuals with DS

- 5-15% more common in individuals with Down Syndrome than typical population
- The percent is variable due to lack of documentation and developed from an average of the current research available
- 25% of those with Down Syndrome present with autism symptoms, but not with the severity or frequency needed to diagnose it

Can we distinguish differences in the brain?

Study of 25 children with DS-ASD

- Revealed differences (not defined) in appearance of corpus callosum and cerebellum between a child with Down syndrome and a child with the dual diagnosis of DS-ASD
- Copious comparative studies exist between normal individuals and those with ASD reveal various sites of the brain linked to severity of stereotyped behaviors.

What are two ways individuals with DS-ASD typically present?

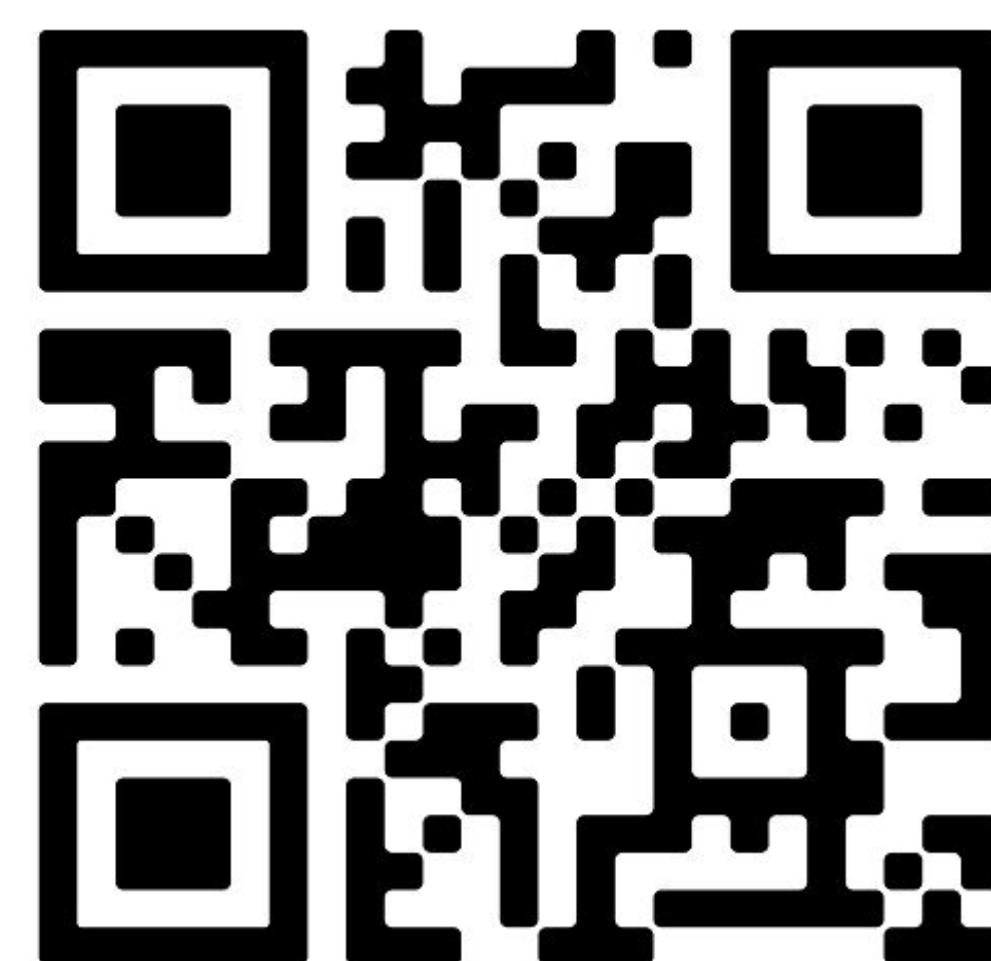
Individuals can often present with “atypical” behaviors early (infancy, toddler)

- Repetitive motor behaviors
- Restricted preferences with food and extreme refusal
- Absent or highly repetitive spoken language
- Poor receptive language skills

Other individuals can follow a “typical” course of early development

- Older in age when symptoms begin to manifest
- Experience a plateau or significant loss in acquisition and use of language and social-attending skills
 - ⇒ Regression typically between the ages of 3 to 7
- Plateau followed by irritability and anxiety
 - ⇒ New repetitive behaviors may develop
- History of developmental regression more likely to occur in individuals with DS-ASD (language and social skills)

Acknowledgements



Why is it important to diagnose DS-ASD?

- Provides access to funding for therapy services, crucial opportunity to intense early intervention –
- May be responsive to medicine or behavioral treatment
- Relief, validation, decreased self-blame, and comparison to others in DS community for families
- Can lead to altering the environment to meet the child’s needs
- Tailored treatment and support

What are obstacles in the DS-ASD Diagnostics?

- Parents - Failure of recognition or acceptance of diagnosis
- Professionals - lack of recognition, dismiss concerns, diagnostic overshadowing
- Avoid over diagnosing by obtaining comprehensive medical history to rule out reasons for the contributing behaviors and acknowledge ADHD, OCD, and depression as common conditions that co-occur
- Problem: lack of acceptance by professionals that Down Syndrome and ASD co-occur

How do we keep those with the dual diagnosis from falling through the cracks?

- Routine screening of patients with DS for ASD at 18-30 months
- Provide resources to parents and other professionals
- Advocate for early intervention