Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)

Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) is a developmental disorder of the brain. It is a lifelong disability. Sometimes it is called *atypical autism*. It shares many of the symptoms as autism but tends to be milder.

CAUSES

Current research shows that the cause of PDD-NOS may be due to genetic and environmental factors. The problem may be in:

- The brain's structure
- The way the brain functions.
- The brain's structure *and* the way it functions.

PDD-NOS may run in families.

SYMPTOMS

There can be many different symptoms of PDD-NOS. The most common are:

- Lack of responsiveness to other people. The child may appear deaf even though their hearing is fine.
- Problems relating to other people's feelings.
- Obsessive interest in an object or a part of a toy.
- Little or no eye contact.
- Repetitive behaviors, such as rocking or hand flapping.
- Self abusive behavior, like head banging or scratching the skin.
- Odd speech patterns.
- Absent speech
- Delayed speech
- Constant talk about a narrow subject.
- Little regard to the conversation others are having.
- Poor social skills and unusual behavior that makes conversations and interactions difficult.
- Delayed motor (*movement*) skills like walking, pedaling a bike, etc.
- Reduced pain sensitivity
- Sensitive to sound or touch. They may not like to be touched or hugged.

Symptoms can differ in severity. Symptoms in many children improve with treatment or with age. Some people with PDD-NOS eventually lead normal or near-normal lives. Adolescence can worsen behavior problems in some children. Teenagers with PDD-NOS may become depressed. Some children develop convulsions (*seizures*). People with PDD-NOS have normal life spans.

DIAGNOSIS

The diagnosis of PDD-NOS is often a two stage process. The **first** stage may occur during a check up. Caregivers look for several signs, in addition to the symptoms mentioned above. These signs may be:

- Problems making friends.
- No or little imaginative or social play.
- Repetitive or unusual use of language.
- Resistance to change.
- Laughing or crying for no apparent reason.
- Tantrums.

- Preference to being alone.
- A lack of interest in peers or others in the same room.
- Difficulty starting or maintaining conversations.

The **second** stage may include testing by a team of experts in PDD-NOS.

TREATMENT

There is no one single best treatment for PDD-NOS. There is no cure. The most effective programs combine early and intensive treatments that are geared to the specific needs of the child. Treatment should be ongoing and re-evaluated regularly. Treatment is a combination of:

- Teaching children to interact better with others, especially other children.
- Behavioral therapy - for behavioral or emotional problems. This can also help to cut back on obsessive interests and repetitive routines.
- Medication - no current medication exists for the treatment of PDD-NOS. Medicines may be used to treat depression and anxiety. These can develop with PDD-NOS. Medicine may also be used for behavior or hyperactivity problems. Seizures can be treated with medicine.
- Helping children with poor coordination and other issues.
- Helping children with their speech or conversations.
- Creating plans for the best educational opportunities for the child.
- Helping children with their over sensitivity to touch and other sensation.
- Teaching parents how to manage behavior issues.
- Helping children's families deal with the stresses of having a child with PDD-NOS.

With treatment, most children with PDD-NOS and their families learn to cope with the symptoms of the problem. Social and personal relationships can continue to be challenging. Many adults with PDD-NOS carry normal jobs. They may struggle to live on their own without ongoing family or group support.

HOME CARE INSTRUCTIONS

- Home treatments are usually directed by the healthcare provider or the team of providers treating the child.
- Parents need support to help deal with children with PDD-NOS. It helps to lean on family and friends or support groups.
- Parents may need to teach their children how to use eye contact. Parents may need to teach their children to respect people's personal space.
- Physical activities often help with clumsiness and poor coordination.
- Children with PDD-NOS respond well to routines for doing everyday things. Doing things like cooking, eating, cleaning at the same time each day works best.
- Parents, teachers and school counselors should meet often to make sure that they use the same approaches to the child. Meeting often helps to closely watch for problems and school progress.
- When older children and teenagers with PDD-NOS realize that they are different, they may become sad or upset. Support from parents helps. Counseling may be needed. If other issues like depression or anxiety develop, medications may be needed.

SEEK MEDICAL CARE IF:

- Your child has new symptoms that worry you.
- Your child has reactions to medicines prescribed.
- Your child has convulsions. Look for
  - Jerking and twitching.
  - Sudden falls for no reason.
  - Lack of response.
  - Dazed behavior for brief periods.
  - Staring.
  - Rapid blinking.
  - Unusual sleepiness.

- Irritability when waking.
- Your older child is depressed – unusual sadness, decreased appetite, weight loss, lack of interest in things that are normally enjoyed, or poor sleep.
- Your older child has signs of anxiety - excessive worry, restlessness, irritability, trembling, or difficulty with sleep.

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