

Neurodevelopmental Disabilities: Differential diagnosis, Comorbidity and their relevance to treatment

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“We think in generalities but live in details.” said Alfred North Whitehead, a British mathematician, logician and philosopher. This idea certainly rings true for those who care for children with developmental disabilities. In the last decade the term ‘comorbidity’ has gained popularity in the field of pediatric neurodisability, with the increasing recognition that many conditions are rarely present in isolation.

Within this field, the term is often used to refer to the co-occurrence of conditions more frequently than would be expected by chance, which can include instances where one condition causes the other, where they share a common cause (for example, genetic), or where they are in fact manifestations of a single condition. Whether it is valid to use the term ‘comorbidity’ in all these situations, and how precisely it should be used, remains a scientific challenge.

Yet a good clinical assessment must not solely focus on recognizing the core symptoms of a disorder but should evaluate for associated problems as well. Management may be affected in treating co-occurring conditions because of challenges in diagnosis, increased complexity of pharmacologic treatment, and implications for long-term outcomes.

The lecture will follow Christopher Gillberg's ESSENCE concept, and focus on attention-deficit/hyperactivity disorder, oppositional defiant disorder, tic disorder, developmental coordination disorder, and autism spectrum disorder, as well as on intellectual disabilities, emphasizing the clinical aspects of identifying and prioritizing treatment of these conditions.