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**IS YOUR CHILD'S LEARNING DISABILITY THE ONLY PROBLEM?
You Should Know About Other Related Disorders**

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You know that you or your child has *Learning Disabilities* (LD). You need to know that about 50 percent of people with LD will also have one or more related disorders. There is a "continuum of neurologically-based disorders" that are frequently found together. It is important that all problems be recognized so that all can be addressed.

These related problems might include:

- ▶ Cortically-based Problems
- ▶ Attention-Deficit/Hyperactivity Disorder
- ▶ Regulation of Emotion Problems
- ▶ Tic Disorders
- ▶ Bipolar Disorders

Cortically-based Problems. Many people with LD will also have a *Language Disability*. He or she will have difficulty quickly processing what is heard, often not being able

to keep up. Others may have no difficulty speaking when he or she initiates the conversation, but have significant difficulty finding the right words and organizing thoughts when asked to respond to a question or comment. Thus, language disabilities might include receptive and/or expressive language problems.

Another cortically-based problem relates to a *Motor Coordination Disorder* (Sensory Integration Disorder). One might have difficulty coordinating teams of small muscles (fine motor skills), resulting in poor handwriting and possibly in difficult with buttoning, zipping, or tying. Others might have problems coordinating teams of large muscles (gross motor skills), resulting in being clumsy and running with poor coordination. Some might have difficulty coordinating eye-hand activities or knowing where they are in space, bumping into things. Another aspect of motor problems might relate to balance, resulting in difficulty riding a bike or quickly going down stairs. Finally, some with motor problems might be very sensitive to touch.

Finally, some with LD might have problems with higher level tasks such as *organization and executive function*. He or she will have problems organizing materials, losing, forgetting, or misplacing things. Or, the problems might relate to organizing ideas when speaking or when writing. Executive function problems relate to analyzing tasks, deciding how to address these tasks, and carrying them out in a timely way.

Attention-Deficit/Hyperactivity Disorder (ADHD). About 50 percent of individuals with LD will also have ADHD. This problem is characterized by a chronic and pervasive history of hyperactivity, inattention, and/or impulsivity. The inattention might relate to being distracted by what is seen, heard, or thought or might relate to being disorganized and having problems with executive function.

Regulation of Emotions Problems. It is not uncommon for adults or children with LD to struggle with anxiety, depression, or anger control as a result of the frustrations and failures experienced. These emotional problems usually start at a certain time and relate to specific circumstances/stresses and are thought of as secondary emotional problems.

But, for 50 percent or more of individuals with LD, the problems with regulating their emotions are not situation, they are neurologically-based. These problems have a chronic history, often beginning in early childhood, and are pervasive, occurring at home, in school, with friends, and during any month. Often, there is a family history of similar problems.

Anxiety Disorders. These might be related to specific themes such as separation, social interactions, performance, specific objects, or specific places. Or, the anxiety disorder might be generalized to most aspects of life. If the level of anxiety becomes too great, the child or adult will experience a panic attack with an increased heart rate, breathing rate, sweating and feelings of apprehension.

Depression. Behaviors suggesting depression might include feeling depressed, an irritable mood, decreased interest or loss of pleasure in many activities, sleep disturbances, decreased ability to concentrate, indecisiveness, agitation, slowness of thinking, fatigue, feelings of worthlessness and, inappropriate anger. Suicidal thoughts or thoughts of death might occur.

Anger Control. This problem, also called Intermittent Explosive Disorder, results in angry outburst that go beyond the typical tantrum. They are real "melt downs." The child or adult will quickly lose his/her temper, often so fast that it is not clear what set it off. This rage will last for five to ten minutes or up to an hour. During this rage, he or she will be screaming, cursing, hitting, throwing, threatening. These behaviors appear to be irrational and the person

cannot be reasoned with. This episode ends almost as quickly as it begins. Once over, the person may feel sorry for what was done and have difficulty explaining the behaviors.

Obsessive-Compulsive Disorder. These problems often begin in early childhood. Some might also have difficulty with obsessive thoughts others might have the need to do compulsive behaviors. Common compulsive problems might include the need to count or repeat behaviors, the need to check what was done over and over, the need to collect or hoard objects, the need to arrange and organize things, the need to clean and wash, or the need to bite nails or cuticles, pick at sores, or twirl/pull out hair.

Tic Disorders. Some children and adults may have difficulty regulating certain motor functions. They experience contractions of clusters of muscles causing motor tics. Others may experience the need to say certain sounds or words, called oral tics. These tics may come and go and change in form. If both motor and vocal tics are present, the problem is often called Tourettes Disorder.

Bipolar Disorder. The primary behavioral pattern relates to mood swings. These swings might be from depression to a state of super happy, referred to as manic behavior. The mind is racing and full of thoughts. It is difficult to stop talking or acting or to relax. Behavior is driven and may appear to be inappropriate. Another mood swing is from calm to irritability or rage. As with the other related disorders, these behaviors show a chronic and pervasive history and there is often a family history.

RELATED NEUROLOGICALLY-BASED DISORDERS

Cortically-based Disorders

- Learning Disabilities
- Language Disabilities
- Motor Coordination Disorder
- Organization/Executive Function Disorders

Attention-Deficit/Hyperactivity Disorder

Regulatory Disorders

- Anxiety Disorders
- Depression
- Anger Control Problems
- Obsessive-Compulsive Disorder

Tic Disorders

Bipolar Disorder

What to do?

If you or your child has a LD and you suspect other cortical problems, such as a Language Disability, Motor Coordination Disorder, or problems with organization and executive function, request that these problems be considered and appropriate evaluations be done. Should they be confirmed, special interventions will be needed.

If ADHD is suspected, discuss this possibility with the family physician. He or she should be able to diagnose and treat this disorder. If not, a referral to a general psychiatrist or a child and adolescent psychiatrist may be needed.

If any of the emotional regulatory problems or Bipolar Disorder is suspected, seek a consultation with a general psychiatrist (for adults) or a child and adolescent psychiatrist (for children and adolescents) to clarify the diagnosis and to recommend treatment.

What not to do? Think that LD stands alone. Consider all of the possible related disorders. If you suspect one or more might be present, seek a professional to confirm the diagnosis and to help with planning necessary interventions.