FIRST COUSINS & CO-MORBIDITY

Many neuro-biological/developmental conditions have been delineated, each being recognized as a specific condition. While often the conditions are characterized as either “behavioral” or “emotional,” the reality is that these conditions are both behavioral and emotional. The most common of these child & adolescent conditions are: Attention Deficit Hyperactivity Disorder (ADHD) and its three subtypes (Inattentive, Hyperactive-Impulsive and Combined), Bi-Polar Disorder (and its many subtypes as well as one specifically for young people called Early Onset or Juvenile Bi-Polar Disorder), Obsessive Compulsive Disorder (OCD), Oppositional Defiant Disorder (ODD), Intermittent Explosive Disorder (IED) and Tourette Syndrome (TS). Added to that are various forms of depression and anxiety states. And, to further complicate the picture, there are challenges such as learning disabilities, information processing disorders and sensory integration issues, all well known to special educational personnel. While most of these conditions can be discerned separately, the reality is such, however, that there is significant overlap among these "first cousins,” meaning that there is a close, familial relationship among them.

A primary diagnosis is necessary for medical treatment; it provides a direction. Unfortunately, these disorders tend, more often than not, to congregate. Accordingly, someone with a single condition is rare if such a situation actually appears at all. It's safe to assume that if you have one of the "cousins," that there are others involved with the clinical picture as well. This overlapping or melding of symptoms from various conditions is known as co-morbidity. For example, someone with TS has a high probability of having ADHD (one of the subtypes) and OCD as well. And today, it’s not unusual at all for a child or adolescent to be diagnosed with Early On-Set Bi-Polar Disorder and ADHD. We also see a high co-morbid rate between ADHD and learning disabilities.

I often say that co-morbidity is like having all the family members over for Thanksgiving dinner. You must all learn to get along whether you like each other or not. Usually, the focus tends to be on the most prominent condition, although what’s prominent can change over time. And, sometimes it’s difficult to determine what goes where. For example, a Tourette “touch tic” can just as easily be interpreted as an OCD compulsive action to satisfy an obsessive thought as it is a sensory integration issue. With that example, needing something to “feel just right” crosses several diagnostic boundaries where it all intermingles.

Often involved with the usual “psychiatric” clinical aspects are the traditional issues long attended to by special educators. When learning disabilities, processing disorders or sensory integration issues are also apparent, not an unusual circumstance at all, then the overall clinical picture becomes even more complicated.

Each person with a neuro-biological/developmental condition is a unique case. Sure, we're all unique in our own way, but this is a more specific distinction. One person's TS is not another's; one's co-morbidity with ADHD is not another's. Each individual's

circumstance is unique to the degree that even medical intervention is not and cannot be identical or even similar. Medication that may work for me won't for you, and a dosage that's appropriate for me (assuming we're using the same meds) may not be for you. Additionally, due to the interaction of some medications, certain co-morbid conditions prohibit simultaneous treatment.

It behooves all of us who work with this population to become as familiar as possible with the array of these “First Cousin” conditions. Those of us who are “psychiatric clinicians” are urged to become more knowledgeable with those issues confronted daily in school classrooms by special educators, just as they need to become more knowledgeable about the clinical situations. We need a meeting of the minds here in order to more fully understand and appreciate these types of kids and adolescents to be better able to assist them with the challenges they face.

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