# **Child Disintegrative Disorder (CDD)**

#### What is Child Disintegrative Disorder?

Childhood disintegrative disorder (CDD), or Heller's syndrome, is a rare pervasive developmental disorder (PDD) which involves regression of developmental ability in language, social function and motor skills. It is a devastating condition of unknown cause.

PDDs are a spectrum of behavioral problems associated with autism and autism-like syndromes. They include CDD, Rett's Syndrome and pervasive developmental disorder - not otherwise specified (PDD-NOS). CDD is considered a low-functioning form of autistic spectrum disorder.[1] However, autism does not show the severe regression after several years of normal development which characterizes CDD, and children with CDD show a more dramatic loss of skills compared with children with autism. CDD also tends to develop later than autism, and can develop very much later (up to the age of 10 years).

#### What are the Symptoms?

Affected children show clinically significant losses of earlier acquired skills in at least two of the following:

- Expressive language skills
- Receptive language skills
- Social skills and self-care skills
- Bowel or bladder control
- Play skills
- Motor skills

Abnormal function also occurs in at least two of:

- Social interaction
- Communication
- Repetitive interests or behaviors

The child presents after at least two years of apparently normal development. This occurs usually between the ages of 3 to 4 years, but generally before the age of 10 years.

- The onset may be abrupt or gradual.
- It can be severe enough that children are aware themselves of the regression, and may ask what is happening to them.
- Usually parents and professionals have not previously noticed abnormalities in terms of language and non-verbal communication, social relationships, play, adaptive behavior or emotional development.
- A typical presentation would be of a child who is able to communicate in twoor three-word phrases losing this ability. They would eventually stop talking altogether or retain only fragments of their former speech.
- There may be social and emotional problems, such as a child previously happy to be cuddled becoming averse to physical contact.
- Some children describe or seem to be reacting to hallucinations.

## **Comparison of CDD and Autism**

The patient eventually shows similar social and communication deficits as those associated with severe or Kanner's autism. However, it is distinguishable from autism on the basis of the normal antecedent developmental history.

Children with CDD are more likely than autistic children to show fearfulness and early stereotypical behaviors.

Epilepsy occurs much more frequently in children with CDD compared with autism.

The degree of intellectual impairment in children with CDD appears to be more 'even' than when compared with autism, although the overall degree of impairment and outcome appears to be similar in both groups.

### Resources

- <u>Yale School of Medicine: Childhood Disintegrative Disorder</u> (http://childstudycenter.yale.edu/autism/information/cdd.aspx)
- <u>Patient Center: Childhood Disintegrative Disorder (Heller's Syndrome)</u> (http://patient.info/doctor/childhood-disintegrative-disorder-hellers-syndrome)