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<https://www.betterhelp.com/advice/childhood/what-is-childhood-disintegrative-disorder-its-treatment-symptoms/>

FAQs

What are the symptoms of childhood disintegrative disorder?

The current (5th) edition of the Diagnostic and Statistical Manual of Mental Disorders, also known as the DSM-V, does not classify CDD separately from autism spectrum disorder (ASD). The previous edition, or DSM-IV, [described two categories of symptoms](#) for childhood disintegrative disorder. Diagnosis required an individual to display multiple symptoms from both categories.

Category #1: Regression symptoms (loss of developmental skills). This could include impairments and diminishments in abilities like:

- Previously acquired language skills, including both the ability to understand and use words
- Social skills and ability to relate to peers
- Motor skills
- Bowel and bladder control
- Adaptive behaviors (life skills and self care)
- Imagination and play

Category #2: Abnormal functioning. Diagnosis of CDD under previous DSM criteria required at least two of the following types of behavioral difficulties:

- Diminished social function, such as an inability to develop peer relations or reciprocate emotions and social cues
- Challenges with communication, such as an inability to start or continue conversations or a repetitive, restricted set of verbal expressions

- Limited, repetitive, and often non-functional behavior, including a narrow range of interests and patterns of movements or gestures without an obvious purpose
- Lack of interest in the surrounding environment, including objects and other people

Another important diagnostic feature was the lack of apparent symptoms before at least age 2, followed by a rapid, severe regression. The resulting loss of abilities may be more severe than in other autism-related conditions, and more frequently accompanied by seizures. During the onset of regression, children [often display](#) fear, pain, and confusion. Some may show signs of hallucinations and delusions.

What is the difference between CDD and autism?

Many psychological researchers and mental health practitioners do not consider CDD a separate disorder from autism. However, others have argued that its developmental course and characteristic symptoms are distinct enough that they should be diagnosed, studied, and treated as different illnesses.

Research suggests that, compared with more typical examples of ASD, [many children with CDD exhibit](#):

- Faster regression
- More typical-seeming development before onset
- Greater loss of function
- A higher prevalence and intensity of emotional disturbance
- More widespread loss of developmental gains like toilet training

A 2017 analysis of the brain structure and genetic makeup of patients with childhood disintegrative disorder noted [characteristic patterns of gene expression and neurological function](#) that appeared different from more common cases of ASD. Several of the genes apparently connected to CDD were widely expressed outside the neocortex, the part of the brain most active in higher-order functions like abstract thought, language, and spatial reasoning. In contrast, many of the genes known to be linked to other forms of autism appear to be most concentrated in the neocortex.

These characteristics may be related to differences in eye-tracking behavior. People with CDD seem to be more likely to focus on faces than those with other subtypes of ASD. Some of the

genes identified in the 2017 study appear to be highly expressed in brain areas that are active when patients are paying attention to faces.

Is there a cure for childhood disintegrative disorder?

Currently, there is no known cure for childhood disintegrative disorder. Though some forms of treatment may help manage symptoms or assist individuals in regaining some limited function, no reliable way to halt or reverse the effects of CDD has been found.

Research into treatment is difficult due to the lack of a single clearly understood cause. Despite its often dramatic onset, [no genes have been definitively identified](#) as responsible. It's possible that CDD represents a pattern of disrupted development that can result from multiple causes.

For example, a case report published in the Journal of Pediatric Neurosciences describes an [apparent incidence](#) of childhood disintegrative disorder following a severe upper respiratory tract infection with prolonged fevers. It could be that certain kinds of infection-related brain damage can trigger the developmental regression seen in CDD.

How do you treat childhood disintegrative disorder?

Treatment for childhood disintegrative disorder often involves a combination of the following:

- **Specialized education and counseling.** Family members caring for a child with CDD may benefit from learning more about the condition, as well as coaching on how to better help the affected individual. People with CDD may also be able to regain some functioning with the help of special education programs.
- **Environmental therapy.** Childhood disintegrative disorder [may also be treated](#) with sensory-based therapies to reduce both cognitive and behavioral symptoms.
- **Behavior therapy.** Other therapies for CDD include a variety of methods aimed at building particular types of skills and teaching appropriate behaviors, such as communicating emotions or fostering peer relations. The American Academy of Pediatrics considers Applied Behavior Analysis, a type of behavior therapy, to be the [most effective treatment](#) for autism disorders such as CDD.
- **Medication.** There are currently no known pharmacological treatments that directly relieve the developmental deficits of childhood disintegrative disorders. However, medications such as atypical antipsychotics may be used to reduce behavior problems such as aggression and repetitive behavior. Patients with seizures may also receive anticonvulsant medications.

What are the characteristics of CDD?

According to a systematic review of the literature on CDD, its [notable characteristics include](#) many features often found in autism spectrum disorder, including:

- Limited language skills
- Intellectual impairment
- Social deficits
- Narrow, stereotyped interests
- Repetitive behaviors
- Diminished imaginative play
- Regression after apparently typical childhood development
- Disruptive or difficult-to-manage behavior

However, the researchers noted that the level of cognitive and developmental regression in CDD was often much greater than that observed in patients with ASD. Loss of social and intellectual skills seemed to be both more severe and more rapid. It was also more likely to occur without warning signs.

Widespread loss of basic adaptive skills such as bladder control or the ability to feed oneself seems more common in CDD. So does the incidence of epileptic seizures, loss of speech, and severe intellectual disability. There also seems to be a greater likelihood that children with CDD will exhibit emotional disturbance such as fear and anxiety, or psychotic symptoms such as hallucinations, during regression.

What type of autism is high-functioning autism?

“High-functioning autism” is [not a formal subtype or category](#) of autism. Instead, it’s a description used for people with ASD who are able to achieve some level of independence, social functioning, and autonomy despite the difficulties that come with their condition.

In the past, the term was often used specifically for ASD without accompanying intellectual and cognitive impairment. Many experts argue that this is an imprecise and misleading usage since there’s [not a clear correlation](#) between cognitive ability and successful day-to-day functioning in individuals with autism.

What are the three types of CDD?

[Note for editors: I wasn't able to find any information about subtypes of childhood disintegrative disorder. I think this FAQ may have been pulled in erroneously — there are lots of articles about the “three types” or “three levels” of Customer Due Diligence, a business term that's often abbreviated as CDD.]

Why is CDD so important?

Researchers who study CDD [believe that it may offer important clues](#) to the causes and mitigating factors involved in various types of autism. It may also shed light on both healthy and unhealthy childhood development.

Since childhood disintegrative disorder seems to involve more severe symptoms, as well as a more sudden onset, it may help scientists understand the mechanisms behind these symptoms. If certain kinds of genetic differences, environmental influences, brain pathways, or other factors are more prevalent in CDD, they may be important targets for the diagnosis and treatment of various kinds of neurodevelopmental disorders in the future.

What is childhood disintegrative disorder also known as?

Childhood disintegrative disorder is also sometimes called “Heller’s disorder”, after the special educator (Theodor Heller) who [first described it](#) in 1908. Heller called the disease “dementia infantilis”. It’s also sometimes called “disintegrative psychosis”, in reference to the hallucinations and other apparent psychotic symptoms sometimes seen during the period of regression.

What are some facts about childhood disintegrative disorder?

According to the National Institutes of Health, some [key facts](#) about childhood disintegrative disorder include:

- This disease is rare, estimated to occur in about 1.7 out of 100,000 children
- The developmental regression seen in CDD most commonly occurs at age 4, though there is considerable variation

- The near-total loss of function in certain aspects of development is usually complete by age 10
- Late-onset CDD may be linked to certain specific diseases, including:
 - **Subacute sclerosing panencephalitis**, a measles-related infection that causes brain inflammation and death of nerve tissue
 - **Tuberous sclerosis (TSC)**, a genetic disorder leading to benign tumors in the brain and other organ systems
 - **Leukodystrophy**, a developmental disorder causing malformation of the myelin sheath (part of the neuron important for clear nerve transmission)
 - **Lipid storage diseases**, conditions in which unhealthy deposits of fatty tissue accumulate in the brain and nerves
- The prognosis for CDD is poor compared to other forms of autism, but if diagnosed early and managed with help from a trained care team, some limited improvement in life skills and outcomes may be possible

Topical Keywords

autism spectrum disorder

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peers motor skills bowel

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develop peer relations

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spectrum disorder

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previously acquired language

0/1

atypical antipsychotics

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toilet training

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peer relations

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behavioural problems

0/1

pediatric neurosciences

0/1

nerve transmission

0/1

social function

0/1

systematic review

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manual of mental disorders

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