

What is Adult Developmental Co-ordination Disorder (DCD)?

What is Developmental Co-ordination Disorder (DCD) in adults?

DCD is a label that is often used as an umbrella term for children with co-ordination difficulties; it is also referred to as Dyspraxia in the UK. Over the years there have been many terms used to describe children with motor co-ordination difficulties, however the term DCD is now becoming standard internationally.

Until recently many people incorrectly believed that DCD and motor impairment was something that children grew out of. The reality is that many children with DCD become adults who continue to struggle to carry out many normal everyday tasks, to varying degrees. Adults with moderate to severe DCD have difficulty managing many areas of their daily lives. Poor fine motor skills cause difficulty with handwriting, personal care (including dental care), cooking, housework, driving, DIY, and shopping. Weak gross motor skills affect their balance, posture and ability to play competitive sports. Organisation of themselves, their belongings and their time is also difficult for adults with DCD.

In addition DCD often overlaps with other Specific Learning Difficulties such as Asperger's Syndrome (AS), Dyslexia and Attention Deficit Hyperactivity Disorder (ADHD). Consequently adults with DCD may have difficulties with socialising, maintaining friendships, literacy, numeracy, academic studies, memory and concentration.

What is the incidence of DCD in adults?

Some children with mild to moderate DCD will have few living and learning difficulties which significantly impact their everyday life. However, around 5% of the adult population in the UK are thought to continue to have significant difficulties in carrying out their everyday living and learning activities as a result of DCD.

What is the cause of adult DCD?

The short answer is no-one knows what causes DCD. To date, there are no biological, physiological or genetic markers that can reliably identify the disorder. However, there is evidence which indicates that DCD has a very strong biological basis, and many individuals with DCD will come from families where there are histories of other relatives with specific learning difficulties.

How is DCD in adults diagnosed?

At the present time there are no standardised tests or true benchmarking for assessing and diagnosing DCD in adults.

The assessment for DCD should review the individual's developmental history, medical history (including past and present DCD symptomatology, psychiatric history and prescribed medications) educational, social and employment histories and the individual's general ability to meet the demands of daily life. The interview is intended first to identify evidence of core DCD symptoms and then to ensure that the history of these symptoms is both chronic and pervasive. The assessment should gather information from significant people within the individual's life such as a parent or partner and should survey behaviour from a variety of settings such as college, work and home. Psychological testing to determine any cognitive or learning weaknesses that may underlie functional impairment may also be carried out.

Why is it important to identify DCD in adults?

Growing up with undiagnosed DCD can be traumatic for many individuals. For some, the diagnosis and education that follows an assessment can be extremely helpful and a healing experience. Proper diagnosis can help adults put their difficulties into perspective and help them to understand the underlying reasons for their lifelong struggles. Adults with DCD have often developed negative perceptions of themselves and may regard themselves as "lazy", "stupid," or "thick". Correct diagnosis and effective treatment can help improve self-esteem, work performance and skills, educational attainment and social competencies.

Individuals with the above difficulties are usually of average or above average intelligence. If their training and support needs are met, many can enjoy a fulfilled and satisfying life. Without adequate support however, they are unable to reach their potential and the majority underachieve at school, in higher education, in work, and in their personal lives. They are also at greater risk of developing additional mental health difficulties or anti-social behaviours such as depression and drug and alcohol misuse. They may even end up in the penal system causing an additional longer-term burden of care on society (Biederman et al, 1993).

What are the current DSM-1V Diagnostic Criteria for DCD?

The DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders*) criteria are currently considered the most empirically valid.

The essential features of DCD are:

- Criterion A: A marked impairment in the development of motor co-ordination.
- Criterion B: The diagnosis is made only if this impairment significantly interferes with academic achievement or activities of daily living.
- Criterion C: The diagnosis is made if the co-ordination difficulties are not due to a general medical condition (e.g. cerebral palsy, hemiplegia or muscular dystrophy and the criteria are not met for Pervasive Developmental Disorder.
- Criterion D: If mental retardation is present the motor difficulties are in excess of those usually associated with it.

The adult with DCD may have difficulties in some or many of the following areas:

- Poor fine motor skills
- Weak gross motor skills
- Joint laxity
- Poor posture
- Difficulty organising their thoughts on to paper
- Poor time management
- Money management
- Difficulty organising themselves, their belongings (and their children)
- Weak short-term auditory memory
- Poor concentration
- Visual perceptual problems
- Difficulty understanding the social use of language
- Poor social skills
- Low self-esteem
- Lack confidence

There is strong empirical evidence that the motor problems in children with DCD persist into adulthood and may lead to the development of secondary physical and mental health and educational issues including poorer physical fitness, poorer social competence, academic problems, behavioural problems, and lower self-esteem.

How should adult DCD be managed?

Although there is no cure for DCD there are interventions available which can effectively assist in reducing the symptoms. Just as there is no single test to diagnose DCD, there is no single treatment approach which is appropriate for everyone. The intervention needs to be tailored to the individual and should address all their areas of need. Education about DCD, the difficulties and its management is important for the adult sufferer and their family members.

For some people just getting the diagnosis and understanding that there is a reason for their past and present difficulties can be extremely helpful. Adults with DCD may also benefit from counselling about the condition, vocational assessment and guidance to find the most suitable work environment, time management and organisational assistance, coaching, academic or workplace accommodations, and behaviour management strategies.

Useful Contacts:

National Learning Network

Assessment Service

Block A
Institute of Technology
Blanchardstown
Blanchardstown Rd North
Dublin 15
Tel: 00 353 1 8851386
E-mail: denise.richardson@innovations.itb.ie
Web: www.nln.ie

Aspergers Syndrome

Carmichael House
4 North Brunswick Street
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Tel: 00 353 1 8780027
Web: www.aspire-irl.com

Dyspraxia Association of Ireland

c/o 389 Ryevale Lawns
Leixlip
Co Kildare
Tel: 00 353 1 2957125
E-mail: dyspraxiaireland@eircom.net

National Learning Network

Head Office
Roslyn Park
Beach Road
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The Dyscovery Centre

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Whitchurch
Cardiff
CF14 2DZ
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Web: www.dyscovery.co.uk

Dyslexia Association of Ireland

1 Suffolk Street
Dublin 1
Tel: 00 353 1 6790276
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Hyperactive/Attention Deficit Disorder Family Support

Carmichael House
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PACTS



