Disclosure of interest  The authors have not supplied their declaration of conflict of interest.

References


http://dx.doi.org/10.1016/j.rehab.2015.07.067

CO08-002-e

Developmental dyspraxia: A psychiatrist’s point of view

J. Xavier (Dr)
CHU, Paris, France
E-mail address: jean.xavier@psl.aphp.fr

Developmental coordination disorders, which consist of developmental dyspraxia, are a frequent reason for consultations in child psychiatry, given their impact on learning. These motor impairments, associated with visuo-spatial difficulties, can also penalize the child in his imitative exchanges and have an impact on social integration. The diversity of the forms of dyspraxia and the polymorphism in clinical presentations require the implementation of a working, multidisciplinary collaboration. Indeed, assessment and understanding of such disorders are part of an approach that is both developmental and integrative, which must take into account the cognitive, linguistic and emotional dimensions inherent to the overall functioning of a child in interaction with their wider environment. This clinical approach must be at the barycenter in a position between psycho-affective (underpinned by a psychodynamic point of view) and a second, more recently nourished knowledge, provided by neurosciences and genetics. Results from this approach will be tailored therapeutic proposals that are adjusted to the singularity of clinical situations that have been encountered.

Keywords Learning; Dyspraxia; Developmental coordination disorder; Social integration; Dimensional approach; Integrative

Disclosure of interest  The authors have not supplied their declaration of conflict of interest.

http://dx.doi.org/10.1016/j.rehab.2015.07.068

CO08-003-e

What type of support for children with disorders of motor skills?

F. Marchal (Dr)

Service de rééducation des pathologies neurologiques congénitales, Hôpitaux de Saint-Maurice, Saint-Maurice, France
E-mail address: f.marchal@hopitaux-taurice.fr

The difficulties of defining the concepts of praxies and coordination during the development of the child are linked with recent debates and consensus-building regarding the diagnostic criteria for the developmental coordination disorder (DCD), dyspraxia, disorders of motor skills. The relevance of the proposed therapeutic approach logically depends on the clarity of the identification of disorders; in the current state of knowledge, support for children “DD” or “DCD” is still not consolidated. We report the recommendations established by certain organizations or scientific societies (Economic and Social Research Council Leeds 2006, INSERM 2007, European Academy for Childhood Disability 2012, Réseau Régional de Rééducation et Réadaptation Pédiatrique 2012, Caisse Nationale de Solidarité pour l’Autonomie 2014) as well as the therapeutic proposals published by the clinicians and researchers particularly invested in this area (Albaret, Gerard, Mazeau…). Our service at the Hôpitaux de Saint-Maurice has developed experience in the diagnostic and therapeutic support for children with developmental dyspraxia and children with praxic disorders associated with early brain damage. This leads us today, in the light of the recent work on the difficult passage of the assessment to the rehabilitation. Which place to give to approaches oriented on the deficit or functional performance? Is it possible to codify criteria of indication of adaptations (including computer) and their learning? What therapeutics strategy in the event of co-morbidity?

Keywords Developmental dyspraxia; Developmental coordination disorder; Rehabilitation

Disclosure of interest  The authors have not supplied their declaration of conflict of interest.

http://dx.doi.org/10.1016/j.rehab.2015.07.069

CO08-004-e

Developmental dyspraxia: Which future in the adulthood?

S. Gonzalez Monge (Dr)
CHU de Lyon, Bron, France
E-mail address: sibylle.gonzalezmonge@chu.lyon.fr

Dyspraxia is defined as a neuro cognitive developmental disorder mainly involving the development of the gesture. If it is now well recognized thanks to the consensus on diagnostic criteria [1] and extensively studied through an abundant literature [2], its physiopathological mechanisms, its neurobiological bases and its evolution still remain insufficiently explained. The heterogeneous symptomatology, the frequency of the associated motor and cognitive disorders primarily focusing on the language, the attention and the executive functions, the evolution of the symptomatology over time make it a complex pathology with little reliable prognosis in the adulthood. It is, however, a frequently raised question by the parents, as soon as the diagnosis is assessed during the childhood: “what future for her or him when growing?” In order to answer this question, it seems important to develop, in this domain, case studies with longitudinal follow up. It is probably a way to assess a neuro cognitive developmental model of the function by studying several individual trajectories taking into account the change of the different components of the praxic function as well as other cognitive functions involved and their evolution as time goes on. Of course the effect of rehabilitations has to be taken into consideration as well as the difficulty in making a difference between natural evolution and what depends of the evolution modified by treatments. Currently, the reference hospital centers for language and learning disorders since the promulgation in March, 2001 of the action plan for the children with specific language disorder can follow-up these children in partnership with the liberal professionals and/or establishments of the medical and social sector as well as the Education system. Today, it is, thus, possible to lean on their experience, their expertise and their capacity to coordinate care with their partners in order to carry on such studies. To illustrate this approach, we shall present, here, several clinical situations.

Keywords Developmental dyspraxia; Longitudinal follow-up; Adulthood; Different trajectories

Disclosure of interest  The authors have not supplied their declaration of conflict of interest.

References


http://dx.doi.org/10.1016/j.rehab.2015.07.070