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EDITORIAL

SPECIFIC LEARNING DISABILITIES AND ATTENTION-DEFICIT HYPERACTIVITY DISORDER: UNDER-RECOGNIZED IN INDIA

The efforts of Karande *et al.*^[1] to increase awareness of specific learning disabilities (SpLD) and attention-deficit hyperactivity disorder (ADHD) in children in India are to be applauded. Disorders like ADHD and SpLD are prevalent in India; however, one of the major obstacles is lack of awareness of these disorders. The higher the awareness among health-care professionals and school authorities, the earlier the identification of affected children and referral for appropriate intervention can begin and the fewer children will remain undetected.

This lack of awareness is evident in the profiles of the 50 children who participated in their study. The average age at which the children were diagnosed was 11.36 years (with a range from 7 to 17 years), while the average age at which the children's symptoms had first been noticed was only 5.55 years (with a range from 4 to 6 years). These averages can be compared to those found by Parr *et al.*,^[2] who reported that the mean age at diagnosis for 391 children with ADHD was 8.7 years and that girls were more likely to have been diagnosed prior to age 8. The delay between symptoms first being noticed and the child being diagnosed with SpLD and ADHD was nearly 6 years on average for the children studied by Karande et al.^[1] Thus, it is not surprising that all of the children in their study demonstrated poor school performance by the time they were assessed in the authors' clinic. Problems in school performance, as opposed to specific symptoms of ADHD, are common complaints and common reasons for referral to child development centers in India.^[3] Some researchers have suggested that attempts to raise awareness of, and access to, interventions for children with SpLD and/ or ADHD should be made using locally acceptable models, focusing more on educational and religious interventions as opposed to the medications and psychiatric labels of the biomedical model.^[3]

Before initiating culturally acceptable and appropriate interventions, health-care professionals and researchers should consider the possibility of other developmental disorders being present in affected children. Our research team has conducted a number of studies looking at the presence of co-occurring disorders in children with ADHD and/ or reading problems. We found that the chance of a child with ADHD having at least one other developmental disorder was 80.4%, and the chance of a child with reading problems having at least one other developmental disorder was 51.6%.[4] In a subsequent study, we also found that the higher the number of co-occurring developmental disorders present in children with ADHD, the poorer the performance on tests of memory and visual motor skills, the more severe the behavioral problems and the higher the impairment in everyday functioning for the child.^[5] In a recent interview that I did for 'www.talkingadhd.com', I was asked what our 2006 study meant for clinical practice. One of the key messages from our research is to alert clinicians and researchers to the importance of considering co-occurring disorders in children with disorders like ADHD and/ or SpLD, whether they are designing an intervention or a new research study.^[6] The co-occurrence of ADHD with other developmental disorders is so common that assessing for one disorder should at least involve screening for the others.

Granted the study by Karande *et al.*^[1] had limitations, including the biases associated with a convenience sample and the cross-sectional design, but nonetheless, the implications of this study are very important to consider. The fact remains that better awareness of disorders like SpLD and ADHD, as well as better awareness of culturally acceptable means of treating affected children, better awareness of other cooccurring developmental disorders and better awareness of the potential for symptoms to persist into adulthood, can lead to a decreased burden on affected children, their families and society in India as a whole.

REFERENCES

- Karande S, Satam N, Kulkarni M, Sholapurwala R, Chitre A, Shah N. Clinical and psychoeducational profile of children with specific learning disability and co-occurring attention-deficit hyperactivity disorder. Indian J Med Sci 2007;61:639-47.
- 2. Parr JR, Ward A, Inman S. Current practice in the management of Attention Deficit Disorder with Hyperactivity (ADHD). Child Care Health Dev 2003;29:215-8.
- Wilcox CE., Washburn R, Patel V. Seeking help for attention deficit hyperactivity disorder in developing countries: A study of parental explanatory models in Goa, India. Soc Sci Med 2007;64:1600-10.
- Kaplan BJ, Dewey DM, Crawford SG, Wilson BN. The term "comorbidity" is of questionable value in reference to developmental disorders: Data and theory. J Learn Disabil 2001;34:555-65.
- Crawford SG, Kaplan BJ, Dewey D. Effects of co-existing disorders on cognition and behavior in children with ADHD. J Atten Disord 2006;10:192-9.
- Crawford S. Cognitive effects of comorbidities. "In Discussion" series. May, 2007. Available from: http://www.talkingadhd.com.

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