

# And after the Sensory Processing Disorders?

## What answers does the DSM-5 have?

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### INTRODUCTION

**Sensory processing (SP)** is the means by which the central nervous system perceives and organizes the received sensory information to produce an adaptive response.

Each child has a unique profile of sensory processing regulation - variations in understanding, action planning and response to different sensations. Some children have difficulty processing sensory information and responding appropriately. When sensory and motor difficulties are severe enough to impair routines and daily activities and create behavioral and emotional difficulties we are facing a **Sensory Processing Disorder (SPD)**.

Although they are recognized as a diagnostic category since DC: 0-3 and remain included in DC: 0-5, they were never included in the DSM.

Several studies have suggested that SPD exist as an independent diagnostic category. Other authors have shown that SP difficulties are present in several pathologies such as **Attention Deficit Hyperactivity Disorder, Anxiety, Depression and Conduct Disorders with aggressive behaviors**.

Longitudinal studies have evidenced that 95% of children with moderate SPD symptoms during the first year of life were diagnosed with delays in motor, language and cognitive development and/or relational disorders at 3 years of age.

Due to the lack of prospective studies on the evolution after pre-school age, the question remains whether it is an independent entity or if it evolves into other psychopathological conditions.

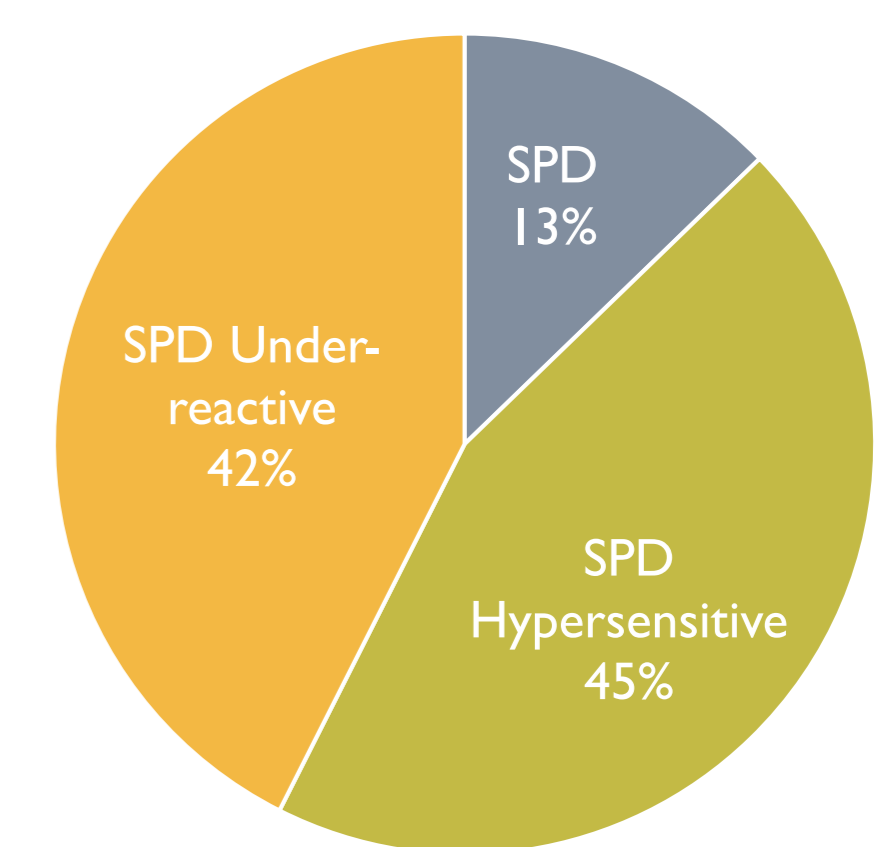
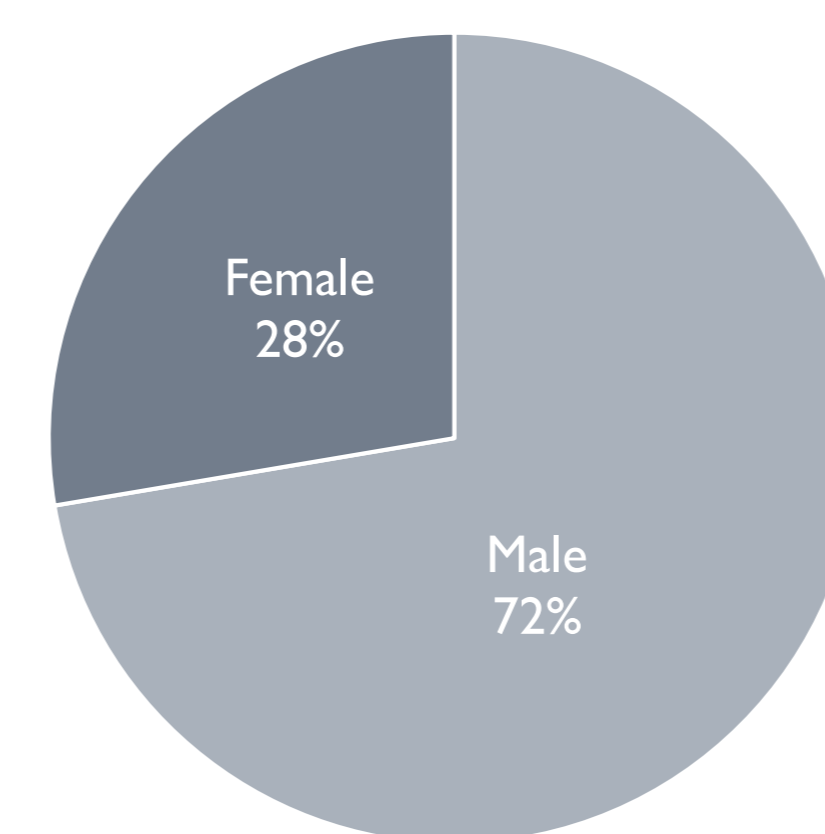
### OBJECTIVES AND METHODS

- \* Characterize the sample of children diagnosed with SPD who had their first consultation at the unit of infant mental health (UPI) between 2008 and 2013 - Clinical Processes Consultation
- \* Ascertain the state, medical follow-up and current therapeutic interventions - main difficulties, knowledge of diagnosis and psychopharmacology
- \* Inferring the possible current diagnoses, according to the diagnostic categories of DSM-5
- \* Use of the results obtained in Follow-Up 2008-2013 - application of the SDQ (Strengths and Difficulties Questionnaire) scale
- \* Statistical analysis using SPSS® (v10.0.1)

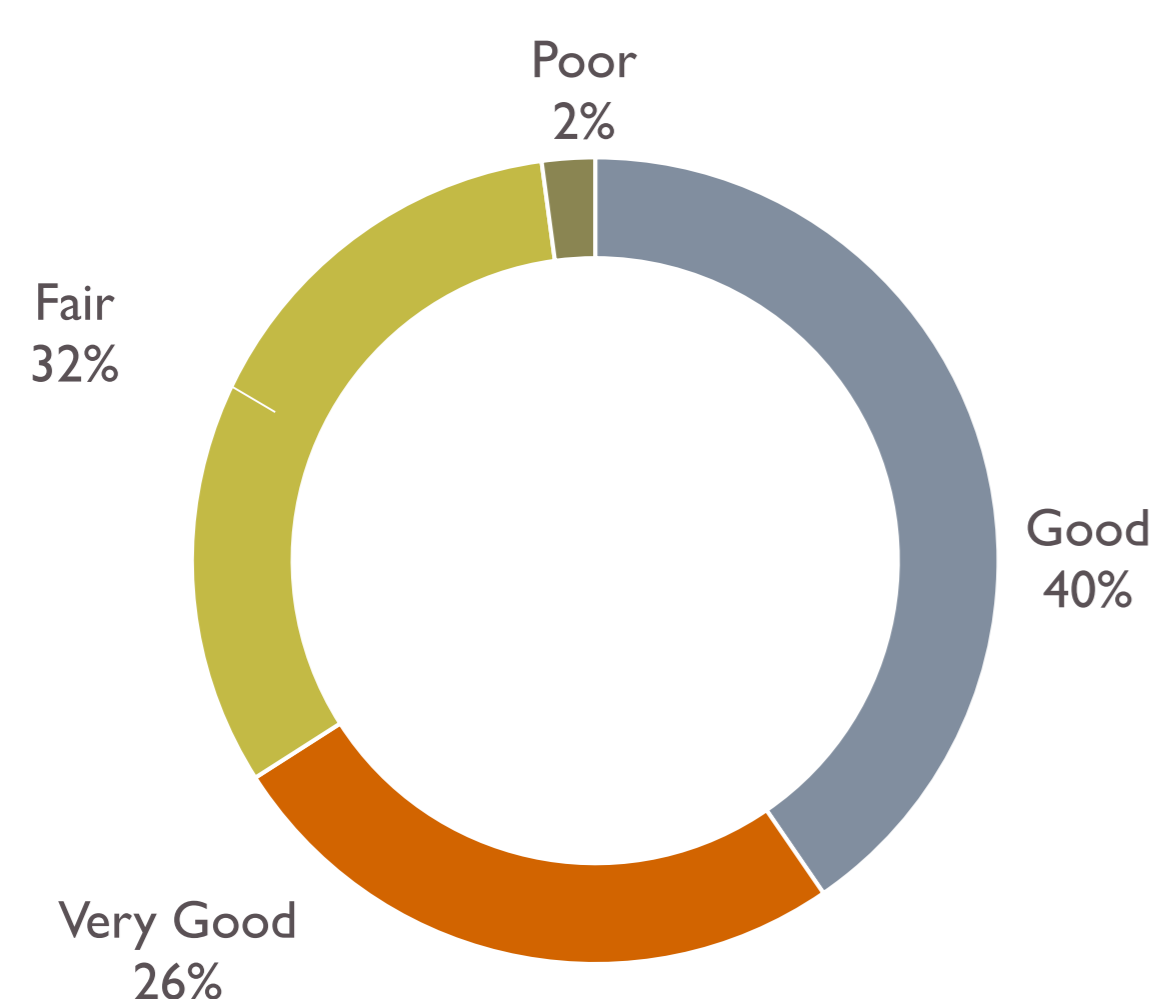
### RESULTS

N = 55 children with SPD, 41 boys and 14 girls  
n = 47 (answered a telephone interview), 34 boys and 13 girls

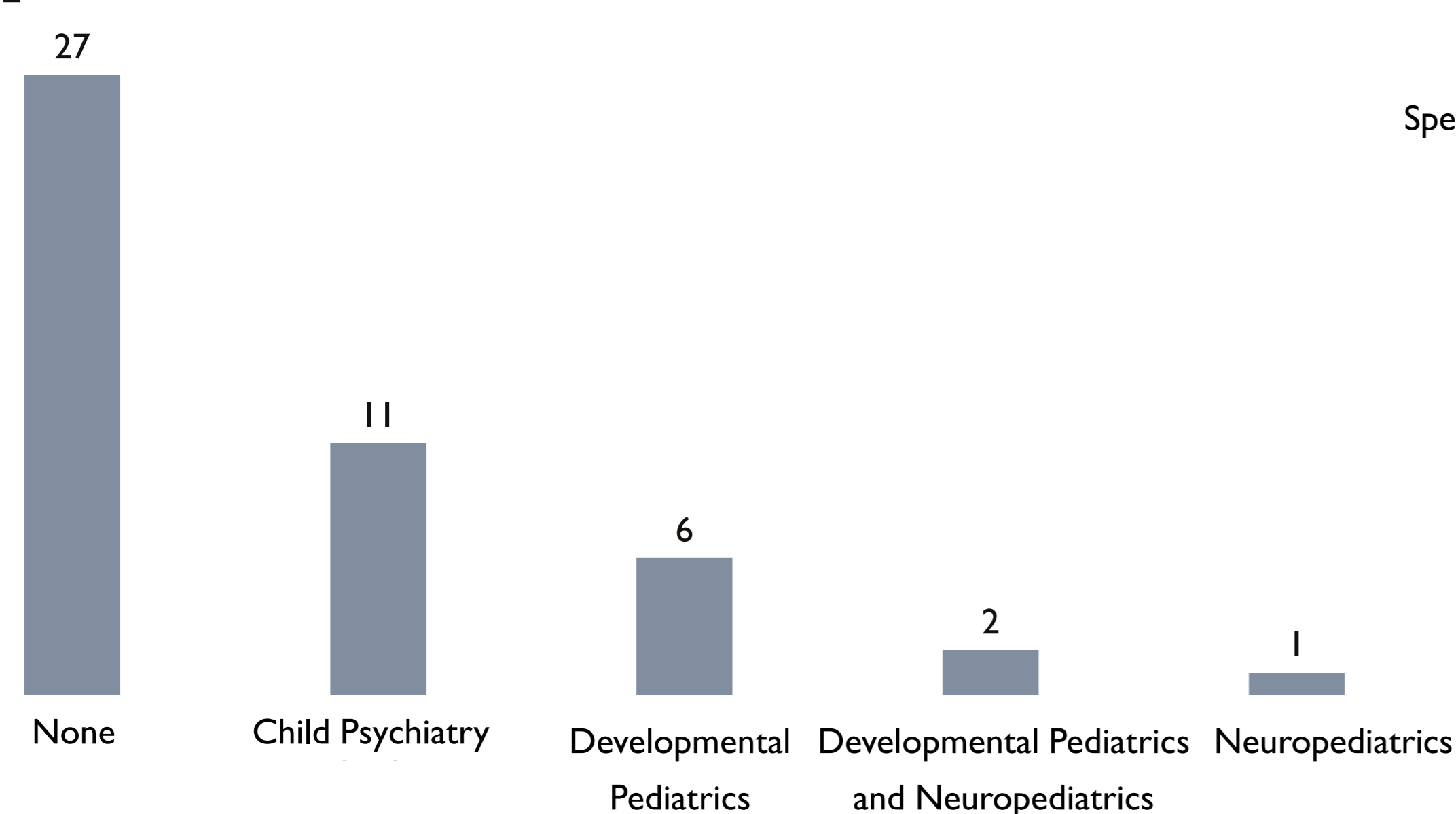
#### [1] Gender



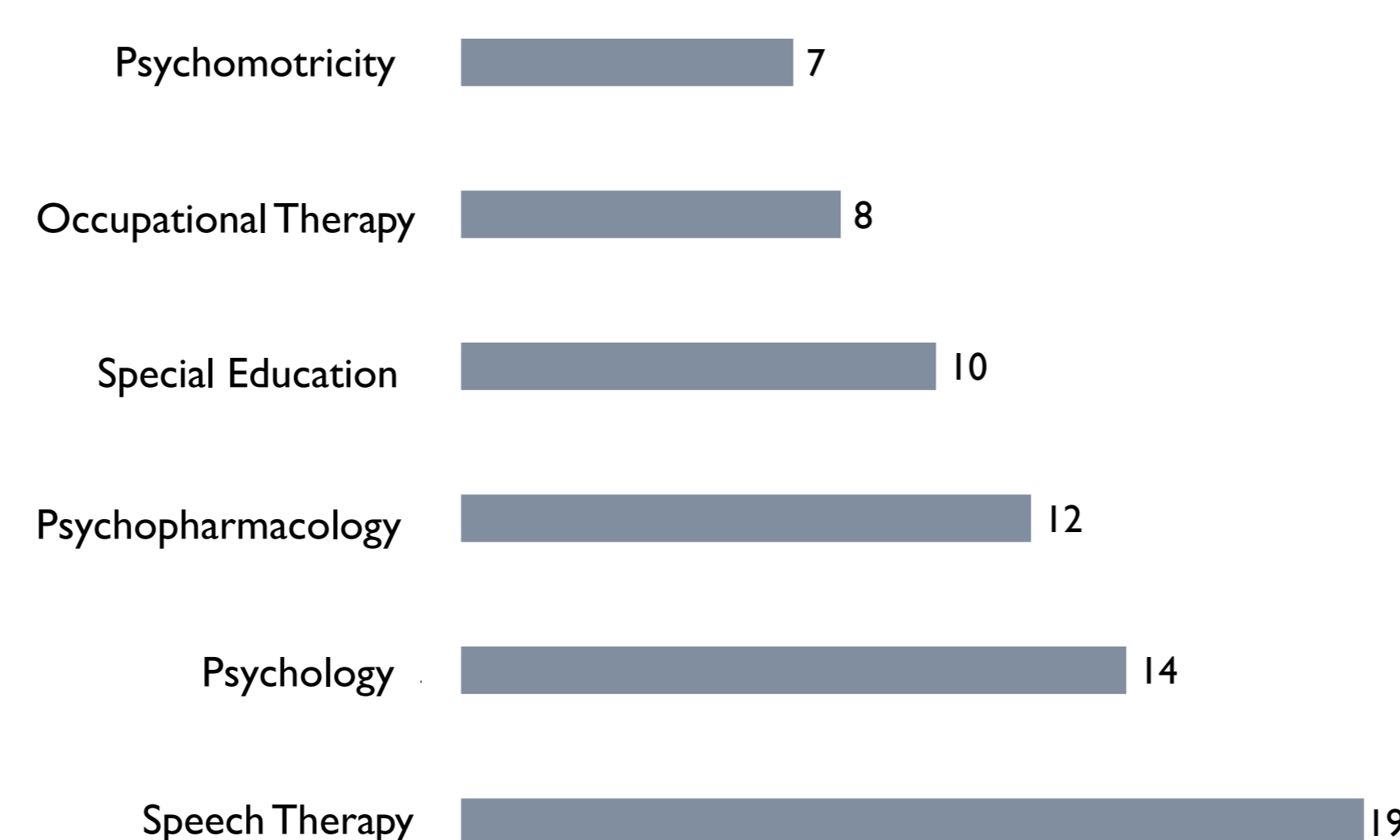
#### [4] Current State



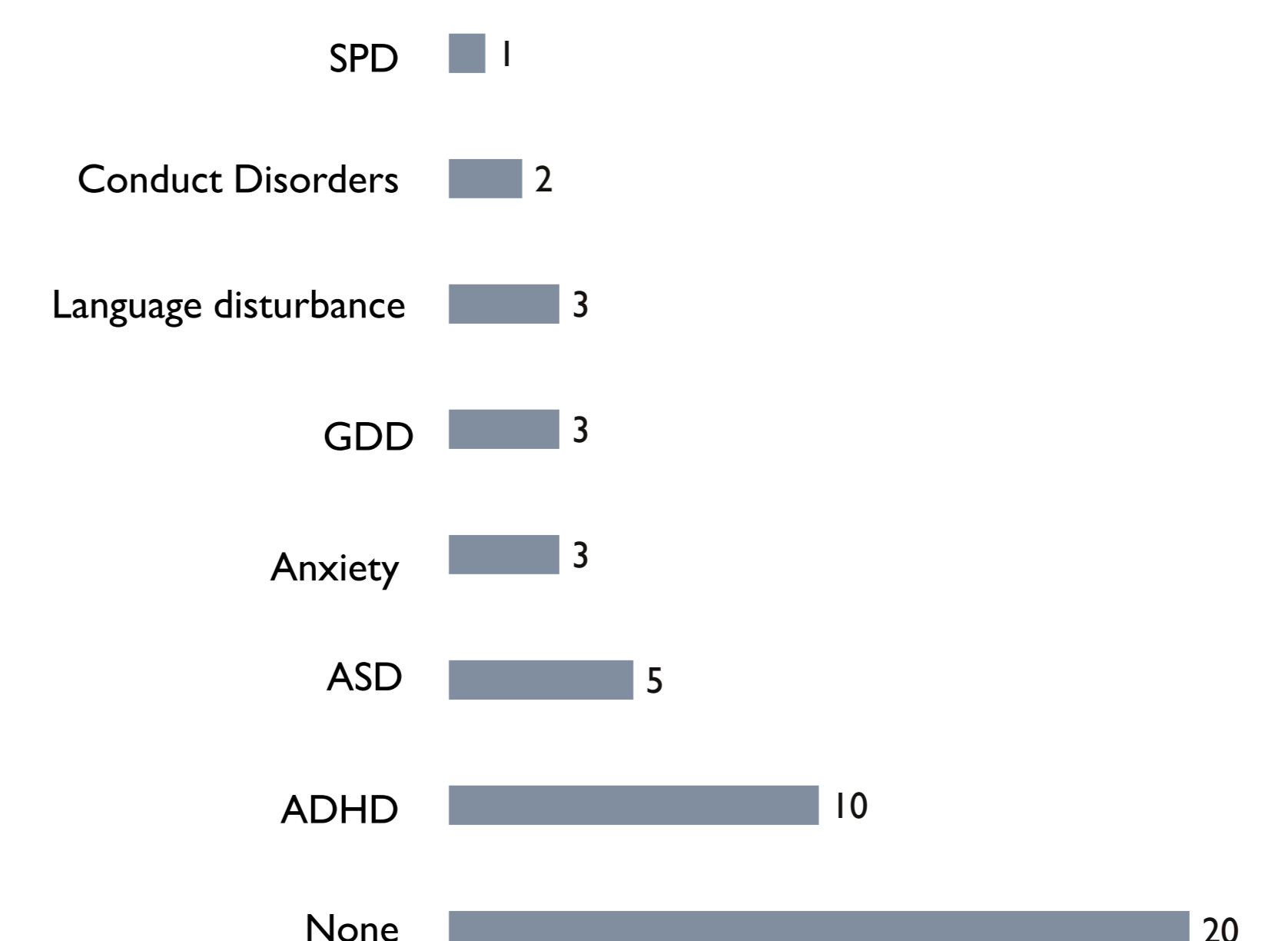
#### [5] Current Medical Status



#### [6] Current Therapeutic Interventions



#### [7] Inferred Diagnosis



### DISCUSSION AND CONCLUSION

- The most prevalent diagnoses in the sample follow the pathologies described in the literature in which sensory processing alterations are present.
- The high number of children with speech therapy appears to be in agreement with studies showing association between SPD and Language Disorders.
- Difficulties found in SDQ are similar to previous years, suggesting the existence of continuity between SPD and difficulties in behavior and hyperactivity in the future.
- Wide dispersion of diagnoses may pose two hypotheses: 1) SPD as an independent diagnostic category; 2) Symptomatology common to different pathologies.
- Limitations: reduced sample size; information dependent on caregivers (inferred diagnosis)

It is concluded that it is important to carry out prospective studies in children diagnosed with SPD, in order to determine if it may be a future diagnostic category in the DSM or if the alterations in the SP can be included in other diagnostic categories, besides Autism Spectrum Disorders.