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An efficacy of a support program for pervasive developmental disorder patients in adolescence

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In Japan,the interest in pervasive developmental disorder (PDD)has been growing recently.However,there is no study that have examined the efficacy of a support program for PDD patients in adolescence.

Many cases of social withdrawal at Sapporo Mental Health Welfare Center have been diagnosed as PDD in adolescence. The Center has established three groups, A, B, and C, for these cases, and carried out therapeutic intervention through occupational therapy and daycare. Results showed the GAF scales of patients improved and outcome researches also changed positively.Therefore,this support program appears to be effective.

Method

We carried out a clinical study of 30 patients who participated in the activities from april 2009 to march 2010, and observed their participation in the activities.Patients were assessed via SF-36v2, GHQ30, WHO/QOL26, and GAF scale at baseline and endpoint.Outcome researches were collected.

Results

Table1 .Comparison with each groups

Group	A	B	C
Number of Participants And Diagnosis	AS 4 HA 5 PDDNOS 5 All 14	AS 5 HA 1 PDDNOS 4 All 10	AS 3 HA 1 PDDNOS 2 All 6
AverageIQ (WAIS-R)	FIQ83.4 VIQ 83 PIQ 84	FIQ95.8 VIQ111PIQ 85	FIQ100.7 VIQ102PIQ 98
Work Experience	4 (31%)	9 (90%)	4 (67%)
Employment Status	1 (8%)	6 (60%)	3 (50%)
Staff	Occupational Therapist(OT)	OT Physician	Psychiatric Social Worker
Ability to Communicate	They can't communicate on verbal,but can work in groups throuh activites.	They can communicate interactively on verbal with participants.	They can communicate passively on verbal with only staffs.
Support Activity	Group occupational therapy(Leather works,Ceramic art,Cooking,playing sports).	Discussion on their difficulties and characteristics. Information exchanges about remedy for difficulties.	Confiding their worries Recognizing their values each other.

AS:Asperger's disorder HA:High-functioning autistic disorder
PDDNOS:Pervasive developmental disorder not otherwise specified

Table2.Mean,standard deviation and statistical significance of 4 scales(n=16)

	Baseline mean(SD)	Endpoint mean(SD)	p
SF—36v2 General health	43.25 (21.06)	37.63 (22.22)	NS
QOL26 Psychological	2.90 (0.74)	2.82 (0.69)	NS
GHQ30 General morbidity	2.01 (1.57)	2.21 (1.63)	NS
GAF	51.75 (13.92)	56.50 (12.59)	0.001

Figure3.Outcome researches of 28 patients

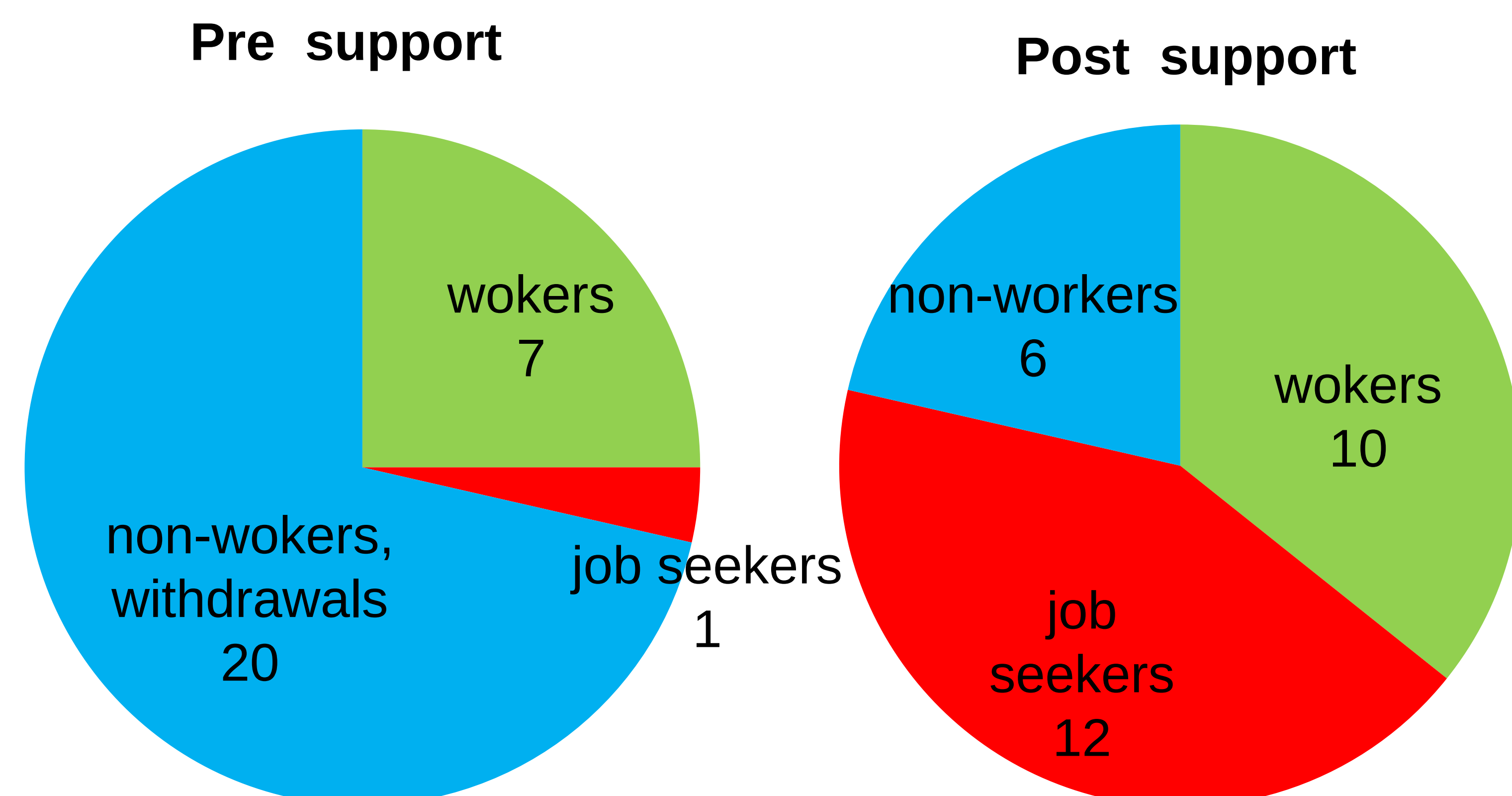
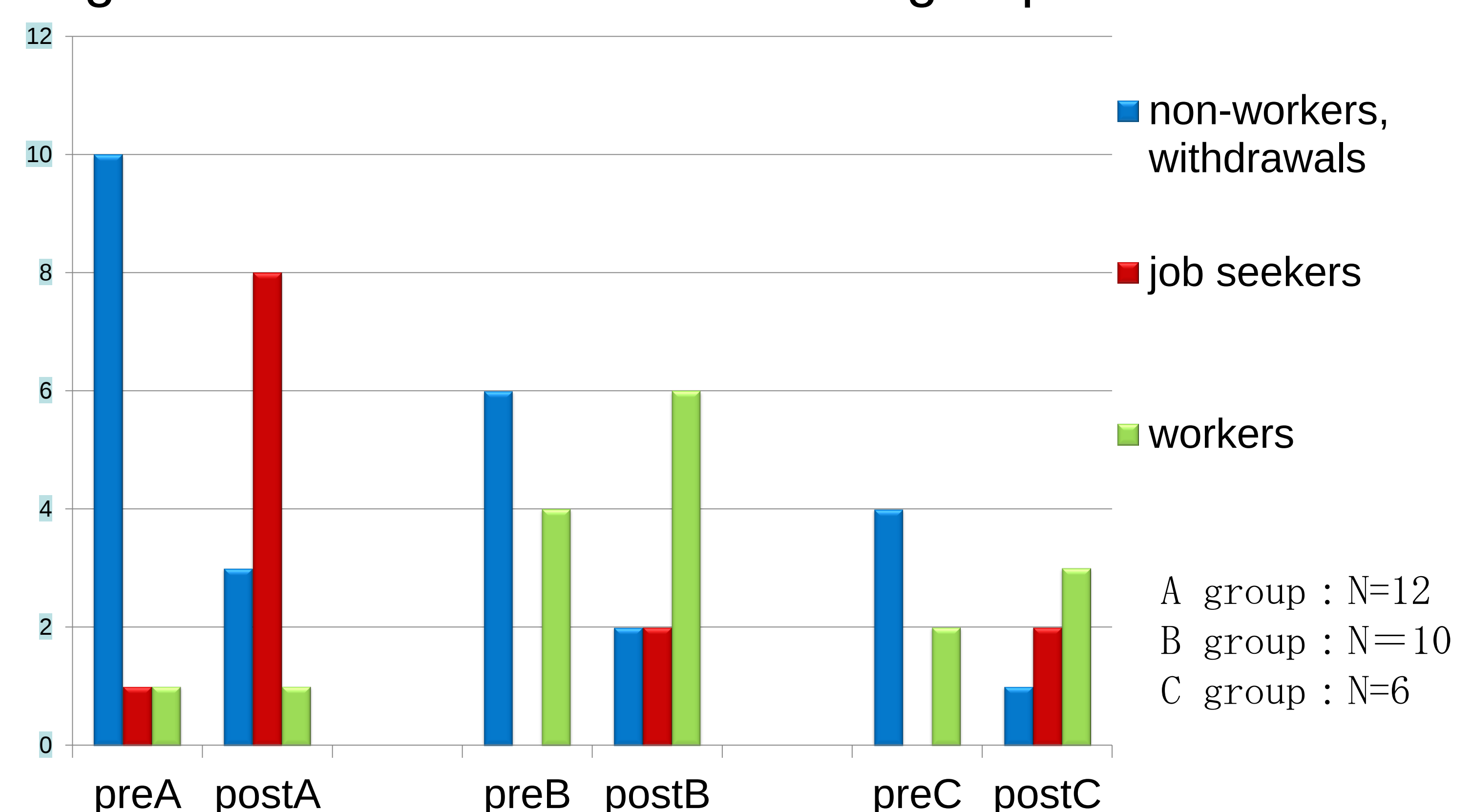


Figure2.Outcome researches of 3 groups



Discussion

- The changes of SF-36v2, GHQ30, WHO/QOL26 that patients reported by themselves were not statistically significant.
- GAF is used by mental health clinicians to subjectively rate the social, occupational, and psychological functioning. The change of GAF that clinician administered was statistically significant.
- Outcome researches also changed positively and the number of withdrawal (hikikomori) and non-worker was decreased.
- Life style of patients changed,and this support program appers to be effective.

Reference

SF-36:Short-Form 36-Item Health Survey
GHQ30:General Health Questionnaire 30
QOL26:Quality of Life 26
GAF:The Global Assessment of Functioning

