

Case 1

Boy 5 years and 4 months of age

- Mother had preeclampsia during pregnancy.
- Cesarean section at week 24+4. Birth weight: 585 g.
- Apgar: 7-9-10.
- Operated with closure of ductus arteriosus.
- Broncho-pulmonary Dysplasia. 6 months at neonatal ward.
- Problems with nutrition: gastrostomia.
- Late in development. Tested with Bailey.
- Now good development of language but pragmatic problems, speaks out of context. Mother from the Philipines and father from Sweden: Swedish, English and Philipine languages at home.

- Short eye contact. Not much facial mimic.
- Poor social reciprocity
- Some contact with peers at pre-school but not adequate for age.
- Attacks of laughter or screaming, usually at night.
- Hand-waving when excited and when going to bed.
- Interests: Does not play with toys. Very interested in vacuum-cleaners. Is saving money to buy a new vacuum-cleaner. Likes to clean tables and working in the garden. Fascinated by grass-mowers.

Diagnosis

- Fulfills criteria A1, A2, A3, B1, B2 and B3. Level 1.

Case 2

Boy 15 years of age

- Adopted from Poland at early age.
- Suspicion of ADHD and assesement at 7 years of age. Diagnosis: ADHD combined type (DSM-IV).
- Treatment inititated with Concerta 18 mg.
- After two weeks Concerta 36 mg.
- After two months Concerta 54 mg leading to better effect on the symptoms.
- After one year reports of less effect. Medicated with Concerta 72 mg. After one month no certain effect. Back to 54 mg.

- After three years parents describe unsatisfactory effect of medication and difficulties for the boy to go to sleep at night.
- The parents try giving the boy omega-3 fatty acids but describe a worsening of the symptoms.
- When the boy is 12 years of age Strattera 60 mg is tested and the Concerta treatment is stopped.
- The symptoms get worse and the boy is very tired at morning.
- Strattera is given at evening and Concerta 18 mg is introduced at morning. Better effect.

- The boy is 13 years of age. He gets into contact with peers that has a bad influence. He steals money at home. The parents get support and advice. Behaviour modification treatment with reward systems is introduced. The parents get parent training in group according to the COPE (Community based Parent Education).
- Improvement of the boy's behaviour. No longer any conduct disorder.
- The main problem after one year is tiredness. During summer vacation the Strattera dose is diminished to 25 mg and the Concerta dose is increased to 36 mg.
- The boy has difficulties going to sleep. The Concerta dose is diminished to 18 mg, which leads to better sleep.

- Strattera is discontinued and the Concerta dose is increased, first to 36 mg and then to 54 mg. Without Strattera 25 mg at the evening it becomes difficult for the boy to go to sleep and the functioning daytime worsens because of sleep-deficit. The best effect is achieved with the combination of Concerta and Strattera. The higher dose of Concerta (54 mg) gives better school-results.