

# Developmental Fine Motor Incoordination: Associated Developmental and Psychiatric Disorders from Primary School to High School Age

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**Objective:** To evaluate the differential frequency of developmental learning disorders (LD) including AD(H)D and frequency of comorbid psychiatric disorders in children with Developmental Fine Motor Incoordination Disorder (DFMID) from primary through high school age.

**Method:** Retrospective chart analysis of referred children, each evaluated similarly, including a quantitative neurological examination, which included a timed writing sample (Denckla, 1985) with a diagnosis of DFMID for the frequency of other developmental disorders – LD and AD(H)D and psychiatric disorders, contrasting 5-8 year olds with 8-18 year olds. Excluded were mental retardation and Pervasive Developmental Disorder.

## Results:

	<u>5 – 8 y/o</u>	<u>8 – 18 y/o</u>
N	78	132
Male Sex	77%	81%
Age Range	5 3/12 – 7 11/12	8 1/12 – 17 9/12
3 Diagnoses	31%	23%
≥4 diagnoses	46%	52%
Oral Language Disorder	40%	26%
Dyslexia	30%	16%
Dyscalculia	21%	25%
ADD	32%	46%
ADHD	44%	31%
Anxiety Disorder	40%	39%
OCD	37%	47%
Major Depression	6%	5%
Grade II or III (Mayo) EEG Abnormality	21%	20%
Left-handedness (LQ -)	12%	13%

## Conclusion:

The majority of referred students with DFMID have multiple additional developmental disorders at early and later age. The most common at all ages is an attention disorder. Oral Language Disorder and Dyslexia are more common in early age. Dyscalculia remains at about a fourth at all ages. Psychiatric co-morbidity, perhaps because of AD(H)D includes high rates of anxiety but a surprising rate of Obsessive-Compulsive Disorder symptoms.