Richard Woods @Richard_Autism

Nov 11 · 50 tweets · Richard_Autism/status/1590998520932229122

Many of you will know I think it is unethical & inappropriate to use the ADOS to assess for features of PDA. This will be another thread explaining why, this time focusing on ADHD & PDA's impulsivity.

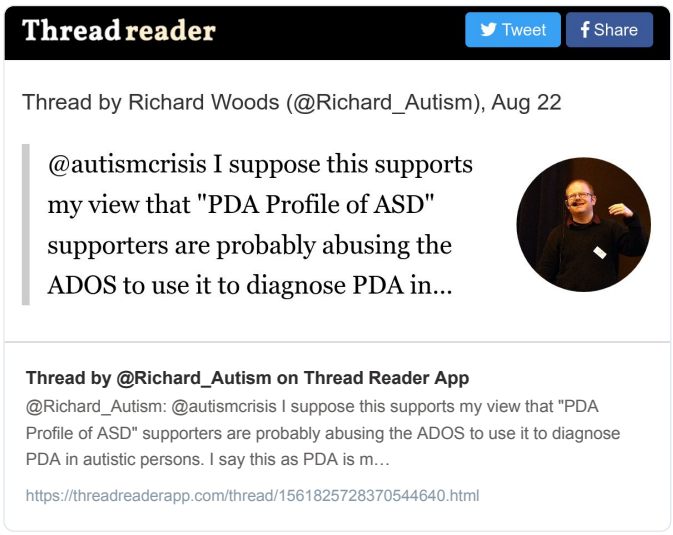
I discuss elsewhere why I think it is unethical to use the ADOS to assess for PDA features. These include that ADOS is not designed to assess for PDA features.

That is it unethical to stress persons suspected of PDA into expressing avoidance features by using ADOS when there are alternative ways (which are often designed to assess for PDA features) to assess features of PDA.

I discuss most of these concerns around the ADOS & PDA in this thread below: https://rationaldemandavoidancecom.files.wordpress.com/2022/05/02-february-2022-reflections-on-pda-society-research-report-portraying-pro-pda-profile-of-asd-supporting-clinicians.pdf

This thread is going to centre on risk of false positives, i.e., mistakenly identifying non-autistic persons, as autistic by using the ADOS.

I discuss elsewhere, such as below:



Well the first thing is to say, is that has been a long history of describing PDA as having aspects of ADHD in the literature. Newson's asks this is one of their unpublished pieces. In print it is Elena Garralda who first mentions it.

"From the authors' descriptions, the impression is that these children are likely to have had co-morbid developmental and psychiatric problems, varyingly including oppositional defiant and/or hyperkinetic disorder or social anxiety disorder of childhood." Garralda 2003.

Hyperkinetic Disorder was the ICD-10's name for ADHD (off top of my head).

Link below to Garralda's response to Newson et al (2003):
https://adc.bmj.com/content/88/7/595.responses

Why did Garralda say it looks like Newson's cohort contained cases with ADHD?

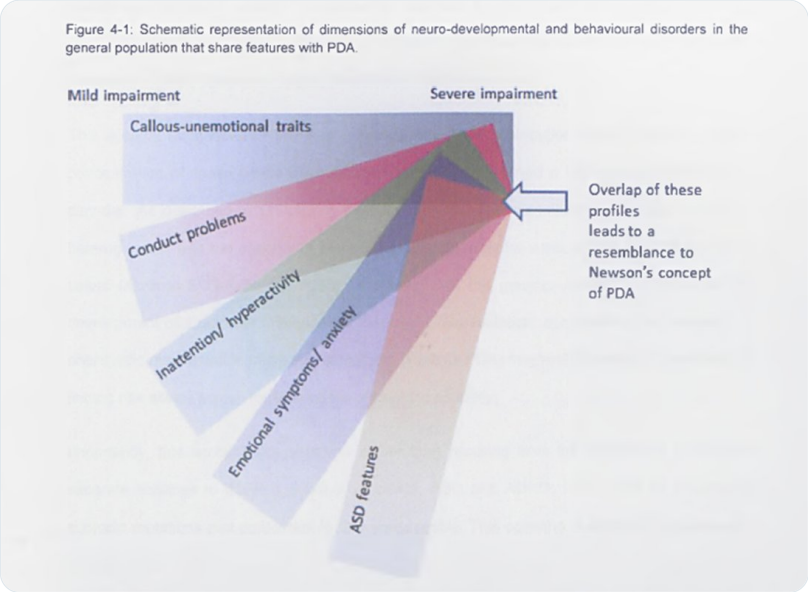
Probably because Newson described PDA as having:
"Lability of mood, impulsive, led by need to control" Newson et al, p597.

Even today key proponents of "PDA Profile of ASD" describe a key PDA trait as "Experiences excessive mood swings and impulsivity" From PDA Society's research report which pretends to be clinical guidance on PDA.

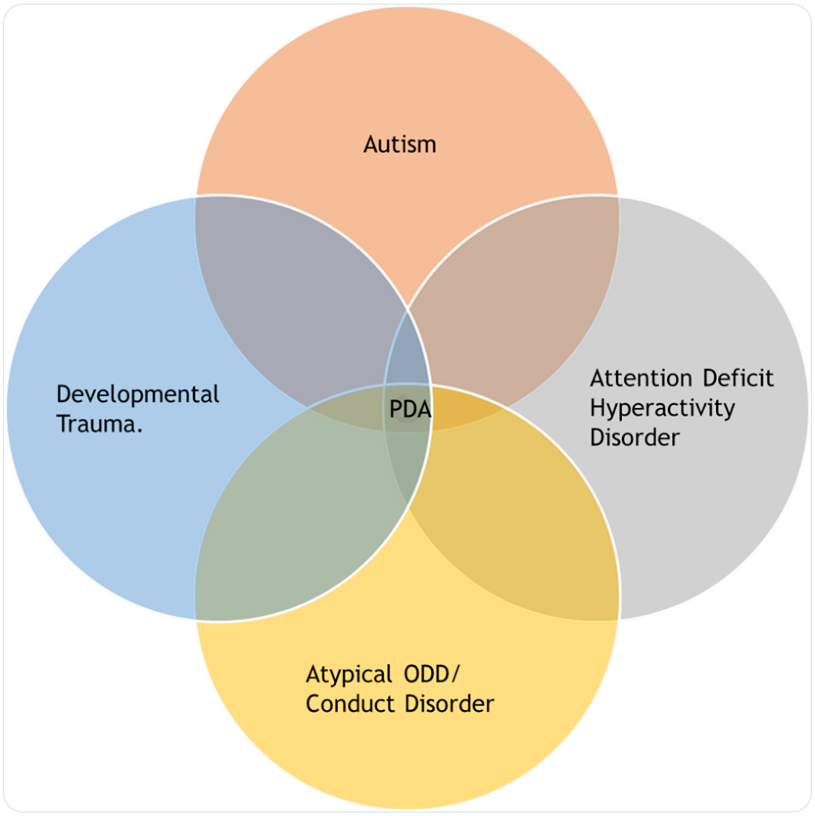
To add another example, Green et al (2018a) quoting National Autistic Society describe the trait as:
"Experiences excessive mood swings and impulsivity" p3 of the article.

Going back to Garralda, who first asked represents features from accepted diagnostic constructs/ difficulties, i.e., PDA is a pseudo-syndrome.

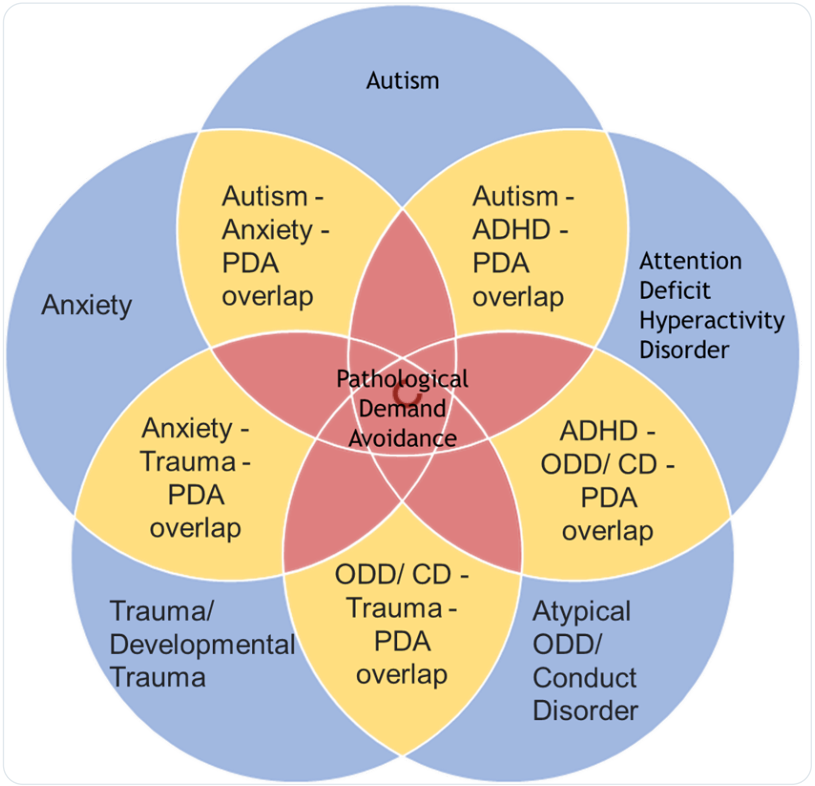
We see O'Nions modelling PDA this way in their 2013 thesis, on p93.



Later Richard Soppitt did a similar thing, in 2021 in the book chapter on PDA, from p299.



I have updated Soppitt's diagram in my short essay discussing PDA's four main school's of thought, so from p12.



There is also some empirical evidence indicating association between PDA features & ADHD.

"Further ongoing work by Kaushik (RCPsych CAP Faculty Annual Conference 2015 proceedings) has recognised that there are also associations between PDA, ADHD, and conduct disorder,..." Flackhill et al 2017, p65.

"High SDQ conduct and hyperactivity scores plus a clinical diagnosis of anxiety were highly predictive of scores above the pathological demand avoidance threshold on the EDA-Q..." Green et al 2018a, pp. 7-8.

"... particularly ADHD... were significant correlates of PDA, the correlation between ASD and PDA was small, and did not predict PDA. Multiple regression indicated that a combination of higher attention deficit, antagonism,... an individual's PDA score" Egan et al 2020 p1.

So the point of recent tweets, it appears that PDA as a construct, can be said to contain features associated with ADHD.

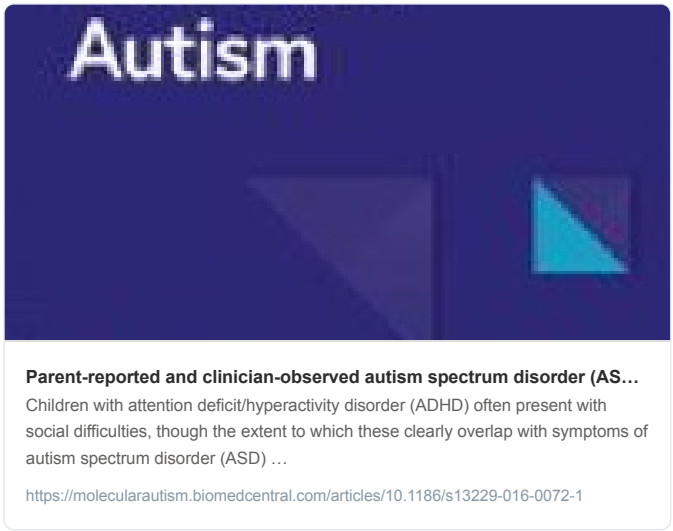
So why does this matter?

"Of the ADHD sample, 21 % met ASD cut-offs on the ADOS and 30 % met ASD cut-offs on all domains of the ADI-R."

ADOS has been reported to have a 21% false positive rate with ADHD, without autism.

Previous quote is from Grzadzinski et al 2016, abstract.

Link to the article:



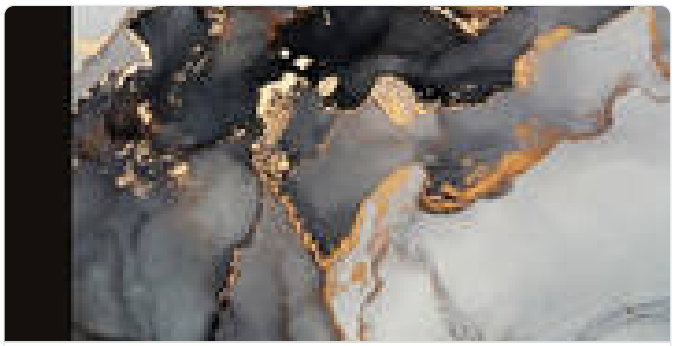
It turns out that many ADOS studies are at high risk of bias or have conflicts of interest. Mirroring issues with autism intervention research (& probably many PDA studies).

"we included 21 sets of analyses reporting different tools or cohorts of children from 13 publications, many with high risk of bias or potential conflicts of interest or a combination of both." Randall et al 2018, abstract.

Link to the Randall et al (2018) review.
https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009044.pub2/full

Why does the ADOS false positives with ADHD matter in relation to PDA?

As I go into great detail below (& elsewhere), there are MANY good reasons listed in PDA literature which makes it problematic viewing PDA to be a "Profile of ASD".



Rational (Pathological) Demand Avoidance | 7 | As a mental disorder an

Pathological Demand Avoidance (PDA) is a proposed mental disorder, which is simultaneously gaining substantial controversy and support. There is no consensus

https://www.taylorfrancis.com/chapters/edit/10.4324/9781003056577-7/rational-pathol…

Despite this, some choose to view PDA as a "Profile of ASD". E.g.,
"2.2 PDA as a profile on the autism spectrum" From p3 of PDA Society's research report which pretends to be clinical guidance.

I need to go back to reasons why PDA is not a form of autism, one of them is that PDA cannot be something it is more than. It is basic logic:
A + B + C ≠ A.

As noted previously PDA seems to contains features of ADHD.

Yet, we have a clear case of where key parties advocating for "PDA Profile of ASD" appear to be literally conflating non-autism features with autism, due to erroneously viewing PDA as a "Profile of ASD", in this case aspects of ADHD.

It is also worth mentioning ADHD itself is known for having social communication issues & that its features can present in social situations. Which probably contributes to false positives ADOS has with ADHD, due to nature of ADOS replicating certain social interactions.

So can be sure that ALL cases of "PDA Profile of ASD" are actually autistic, if assessment was done with the ADOS?

I would suggest probably not, no. It seems a reasonable risk there are some false positive autism diagnoses.

So as an example, are all the cases reported in Eaton & Weaver (2020) actually autistic, by accepted definitions of autism?

I will let others decide.
https://www.ingentaconnect.com/contentone/bild/gap/2020/00000021/00000002/art00005

Actually, one final point to highlight bias in Eaton & Weaver (2020), & other cases of using ADOS to assess for features of PDA, can probably be reasonably be viewed as leading to cases of non-autistic persons being diagnosed with autism, due to issues presented above.

Timimi & McCabe (2016) argue on pp.167-168 in their chapter on autism diagnostic & screening tools, the examiners bias will undoubtedly affect the ADOS assessment.

"Diagnoses and services are being refused in some areas with some professionals telling people 'we don't recognise that here'; individuals mentioned they had experienced this in Dorset, Kent, Bristol, Brighton and Hove, North Yorkshire and Wales, for example." Russell 2018, p14.

"Identification of PDA across the country is variable. There are some services and professionals who do not recognise PDA as a diagnostic term." p1 of 2022 PDA Society research report which pretends to be clinical guidance on PDA.

"Disagreement remains about whether pathological demand avoidance should be recognised as a distinct diagnosis. Some topic experts considered that appropriate recognition of coexisting conditions and individualised management strategies are sufficient." @NICEComms 2021, p47.

Point of last three quotes is that "PDA Profile of ASD" advocates position on PDA is not representative of broader clinical practice, research, & topic experts opinions on PDA.

As stated previously, there are many features of PDA, which make it problematic fitting PDA into the autism spectrum, such as PDA has aspects of ADHD.

Suppose a team knowing NOTHING about PDA conducted 351 autism assessments with the ADOS. Then a separate team of clinicians then used those then reviewed those autism assessment case notes to diagnose autism, autism + PDA traits, like using definitions from Eaton & Weaver (2020).

In such a hypothesised study, how likely is it that this study would only contain PDA cases who are autistic? I would suspect probably highly unlikely. As many cases of PDA are unlikely to be scored as being autistic by team conducting ADOS assessment...

... which then mean the independent-blinded team applying Eaton & Weaver (2020) PDA definitions separate from an autism diagnosis, in this hypothesised study. Are probably going to have less cases of PDA than Eaton & Weaver (2020), but also many non-autistic cases with PDA.

In the case of Eaton & Weaver (2020), one could probably use their PDA definitions to model PDA as a neurodevelopmental disorder; i.e., a separate diagnosis to autism. It seems an arbitrary by that research team to only diagnose PDA in their suspected entirely autistic cases.

Then again, in my view that research team's PDA definitions are also arbitrary.

The point I am making is that bias of "PDA Profile of ASD" advocates & limitations of ADOS tool. Means that it reasonable to assume there are going to be cases on non-autistic persons with PDA being diagnosed due to using ADOS to assess for PDA features.

Thinking about it, I probably should use Eaton & Weaver (2020) PDA definitions to see if I create a neurodevelopmental model for PDA, just to see if it can be done.

neurodevelopmental disorder model for PDA

On that note, I think I have done a good job making my point in this thread.

@threadreaderapp please can you unroll?

Thank you in advance.

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