

Evaluation of IQ in Children with Developmental Coordination Disorder

Sujatha.B¹
MPT (PhD), Assistant Professor
Saveetha College of Physiotherapy
Chennai, India

DR. Jagatheesan Alagesan²
MPT, PhD, professor, principal,
Saveetha College of Physiotherapy
Chennai, India

Priyanga Seemathan³
BPT 4th year,
Saveetha College of physiotherapy
Chennai, India

Sangeetha Sadhasivam⁴
BPT 4th year,
Saveetha College of physiotherapy
Chennai, India

Dr. Lal⁵
Professor, dept of paediatrics
Saveetha medical college
Chennai, India

Abstract:- Aim of the study is to find the intelligence quotient in children with developmental coordination disorder. 34 individuals were selected based on the inclusion and exclusion criteria out of which parents of 32 children participated in the study. DCD children were screened using DCDQ'07 questionnaire, BOT2 tool, DSM-V diagnostic criteria and the intelligence quotient is evaluated using Malins Intelligence questionnaire for Indian Children. The results were determined by statistical analysis, which shows DCD children do not have any significant IQ changes when compared with their peer group.

Keywords:- developmental coordination disorder, intelligence quotient, Malins Scale, BOT2 tool, DSM-V diagnostic criteria, DCDQ'07 questionnaire.

I. INTRODUCTION

Developmental coordination disorder (DCD) is an old entity that is been described by several terms over centuries to describe the children who were seen with predominant picture of motor difficulties¹. DCD is defined on the basis of the failure of learning or developing of a skill, habit or a quality by the child when compared to the peer group which includes both gross and fine movements, which is not understood by any impaired learning and they do not get the same opportunity to gain the motor skills which their peers gain². DCD is a developmental problem that is overlooked by the clinicians³.

Many literatures state that these difficulties will show a considerable impact on the children's lives by producing great struggles in planning and executing⁴. This disorder not only affects the children in school but also in their home activities⁵. They produce a contrast effect to these children when compared to normal children in acquiring the skills with little effort⁶. It is one of the most common childhood developmental disorders⁷.

The long term health impact and education problems due to this disorder is not yet understood⁸. Developmental coordination disorder (DCD) is a neurodevelopmental disorder that deficits both the gross and fine motor

coordination⁹. This disorder does not accompany any other disorders like severe intellectual or visual impairment, or the motor disabilities like cerebral palsy¹⁰. It is commonly seen around 5% of the school-aged children¹¹. Though it is guessed to be seen in 5% of the school-aged children it seem to be less well understood and very less recognised condition both in medical and educational setting¹².

Intelligence quotient is the measure of the reasoning ability of the person¹³. It is an estimated or determined measure that measures how well a person can use the information and logics to answer the questions that are being asked and to ask questions to others or make any predictions¹⁴. This test is used to measure short- and long-term memory¹⁵. This also measures the ability of the person to solve puzzles and to recall the information's that have been heard and how quick they are able to¹⁶.

The intelligence scale has an average of 100, if the person could achieve a score higher than 100, the person is considered to be smarter than the average person, and a score less than 100 indicates the person as less smart than the average person¹⁸.

Intelligence is an inferred process which is used to judge well, to understand, to reason out, to form concepts and to grasp their significance, and to adapt to the adequately new situations in the life¹⁹. So a person to lead a normal life as such their peer group intelligence is necessary²⁰.

II. MATERIAL AND METHODS

- *Study Design:*
Observational study.
- *Study Setting:*
 - Sri Visa matriculation school
 - Queen mary's nursery and primary school
 - Shree Bhagalakshmi memorial matriculation school.
- *Sampling Method:*
Random sampling method

➤ *Sample Size:*

32 students were selected between the age group of 9-14 years.

➤ *Inclusion Criteria:*

- Subjects age group- 9-14 years.
- Subjects involved both the genders.
- Normotensive.
- without any disabilities, impairment, or handicapped
- Subjects those who are willing to participate.

➤ *Exclusion Criteria:*

- Hypertensive patients.
- Children with any head injuries.
- Mental disorder.
- Other genetic defects.
- Subjects who are not willing to participate.
- Psychological problems.

➤ *Procedure:*

The study was designed as an observational study design, study setting was done at four different schools at Chennai. The number of students screened by (DCDQ07) were 750, out of which 34 children were found to be under DCD category, parents of 2 children were not willing to participate. Inclusion criteria included both the gender; children between the age of 9-14 years without any disabilities, impairment, or handicapped. The exclusion criteria included children with any head injuries, mental disorder, and any other genetic defects. The materials required for the study were “developmental coordination disorder questionnaire 2007 (DCD Q 07)”, bot-2 tool, Malins intelligence scale for Indian children (MISIC). DCD Children were screened using DCD 07 Q, BOT-2 tool and based on the DSM 5 Criteria. The DCD 07 is a used as a standard tool for screening the children with DCD, it is a valid and reliable questionnaire and the sensitivity and specificity of the questionnaire for the age group 7-17 years is 88.5% and 75.6% respectively, the scores between 15 to 57 indicated DCD²¹. This questionnaire consists of 15 components which is classified into three different components that included “control during movements” as the first component and the second component as the “fine motor and handwriting” and the finally the third component included “general coordination”²². During the procedure of completing the questionnaire, parents were guided by the investigator. Questionnaires that were completely filled were taken into count. BOT 2 tool was used to measure fine motor skills and gross motor skills of the children, DSM-5 diagnostic criteria was used to make a diagnosis of depression for the children. MISIC an intelligence test for children aged 6-15 years 11 months²³. The MISIC is highly reliable scale and it has a high validity and sensitivity score. The procedure takes about 2-2 and half hours, this test consists of 12 sub tests that are divided into 2 groups that consists of verbal scale which consist of 6 subtests and

performance scale that consist of 5 subtests²⁴. After the test completion the data were statistically analysed.

III. RESULT

From the statistical analysis, it has been revealed that there is no significant difference in intelligence quotient of children with and without DCD. The children with DCD does not show any significant changes in their IQ levels.

IV. DISCUSSION

Missiuna and rivard in their studies they concluded that the children with DCD suffer in expressing their true abilities as they find difficulty in doing their gross motor and fine motor skills which includes the writing works and handwriting²⁵.

Alloway in his research suggested that they face difficulties in academic activities like reading, memory, and solving problems²⁶. DCD is a disorder identified using the motor difficulties faced by the child and which in turn lead the child in various psychosocial problems as they find difficulties in spending their time with their peer group and participations in social activities, this was discussed by Sylvestre in 2013²⁷; and Campbell studied about bullying in 2012²⁸; and low self- worth and perceived self-competence was discussed by Piek and banyam in 2006²⁹.

In 2012 Lingam discussed about the relationship between DCD and internalising disorders that include anxiety and low mood³⁰. It is believed that this sequelae could lead to poor performance in the school.

Kadesjo and Gillberg in 1999 concluded that the DCD children might have specific learning disabilities, particularly dyslexia that leads the children to a secondary psychosocial consequences³¹. Kaplan and Dewey in their article they disclosed that often in the diagnosis of the DCD there is a combination of two or more developmental and educational milestones³².

Two researchers reported about the average level of IQ in about 108 countries and provinces³³.

In this research the US countries and the East Asia countries has the average test values within the expected ranges but the African countries have scored around and below 70³⁴. Even other researchers have bought into a disrepute that the people in the African countries have a lower IQ average³⁵.

Earlier the intelligence test was measured by hoe quick the person was able to respond³⁶. But a large disputes arose that the speed test does not predict a person's intelligence³⁷.

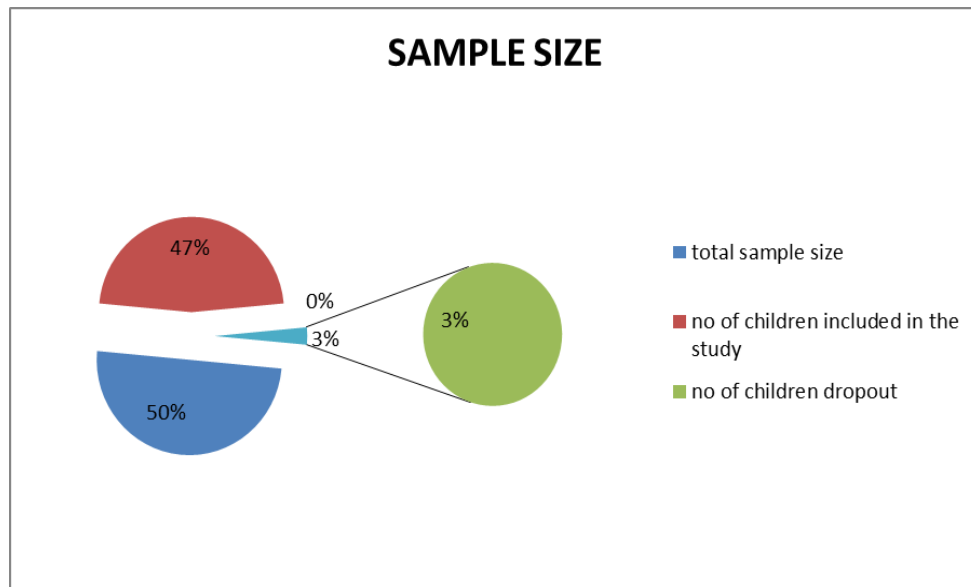


Fig 1

V. CONCLUSION

From the results, it has been proved statistically that DCD children could complete the task as their peer group. It is found that children with DCD does have any comparative changes in their IQ. The limitation of the current study includes small sample size and minimal duration. Future recommendations include larger sample size, Quality of life of DCD children and the difference between male children and female children can be assessed.

ACKNOWLEDGMENT

The authors are grateful to the authorities of Sri Visa matriculation school, Queen mary's nursery and primary school and Shree Bhagyalakshmi memorial matriculation school, to all Parents and School Teachers who rendered their full support.

➤ *Ethical Clearance: Taken from IEC- INSTITUTIONAL ETHICAL COMMITTEE SAVEETHA UNIVERSITY.*

REFERENCES

- [1]. Walton, JN, Ellis E, Court SDM. Clumsy children: developmental apraxia and agnosis. *Brain* 1962;85: 603-12 [PubMed] [Google Scholar]
- [2]. Gubbay SS, Ellis E, Walton JN, Court SDM. Clumsy children: a study of apraxic and agnosis defects in 21 children. *Brain* 1965;88: 295-312 [PubMed] [Google Scholar]
- [3]. Brenner MW, Gillman S. Visuo-motor ability in school children. *Dev Med Child Neurol* 1966;8: 686-703 [PubMed] [Google Scholar]
- [4]. Illingworth RS. The clumsy child. *Clin Pediatr* 1968;79: 539-43 [PubMed] [Google Scholar]
- [5]. Kaplan B, Wilson B, Dewey D, Crawford S. DCD may not be a discrete disorder. *Hum Movement Sci* 1998;17: 471-90 [Google Scholar]
- [6]. Gillberg C. Hyperactivity, inattention and motor control problems: Prevalence, comorbidity and background factors. *Folia Phoniatr Logop* 1998;50: 107-17 [PubMed] [Google Scholar]
- [7]. Pitcher TM, Piek JP, Hay DA. Fine and gross motor ability in males with ADHD. *Dev Med Child Neurol* 2003;45: 525-35 [PubMed] [Google Scholar]
- [8]. Rasta SP, Eliot J. Written expression in boys with attention deficit hyperactivity disorder. *Dev Med Child Neurol* 1999;41: 159-65 [PubMed] [Google Scholar]
- [9]. Kaplan BJ, Crawford SG., Wilson BN, Dewey D. Comorbidity of developmental coordination disorder and different types of reading disability. *J Int Neuropsychol Soc* 1997;3: 54 [Google Scholar]
- [10]. Kirby A. Overlapping conditions: overlapping management: services for individuals with developmental coordination disorder. In: Sugden DA, Chambers ME, eds. *Children With Developmental Coordination Disorder*. London: Whurr, 2005: 242-65
- [11]. Green D, Baird G. DCD and overlapping conditions. In: Sugden DA, Chambers ME, eds. *Children With Developmental Coordination Disorder*. London: Whurr, 2005: 93-118
- [12]. Adib N, Davies K, Grahame R, Woo P, Murray KJ. Joint hypermobility syndrome in childhood. A not so benign multisystem disorder? *Rheumatology* 2005;44: 744-50 [PubMed] [Google Scholar]
- [13]. Altarac M, Saroha E. Lifetime prevalence of learning disability among US children. *Pediatrics*. 2007;119(Suppl 1):S77-S83. [PubMed] [Google Scholar]
- [14]. Ramaa S. Two decades of research on learning disabilities in India. *Dyslexia*. 2000;6:268-83. [PubMed] [Google Scholar]
- [15]. Karanth P. Introduction. In: Karanth P, Rozario J, editors. *Learning disabilities in India: Willing the mind to learn*. New Delhi: Sage Publications; 2003. pp. 17-29. [Google Scholar]

- [16]. Kohli A, Malhotra S, Mohanty M, Khehra N, Kaur M. Specific learning disabilities in children: deficits and neuropsychological profile. *Int J Rehabil Res.* 2005;28:165–9. [PubMed] [Google Scholar]
- [17]. Agarwal KN, Agarwal DK, Upadhyay SK, Singh M. Learning disability in rural primary school children. *Indian J Med Res.* 1991;94:89–95. [PubMed] [Google Scholar]
- [18]. Snow CE, Burns MS, Griffin P. Washington, DC: US National Research Council Report; 2000. Preventing reading difficulties in young children. [Google Scholar]
- [19]. Kapur M, John A, Rozario J, Oommen A. NIMHANS Index of specific learning disabilities 1991. In: Hirisave U, Oommen A, Kapur M, editors. *Psychological assessment of children in the clinical setting.* Bangalore: National Institute of Mental Health and Neuro Sciences; 2006. pp. 72–121. [Google Scholar]
- [20]. Srinath S, Girimaji SC, Gururaj G, Seshadri S, Subbakrishna DK, Bhola P, et al. Epidemiological study of child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. *Indian J Med Res.* 2005;122:67–79. [PubMed] [Google Scholar]
- [21]. Agiovlasitis S., Pitetti K.H., Guerra M., Fernhall B. (2011) Prediction of VO₂peak from the 20-m shuttle-run test in youth with Down syndrome. *Adapted Physical Activity Quarterly* 28, 146-156. [PubMed] [Google Scholar]
- [22]. Hands, B., D. Larkin. DCD and physical fitness. In: *Developmental Coordination Disorder.* S. Cermak and D. Larkin (Eds.). San Diego, CA: Singular Press, 2002.
- [23]. Malin AJ. Lucknow: Indian Psychological Corporation; 1969. Manual for Malin's Intelligence Scale for Indian Children (MISIC) [Google Scholar]
- [24]. MacIntyre C, Deponio P. London: Routledge Falmer; 2003. Identifying and supporting children with specific learning difficulties: Looking beyond the label to assess the whole world. [Google Scholar]
- [25]. Kirby A, Davies R, Bryant A. Hypermobility syndrome and developmental co-ordination disorder. *Int J Ther Rehab* 2005;12: 431-7 [Google Scholar]
- [26]. O'Hare A, Khalid S. The association of abnormal cerebellar function in children with developmental coordination disorder and reading difficulties. *Dyslexia* 2002;8: 234-48 [PubMed] [Google Scholar]
- [27]. Tervo RC, Azuma S, Fogas B, Fiechtner H. Children with ADHD and motor dysfunction compared with children with ADHD only. *Dev Med Child Neurol* 2002;44: 622 [PubMed] [Google Scholar]
- [28]. Kooistra L, Crawford S, Dewey D, Cantell M, Kaplan BJ. Motor correlates of ADHD: contribution of reading disability and oppositional defiant disorder. *J Learn Disabil* 2005;38: 195-206 [PubMed] [Google Scholar]
- [29]. Hellgren L, Gillberg C, Gillberg C, Enerskog I. Children with deficits in attention, motor control and perception (DAMP) almost grown up: Psychiatric and general health at 16 years. *Dev Med Child Neurol* 1993; 35: 881-92 [PubMed] [Google Scholar]
- [30]. Sigurdsson E, van Os J, Fombonne E. Are impaired childhood motor skills a risk factor for adolescent anxiety? *Am J Psychiatry* 2002; 159: 1044-6 [PubMed] [Google Scholar]
- [31]. Hill EL. A dyspraxic deficit in specific language impairment and developmental coordination disorder? Evidence from hand and arm movements. *Dev Med Child Neurol* 1998;40: 388-95 [PubMed] [Google Scholar]
- [32]. Green D, Baird G, Barnett AL, Henderson L, Huber J, Henderson SE. The severity and nature of motor impairment in Asperger's syndrome: a comparison with specific developmental disorder of motor function. *J Child Psychol Psychiatry* 2002;43: 655-68 [PubMed] [Google Scholar]
- [33]. McLean JF, Hitch GJ. Working memory impairments in children with specific arithmetic learning difficulties. *Journal of Experimental Child Psychology* 1999, 74:240–60.
- [34]. Hale JB, Hoepfner JB, Fiorello CA. Analyzing Digit Span components for assessment of attention processes. *Journal of Psychoeducational Assessment* 2002, 20:128-143.
- [35]. Karatekin C, Asarnow RF. Working memory in childhood-onset schizophrenia and attention-deficit/hyperactivity disorder. *Psychiatry Research* 1998, 80:165–176.
- [36]. Lezak MD. *Neuropsychological Assessment*, (3rd ed). New York, NY: Oxford University Press, 1995.
- [37]. Mayes SD, Calhoun SL. WISC-IV and WISC-III profiles in children with ADHD *Journal of Attention Disorder* 2006, 9:486–93.