

CASER

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Recent Development of the Local Parent Association

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One of the missions of Child Assessment Service (CAS) is to work in partnership with parents and empower parents and their families to cope with the challenges of bringing up a child with special needs. The staff of CAS has worked together with community agencies to facilitate the development and formation of a local parent association on AD/HD. In early 2006, a group of parents with AD/HD children came together to develop objectives and membership criteria of the association. The Hong Kong Association for AD/HD was registered as a charitable organization under the Police Department Ordinance in December 2006 and held its official founding ceremony in November 2007. At that time, 100 members and donations from community agencies were attracted. The association has been operating without an official premise.

The major objectives of the association are to promote understanding and support for children and adolescents with AD/HD and to advocate for necessary services for these children and their families. One of their missions is to facilitate self-help and mutual support for parents. By linking families with similar predicaments, many parents discover the opportunity to share experiences and seek solutions to common problems.

Various social and recreational activities, such as, basketball programs, music lessons, emotional guidance groups, family camps were organized for the children and their families. Considering the misunderstandings of the condition of AD/HD by the public and professionals alike, the association has taken a strong initiative to raise public awareness

through various media interviews, community and school talks.

The Hong Kong Association for AD/HD had their biannual election in July 2009 and their members chose a new executive committee. A group of core members has gradually grown up in cohesion and solidarity. This group of parents was often invited to share their experiences and concerns in different occasions to teachers and social workers. They were also invited to appear on various TV and radio programs to speak on behalf of the welfare of their children. In the past year, the association continued to organize various talks and seminars for members as well as concerned parents. A drama class was organized for a group of AD/HD children and they had their premier performance in the last Annual General Meeting of the association. The first parent-training group for members was held with the assistance of The Boys' and Girls Club Association of Hong Kong (BGCA) centre in the summer. This offered a unique educational program to help parents navigate the challenges of bringing up AD/HD children. With the support of a sponsor, a new, user friendly website on the association was launched in September 2009 to facilitate communication with members and dissipate relevant information to the public.

The new executive committee has the mission to increase the membership of the association, encourage professional research and advocate for better and supportive environments for children and adolescents with AD/HD. One of their recent involvements was a joint effort with a social service agency to apply for a research fund in developing a training package for secondary school teachers who work with AD/HD students.

CAS Epidemiological Report on Attention Deficit Hyperactivity Disorder from 2003 to 2007

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Attention Deficit/Hyperactivity Disorder (AD/HD) is the most common neurobehavioural childhood disorder and is among the most prevalent of chronic health conditions affecting school-aged children. The fourth edition of the DSM (DSM-IV)¹, published in 1994, enumerated three subtypes for AD/HD: (a) predominantly inattentive type, (b) predominantly hyperactive/

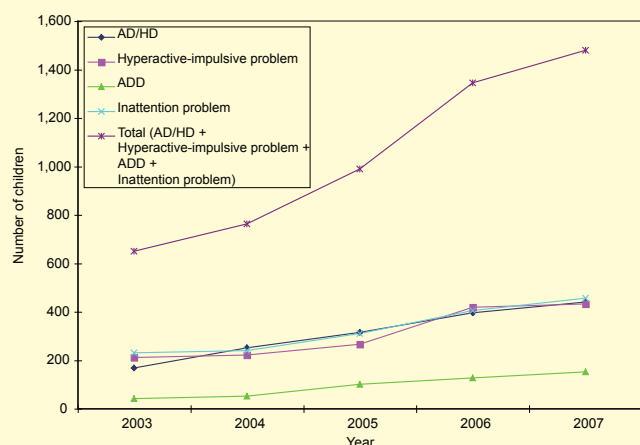
impulsive type, and (c) combined type (which include significant hyperactivity/impulsivity and inattention symptomatology).

The core symptoms of AD/HD include inattention, hyperactivity, and/or impulsivity. The associated behavioural problems are excessive, long term and pervasive. Children with AD/HD are often unable to sit still, plan ahead, finish tasks or follow what is going on around them. They may have significant functional problems, such as difficulties at school, academic underachievement, problematic interpersonal relationships with family members and peers, and low self-esteem^{2,3}. They also have higher incidence of co-morbid conditions, including specific learning disorder, developmental coordination disorder, oppositional defiant disorder, anxiety and mood disorder.

The present epidemiological report on children with attention deficit hyperactivity disorder includes data collected in CAS from January 2003 to December 2007. The data included two disorder subgroups i) attention deficit hyperactivity disorder comprised of predominantly hyperactive-impulsive type and combined type (hereinafter as AD/HD), and ii) attention deficit hyperactivity disorder predominantly inattention type (hereinafter as ADD) based on the DSM classification system⁴. We have also included data on two other "problem-level" subgroups, which conditions do not yet reach clinically disorder level but to a certain extent do affect children's daily functioning, and need further monitoring. They are iii) hyperactive-impulsive problem, and iv) inattention problem.

In the above five year period, a total number of 1569 children were diagnosed to have AD/HD and 469 have ADD. There were 1547 children with hyperactive-impulsive problem and 1640 with inattention problem (Figure 1). The rising trend might reflect an increased awareness of parents and professionals.

Figure 1. Number of children diagnosed with attention deficit/hyperactivity disorder (AD/HD) or attention deficit disorder (ADD), 2003 to 2007



The number of children diagnosed for AD/HD and hyperactive-impulsive problem were similar (Figure 2). For those children with ADD and inattention problem, we had more number in the problem range (Figure 3). This might reflect that ADD is often more difficult to be diagnosed as young children with inattention problem often has less reported clinically significant difficulties compared with the disruptive nature of hyperactive-impulsive behavior.

Figure 2. Number of children diagnosed with attention deficit/hyperactivity disorder (AD/HD) and hyperactive-impulsive problem, 2003 to 2007

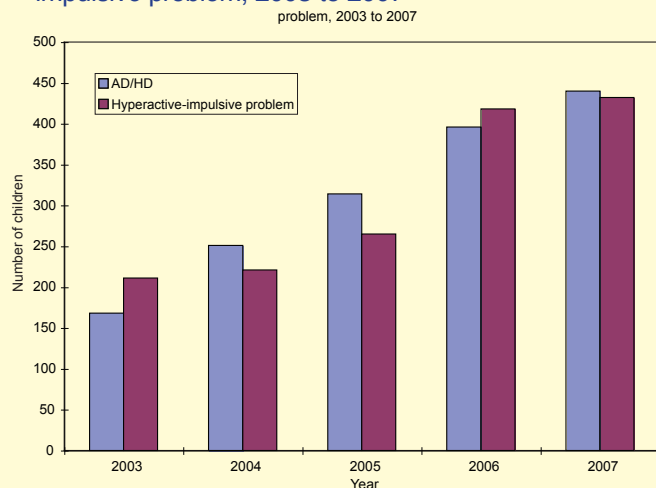
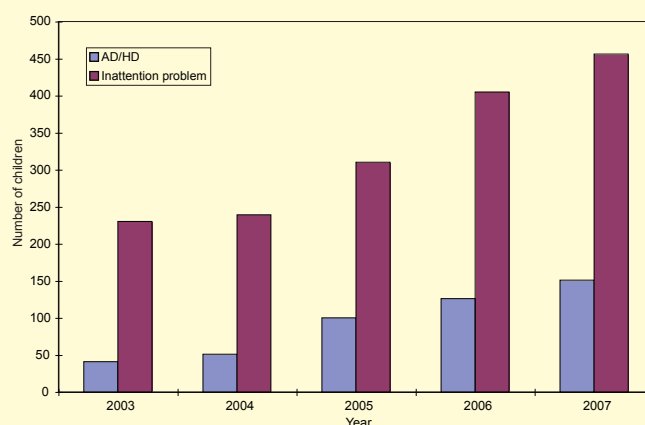


Figure 3. Number of children diagnosed with attention deficit disorder (ADD) and inattention problem, 2003 to 2007



Gender Ratio

Overall, the average male-to-female ratio was 4.1 : 1. It was comparable to figures reported in other studies ranging from 4 : 1 to 9 : 1 depending on settings in which data was collected⁴. When AD/HD and ADD were securitized separately, the ratio is 6.8 : 1 and 2.8 : 1 respectively. Similar pattern of difference was observed in hyperactive-impulsive and inattention problems, with ratio of 5.8 : 1 and 2.5 : 1 respectively. These figures suggested that boys were more likely to exhibit disruptive behavior (Table 1).

Table 1. Number of children with attention deficit/hyperactivity disorder (AD/HD) by sex, 2003 to 2007

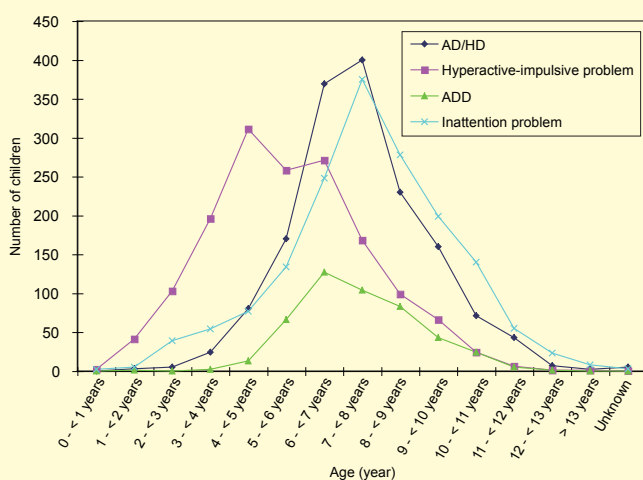
Sex	Disorder level		Problem level	
	AD/HD (n=1,569)	ADD (n = 469)	Hyperactive-impulsive (n = 1,547)	Inattention (n = 1,640)
	n (%)	n (%)	n (%)	n (%)
Male	1,363 (86.9)	346 (73.8)	1,317 (85.1)	1,163 (70.9)
Female	201 (12.8)	123 (26.2)	229 (14.8)	473 (28.8)
Unknown	5 (0.3)	0 (0)	1 (0.1)	4 (0.2)

Age at Which Diagnosis was Made

About half of these children (55.4%) were diagnosed at their early primary school years, between 6 to 8 years old. For children with disruptive behavior, more functional difficulties are expected in primary school setting where there is more demand on discipline compared to kindergarten. Thus, increasing number of children would be referred for assessment when they start primary school. For AD/HD, ADD and inattention problems, the number of cases diagnosed peaked at 8 years to 8 years 11 months. For the hyperactive-impulsive problem,

it peaked earlier at 5 years to 5 years 11 months (Figure 4). This is understandable as parents are usually less tolerant of their children's disruptive behaviours than their inattention problem. For those with mainly inattention problem, parents would seek help when their academic performance is being affected in the primary school years. As AD/HD is sometimes difficult to be diagnosed in the preschool years, it is possible that some preschool children with hyperactive-impulsive problem are later confirmed to have AD/HD as they get into school age.

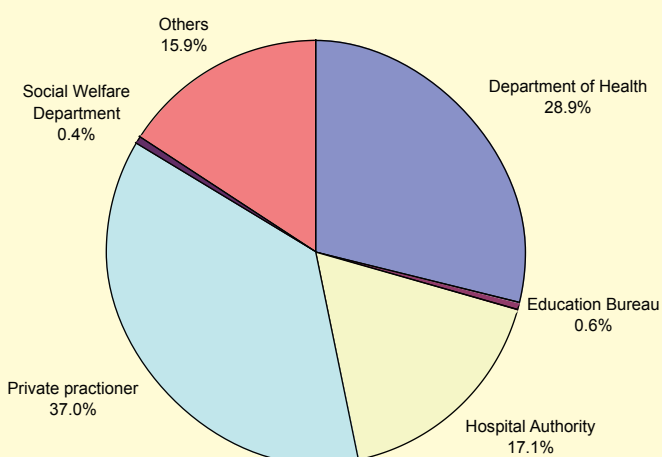
Figure 4. Number of children with AD/HD, ADD, hyperactive-impulsive problem and inattention problem by age at which diagnosis was made, 2003 to 2007



Sources of Referral

Private practitioner was the major source of referral representing 37% of the cases referred. This might reflect that parents are becoming more aware of developmental and behavioral problems in their children, and actively seek

Figure 5. Number of children with AD/HD by source of referral, 2003 to 2007



medical advice and referral for assessment. The Department of Health was another major source of referral accounting for 28.9% of the cases. Maternal and Child Health Service provides developmental surveillance for early identification of developmental problems in preschool children, while Student Health Service provides regular annual medical checkup for school children. For the children referred by Hospital Authority, the third major referrer, about 70% of them were referred from the Department of Paediatrics. Other sources of referral included Education Bureau and Social Welfare Department.

Reasons for Referral

In general, emotional / behavioral difficulties and learning problem were the two most common reasons for referral, which comprised 67.6% of all referrals. The picture is slightly different when hyperactive-impulsive and inattentive types of problem are examined separately.

For the cases with AD/HD and hyperactive-impulsive problem, about half of them were referred because of emotional / behavioral difficulties. Whereas for cases with ADD and inattention problem, learning problem was the most common reason for referral, accounting for more than one third of the cases (Table 2).

Table 2. Referral reasons of children diagnosed with attention deficit/hyperactivity disorder (AD/HD) and attention deficit disorder (ADD), 2003 to 2007

Referral reason	Disorder level		Problem level	
	AD/HD (n=1,569)	ADD (n = 469)	Hyperactive-impulsive (n = 1,547)	Inattention (n = 1,640)
	n (%)	n (%)	n (%)	n (%)
Articulation & other speech problems	22 (1.4)	9 (1.9)	27 (1.7)	32 (2.0)
At risk baby (e.g. VLBW)	4 (0.3)	1 (0.2)	8 (0.5)	7 (0.4)
Developmental delay	37 (2.4)	9 (1.9)	90 (5.8)	74 (4.5)
Emotional / Behavior difficulties	871 (55.5)	151 (32.2)	775 (50.1)	444 (27.1)
Hearing problem	10 (0.6)	2 (0.4)	26 (1.7)	19 (1.2)
Language problem	64 (4.1)	14 (3.0)	155 (10.0)	155 (9.5)
Learning problem	279 (17.8)	202 (43.1)	201 (13.0)	607 (37.0)
Motor problem	30 (1.9)	15 (3.2)	35 (2.3)	39 (2.4)
Visual problem	2 (0.1)	0 (0)	3 (0.2)	3 (0.2)
Others	250 (15.9)	66 (14.1)	227 (14.7)	260 (15.9)

Comorbid Conditions

Dyslexia, specific language impairment, and developmental coordination disorder were the three most common comorbid conditions. On the other hand, a relatively small number of cases diagnosed were also found to have oppositional defiant disorder (ODD) or conduct disorder (CD), with average of 4.9% and 0.04% over the years respectively. The figures were not comparable to those reported in literature, between 30% to 60% of clinic-referred children with AD/HD would meet diagnostic criteria of ODD or CD⁵. This might be due to the young age of our sample for which ODD or CD are less frequently diagnosed. It was also noted that the number of Tourette syndrome or Tics was also relatively small. (Table 3).

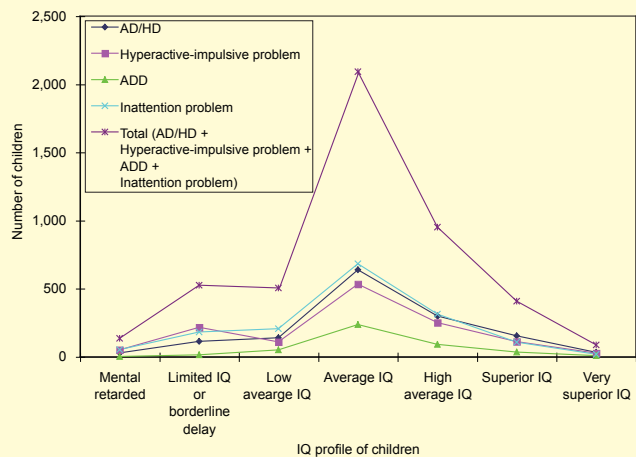
Table 3. Comorbid conditions of children with attention deficit/hyperactivity disorder (AD/HD) and attention deficit disorder (ADD), 2003 to 2007

Comorbid condition	Disorder level		Problem level	
	AD/HD (n=1,569)	ADD (n = 469)	Hyperactive- impulsive (n = 1,547)	Inattention (n = 1,640)
	n (%)	n (%)	n (%)	n (%)
Conduct disorder	3 (0.2)	0 (0)	0 (0)	0 (0)
Developmental coordination disorder	106 (6.8)	54 (11.5)	55 (3.6)	121 (7.4)
Dyslexia	508 (32.4)	239 (51.0)	316 (20.4)	630 (38.4)
Emotional problem	52 (3.3)	33 (7.0)	64 (4.1)	92 (5.6)
Oppositional defiant disorder	110 (7.0)	11 (2.3)	110 (7.1)	51 (3.1)
Specific language impairment	179 (11.4)	74 (15.8)	281 (18.2)	322 (19.6)
Tourette Syndrome or Tics	4 (0.3)	0 (0)	7 (0.5)	5 (0.3)

Cognitive Profile

There may be a belief that features of AD/HD are more common among talented children with superior intelligence. CAS data showed that, in general, the number of children with AD/HD or ADD was evenly distributed across different levels of intellectual functioning (Figure 6). About 1.8% of the total number of children diagnosed was found to have very superior IQ, and the figure was comparable to 2.2% as in the general population.

Figure 6. IQ profile of children with AD/HD, hyperactive-impulsive problem, ADD and inattention problem, 2003 to 2007



Management Plan

In CAS, after comprehensive assessment, we provide interim support services for parents of children with AD/HD and ADD. AD/HD information days give information on clinical presentation, etiology and treatment options of the disorder, available school support and community resources. There are also parenting groups to help the parents with skills in handling children with disruptive behavior. Community resources, including AD/HD parent association, would also be introduced to parents.

For children diagnosed with AD/HD and ADD, 84.5% and 80.6% respectively were referred to child psychiatric service for further evaluation and longer term management. These children were likely to have adjustment or learning problems at school, and around two third of them (58.2% for AD/HD and 60.8% for ADD) were referred to educational psychologist for behavioral and educational support in school. Compared to AD/HD, children with ADD were more common to have learning problem as the referral reason (Table 2) and associated with dyslexia (Table 3), more of them were referred for intensive remedial service at school, compared to children with AD/HD. For those at problem level, a less percentage experienced functional difficulties and needed referral for child psychiatry and educational psychologist services (Table 4).

Table 4. Management plan of children with attention deficit/hyperactivity disorder (AD/HD) and attention deficit disorder (ADD), 2003 to 2007

Management plan	Disorder level		Problem level	
	AD/HD (n=1,569)	ADD (n = 469)	Hyperactive- impulsive (n = 1,547)	Inattention (n = 1,640)
	n (%)	n (%)	n (%)	n (%)
Child psychiatric service	1,326 (84.5)	378 (80.6)	537 (34.7)	274 (16.7)
Educational psychology service	913 (58.2)	285 (60.8)	482 (31.2)	682 (41.6)
Intensive remedial service	440 (28.0)	209 (44.6)	325 (21.0)	605 (36.9)

Conclusion

The present data shows that AD/HD is a condition quite commonly found in school age children. If the condition was not recognized and well treated, the impact on the child's academic performance, social life, and adjustment at school, and on their families could be detrimental. The rising number of children being diagnosed over the years reflects that medical professional, parents and teachers are more aware of the problem. Yet, with more number of children being diagnosed, extra effort and resources are needed in planning treatment and support for the children and their families. Considered the developing nature of children, timely support is considered the utmost important. Further study on development and needs of children with AD/HD in local setting can help rehabilitation planning for the condition.

References

1. American Psychiatric Association. Diagnostic Statistical Manual: Fourth Edition. Washington DC: American Psychiatric Association, 1994.
2. American Psychiatric Association. Diagnostic Statistical Manual: Fourth Edition, Text Revised. Washington DC: American Psychiatric Association, 2000.
3. Gentschel DA, McLaughlin TF. Attention deficit hyperactivity disorder as a social disability: characteristics and suggested methods of treatment. *Journal of Developmental & Physical Disabilities* 2000;12(4), 333-47.
4. Marshall RM, Hynd GW, Handwerk MJ, & Hall J. Academic underachievement in ADHD subtypes. *Journal of Learning Disabilities* 1997;30(6), 635-42.
5. Mash EJ, Barkley RA, editors. *Child psychopathology*. New York: Guilford Press, 1996.

Knowledge and Attitude of Hong Kong People towards Children with Attention Deficit/Hyperactivity Disorder (AD/HD): What Have Been Learnt from a Hong Kong Thematic Household Survey (THS)

What comes to your mind when you are asked to help a 7-year-old child with attention deficit/hyperactivity disorder (AD/HD) to finish lunch at a fast food restaurant: he/she can't stop running off when you expect him/her to focus on his/her soda and French fries; he/she keeps on disturbing children sitting at the next table, after you finally nail him/her to the dinning chair; you ask him/her to wipe hands with napkin after they finish, but it seems that he/she is not listening.

Perhaps one of these match your impression. Excellent, you have identified a few commonly seen features of a child with attention deficit/hyperactivity disorder (AD/HD). However, the general public in Hong Kong may not be as knowledgeable as you are.

Child Assessment Service (CAS) commissioned the Hong Kong Census and Statistics Department to conduct a Thematic Household Survey (THS) in 2007-08. In the survey, 8,096 households were successfully enumerated and the respondents, who had to be aged 18 or above, were asked about their awareness of different types of childhood developmental disability. Further views on and attitudes towards four selected disabilities, including mental retardation (or mental deficiency); autistic spectrum disorder (or autism); attention deficit / hyperactivity disorder (AD/HD) and dyslexia were also collected.

The general public in Hong Kong showed a range of misconceptions about children with attention deficit/hyperactivity disorder (AD/HD) (Table 1). The questions to which most replied incorrectly are: "AD/HD can only be found in children" (33.2%) and "children with AD/HD are actually gifted, and this explains for their lack of desire to attend ordinary class and inability to sit properly in class" (33.2%). Both are in fact false statements¹ (Table 1).

Table 1. Incorrect response on the statements regarding attention deficit/hyperactivity disorder (AD/HD)

Statements regarding AD/HD	Response-Incorrect*
AD/HD can only be found in children (False statement)	33.2%
Children with AD/HD are actually gifted, and this explains for their lack of desire to attend ordinary class and inability to sit properly in class (False statement)	33.2%
Children with AD/HD are only more active or less attentive than others. These features will disappear when they grow up (False statement)	29.0%
Children who can sit down properly and focus their attention during TV game playing will not have the problem of AD/HD (False statement)	23.1%
Lack of parental discipline is the major cause of AD/HD in children (False statement)	13.0%

Note: *Those strongly agreed / agreed to a false statement and strongly disagreed / disagreed to a true one are both regarded as having incorrect response on that aspect.

But how many Hong Kong people are aware of this common medical condition? The survey¹ showed that 4 515 400 (82.9%) had heard of AD/HD, putting AD/HD to the fifth place among the ten commonly seen childhood developmental disabilities, while autistic spectrum disorder (or autism) (91.1%) and cerebral palsy (48.4%) were at the top and bottom of the list respectively (Table 2).

When compared to a child with dyslexia, a child with autistic spectrum disorder and a child with mental retardation, the survey¹ showed the public least agreed to accept “their [the respondents] children to have classmates with AD/HD” (74.2%); and to accept “a child with AD/HD as neighbor” (79.5%) (Table 3).

Table 2. Persons aged 18 and over by whether had heard of different types of childhood developmental disability

Whether had heard of different types of childhood developmental disability #	No. of persons ('000)	%
Yes	5 156.1	94.7
1st: Autistic spectrum disorder (or autism)	4 958.5	91.1
5th: Attention deficit/hyperactivity disorder (AD/HD)	4 515.4	82.9
10th: Cerebral palsy	2 636.4	48.4
No	288.1	5.3
Total	5 444.2	100

Note: # Multiple answers were allowed.

Despite AD/HD's high prevalence, the availability of effective medical, behavioural and education measures to support affected individuals, and its life long implications on learning, work and personal life, public awareness and acceptance of children and adults with AD/HD remain limited in Hong Kong. Solid pre-service exposure AD/HD in medical, allied health, nursing and teacher preparation is essential, and for those working with children, continuing education on AD/HD, as for other common developmental problems, is strongly indicated. Through the work of these professionals, public education and parent understanding can in turn be further promoted.

Reference

1. Census and Statistics Department. Thematic Household Survey Report No.34: Public Awareness and Attitudes towards Developmental Disabilities in Children. Hong Kong: Census and Statistics Department; 2008.

Table 3. Accepting response on statements regarding integration by type of disability

Statements regarding integration	Accepted (%)			
	AD/HD	Dyslexia	Autistic spectrum disorder	Mental retardation
Whether agreed that children with that disability was suitable for attending mainstream primary schools	48.9	48.4	45.3	28.4
Whether accepted their children had classmates with the disability	74.2	87.0	82.7	80.3
Whether accepted the children with that disability as neighbours	79.5	94.0	90.3	89.6
Whether would agree to let relatives and friends know the condition of their children if their children were with that disability	95.0	95.0	94.3	94.2



Recent Publication and Scientific Presentations

Publication

Chan SHS, Yam KY, Yiu-Lau BPH, Poon CYC, Chan NNC, Cheung HM, Wu M, Chak WK. Selective dorsal rhizotomy in Hong Kong: multidimensional outcome measures. *Pediatric Neurology* 2008;39(1):22-32.

Scientific Presentations

The following presentations were conducted between October 2008 and December 2009:

Managing children with dyslexia: speech therapist's perspective on 30 December 2009 at Comprehensive Paediatric Rehabilitation Centre, PYNEH by *NG Kwok-hang*.

自闭症：香港的情况及实践

深圳市妇幼保健院第七届儿童体智发展专科联合会议孤独症谱系障碍，二零零九年十二月十三日
藍芷芊

Management of young children with developmental disabilities - experience and local scene in Hong Kong on 23 to 26 November 2009 at 19th Asian Conference on Mental Retardation - Towards Holistic Development (Singapore) by *TANG May-ling* and *CHEN Yuk-ki*.

处理痉挛的医学原则-鉴别、挑选与康复：脑瘫儿童步态问题及干预方法
广东省东莞市“长江新里程计划（第二期）脑瘫儿童康复及残疾预防项目”，二零零九年十一月二十一日
姚刘佩香

脑瘫儿童之非口语沟通及辅助工具的设计与使用
广东省东莞市“长江新里程计划（第二期）脑瘫儿童康复及残疾预防项目”，二零零九年十一月十四日
萧洁玲

如何提昇讀寫困難學生的書寫能力 on 5 and 12 November 2009 at Foundation Certificate in Special Education (Specific learning difficulties in reading and writing), Hong Kong University SPACE by *CHUI Mun-ye*.

Diagnosis and management of children with hearing impairment - role of audiologist on 30 October 2009 at Hong Kong Nurses General Union and the Nurses Branch of Hong Kong Chinese Civil Servants' Association by *TSE Lai-ying*.

Dyslexia: neuro-biological and genetic aspects on 28 October 2009 at Chinese University of Hong Kong by *LAM Chi-chin*.

Developmental paediatrics in Hong Kong and Assessments in developmental paediatrics on 14 to 18 October 2009 at 13th Asian Pacific Congress of Pediatrics and 3rd Asian Pacific Congress of Pediatric Nursing (Shanghai, China) by *LAM Chi-chin*.

Specific learning difficulties in reading and writing on 8 and 15 October 2009 at Foundation Certificate in Special Education, Hong Kong University SPACE by *LAM Wai-fan*.

Attention deficit hyperactivity disorder on 7 October 2009 at course of Master of Educational and Child Psychology, Hong Kong Polytechnic University by *LIU Ka-ye*.

及早認識幼兒階段的聽說困難及輔導策略 on 28 November 2009 at Tsz Wan Shan Children and Youth Integrated Services Centre, The Boys' and Girls' Clubs Association of Hong Kong by *CHAN Wai-ki*.

Assessment for anxiety problems in children in Hong Kong (Personality and psychopathology) on 28 September 2009 at course of Master of Social Sciences in Clinical Psychology, Department of Psychology, The University of Hong Kong by *LAU Wai-ye*.

Auditory neuropathy: clinical features, risk factors, audiological profiles, management and development outcome on 4 to 7 August 2009 at 10th Asia Pacific Congress in Deafness in connection with 10th Hearing International Annual Meeting - HI and 2nd ASEAN Academy of Neuro-Oto-Audiology-AANO (Bangkok, Thailand) by *CHAN Pui-suen*.

Classification system for disabled athletes on 23 June 2009 at Centre for Special Needs and Studies in Inclusive Education, Hong Kong Institute of Education by *LEUNG Yim-fan*.

Autism in Hong Kong

協康會“華人社區自閉症研究和服務發展新趨勢”研討會，二零零九年六月二十日
藍芷芊

处理痉挛的医学原则-鉴别、挑选与康复：脑瘫儿童步态问题及干预方法
浙江省杭州市“长江新里程计划（第二期）-脑瘫儿童康复及残疾预防项目”，二零零九年六月九日至十二日
姚刘佩香

Dyslexia in Hong Kong over the past two decades on 15 May 2009 at the 1st International Conference on Reading & Writing: “Updates on Managing Dyslexia”, Conference by *LAM Chi-chin*.

Facial emotion processing ability of children with autistic spectrum disorders: using morphed stimuli on 27 February 2009 at Meeting of Minds 3 - A Conference on Autism + - A Multidimensional Approach - Research and Practice (Herning, Denmark) by *LAM Ling*.

Specific learning difficulties in reading and writing on 12 and 19 February 2009 at Foundation Certificate in Special Education, Hong Kong University SPACE by *LAM Wai-fan*.

The screening and assessment of children with specific learning disabilities on 10 January 2009 at Conference on Services for Pre-school Children with Special Needs, The Hong Kong Council of Social Service by *LAM Chi-chin*.

处理痉挛的医学原则-鉴别、挑选与康复
广东省东莞市“长江新里程计划-脑瘫儿童康复及残疾预防项目”，二零零九年一月十日
姚刘佩香

Survey on AAC use in Hong Kong on 13 December 2008 at Seminar on AAC Survey Findings, AAC Working Group, HKCNDP by *LAM Chi-chin*.

Comprehensive assessment for children with cerebral palsy: bridging the gap between community and hospital rehabilitation on 25 to 29 October 2008 at 3rd Beijing International Forum on Rehabilitation (Beijing, China) by *YIU-LAU Pui-heung*.



Next Issue

The next issue of CASER will be released in June 2010. The featured topic is on cerebral palsy.

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