

PE1625/H

NHS Western Isles submission of 27 April 2017

Pathological Demand Avoidance

Pathological Demand Avoidance (PDA) is not a recognised condition within classification and diagnostic tools, such as DSM-5 and ICD-10, or within national clinical guideline (SIGN and NICE). Therefore, clinicians working in the local CAMHS service do not recognise this as a standalone diagnosis.

CAMHS clinicians view PDA patterns of behaviour as part of an Autistic Spectrum Disorder (ASD) rather than a differential diagnosis. These behaviours are identified within clinical assessment, following which a shared understanding of difficulties is developed in collaboration with the young person and their family along with other agencies involved in their care (such as education and social care). This understanding would then inform person-centred intervention. This is in-keeping with the available evidence-base and good practice guidance.

Identifying behaviours within a PDA framework creates a number of challenges, which are outlined as follows:

- A young person with ASD may have a co-existing mental health condition (anxiety, depression, attachment disorder) that risks being misidentified as PDA.
- PDA is described as a “pervasive development disorder”. Providing a biological explanation for behaviour may limit engagement in evidence-based interventions (such as parenting programmes). Good clinical practice would consider biopsychosocial models for understanding and responding to the behaviour.
- Females with ASD can present as more socially able. There is therefore a risk of misdiagnosis of PDA when in fact the behaviours are part of an ASD profile. More research is required in this area.