

Repetitive Behaviour in Cornelia de Lange

'Repetitive behaviour' is an umbrella term given to a number of different types of behaviours.

Research papers

Moss et al. (2009) explored repetitive behaviours in a number of syndromes. The list below shows the percentage of individuals who engaged in a repetitive behaviour once/or more than once a day. This information is based on a sample of 101 individuals with CdLS:

59.4%	Repetitive movement of hands
<i>54.5%</i>	Repetitive movement of objects
47.8%	Repetitive questions
46.5%	Preference to particular objects
45.7%	Attachment to particular persons
44.6%	Repetitive movement of body
41%	Insistence on the sameness of routines
28.7%	Repetition of phrases/sounds/signs
28.3%	Echolalia – repetition of speech that has
	just been recently heard
	(e.g. Mum: "Jack don't do that", Jack: "Jack don't do that")
27.7%	Lining up or arranging objects
23.8%	Completion behaviour – insistence on
	having objects or activities 'complete' or
	'whole' (e.g. open or closed not in
	between)
22.8%	Rituals
<i>22.8%</i>	Just right behaviour – insistence objects
	always remain in the same place
21.8%	Hoarding
20.8%	Tidying Tidying
Occurrence	Other – Restricted conversation (19.6%),
f less than	Spotless behaviour (18.8%) Organising
20%	objects (13.9%), Cleaning (7.9%)

Hyman et al. (2002) explored compulsive behaviour in 88 individuals with CdLS:

- * 87.5% demonstrated at least one form of compulsive like behaviour
- * Ordering and checking compulsions were the most common forms
- * A greater number of compulsive behaviours were seen in **older** individuals

Key Facts

- ★ Studies show that approximately 70 80% of individuals with CdLS show repetitive behaviours.
- Although individuals with CdLS may show other repetitive behaviours, *tidying up* and *lining up behaviours* appear to be highly characteristic of CdLS and occur less often in other genetic disorders.
- ★There is evidence to support both biological and environmental factors play a role.



Theories

There are a number of emerging theories about why repetitive behaviours occur. These explanations are still being researched.

➤ Executive dysfunction theory.

Behaviour may occur because of problems with executive functions (cognitive processes). Individuals may find it hard to stop behaviours, or find it difficult to start something new by shifting to a different behaviour. **There is some preliminary evidence** to support this from other genetic syndromes (i.e. Fragile X, Rubinstein-Taybi and, in particular, Prader Willi syndrome).

- ➤ Homeostatic theory. Behaviour may help with self-regulation. In situations where stimulation is low or too high individuals may engage in behaviour to increase/decrease physiological arousal.
- Perceptual reinforcement theory. Behaviour may be rewarded by the sensory experience of the behaviour.
- **Developmental theory**. Repetitive behaviours are present in typically developing children before declining. In children with intellectual disability development is halted so it may be that decline is not seen.
- Neurotransmitter theories. Behaviour may be related to differences in neurotransmitters in the body (chemicals in the body which carry messages).







