



THE POWER OF TWO: CO-DIAGNOSIS AND WHAT DOES THIS GET YOU?

2025 *MED13L* and *CTNNB1* Family and Scientific Conference
Boston 2025

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Disclaimer

I am a clinician, but not necessarily your child's clinician.
Speak to your medical provider about any recommendations.

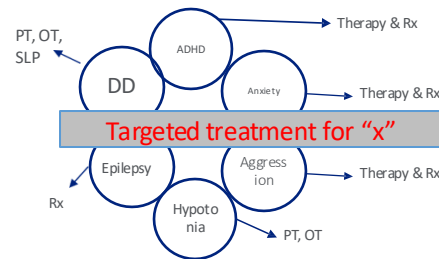
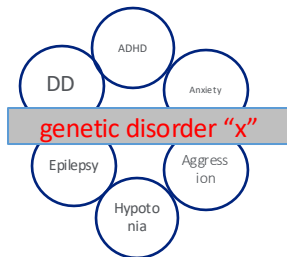
neurodevelopmental concerns



What is the diagnosis?

What do I do to treat this?

What can I expect for the future?



Natural History of
"x"



Neurodevelopmental disorders

- 1 in 10 individuals have a neurodevelopmental disorder
- Group of conditions with onset in the developmental period (delays & atypia)
 - Global developmental delay, intellectual disability, cerebral palsy, autism spectrum disorder, attention deficit hyperactivity disorder (ADHD), specific learning disorders in reading (dyslexia), writing (dysgraphia) and mathematics (dyscalculia)
- Typically manifest in development, often before child enters grade school and characterized by developmental deficits that produce a range of impairments
 - Motor skills
 - Communication skills
 - Personal skills
 - Social
 - Academic
 - Occupational functioning
- Many have **overlapping features & common comorbidities**
- Up to 30% of NDDs have genetic etiology/risk factor



Prior NDD Diagnoses

(Simons Searchlight v13)

- ADHD
- Autism Spectrum Disorder (ASD)
 - PDD - NOS
- (Autistic Regression)
- Learning disorder
- Intellectual disability
- Developmental coordination disorder
- Stuttering

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(Simons Searchlight v13)

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- Learning disorder
- Intellectual disability
- Developmental coordination disorder

Prior Non-NDD Diagnoses (*Simons Searchlight*)

- Anxiety, Bipolar disorder, Conduct disorder, Mania, OCD, ODD, SIB
- Eating disorder
- Encopresis/fecal incontinence
- Enuresis/ incontinence
- Hyperphagia
- Language apraxia
- Language disorder
- Dysarthria
- Hypotonia
- Pica
- Sensory integration disorder
- Swallowing problem (dysphagia)

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Hot off the press!

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Genetic Evaluation of the Child With Intellectual Disability or Global Developmental Delay: Clinical Report

Lance H. Rodan, MD,^{1,2} Joan Stoler, MD, FAAP,¹ Emily Chen, MD, PhD,³ Timothy Geleske, MD, FAAP,⁴ and the Council on Genetics

Genetic neurodevelopmental disorders are common in the pediatric population, and establishing a specific diagnosis early provides multiple benefits including prognostication, surveillance for disorder-related complications, accurate recurrence risk, and specific management. This report provides an approach to the genetic evaluation of developmental delay/intellectual disability for the general pediatrician. When possible, genetic testing should be selected by phenotype, and typical distinguishing clinical features to facilitate this are presented. If a specific disorder or group of disorders cannot be ascertained by phenotype, an agnostic (or hypothesis-free) approach is

abstract



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Drs Rodan and Stoler prepared and revised the manuscript.
Drs Chen and Geleske revised the manuscript.

You have a diagnosis, a “name” to what’s going on....now what!

- Find your new genetic “family”
 - Learn everything you can about the disorder
 - Reach out to the researchers
 - Find the expert clinicians
 - Look into potential treatments
-
- Go back to your clinical and educational team and teach them!
 - GeneReviews
 - Orphanet
 - OMIM
 - PubMed

 U.S. National Library of Medicine
National Center for Biotechnology Information

NLM Citation: Campbell AN, Bain J, Doyle SJ. MED13L Syndrome. 2025 Apr 10. In: Adam MP, Feldman J, Mirzaa GM, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2025.
Bookshelf URL: <https://www.ncbi.nlm.nih.gov/books/>

 **MED13L Syndrome**
Synonyms: MED13L Haploinsufficiency Syndrome, MED13L-Related Intellectual Disability
Alicia Nicole Campbell, BSc,¹ Jennifer Bain, MD, PhD,² and Steven James Doyle, PhD¹
Created: April 10, 2025.

Summary

Clinical characteristics

MED13L syndrome is characterized by mild-to-profound developmental delay, intellectual disability, and hypotonia. Neurobehavioral manifestations (autistic features, agitation/aggression, restlessness, self-harm, tantrums, frustration, overfriendliness, and/or hyperactivity) are also reported. Some individuals have abnormal findings on brain imaging (ventriculomegaly, delayed or lack of myelination, thin or absent corpus callosum, periventricular foci, and/or subcortical white matter abnormalities). Dysmorphic facial features, including depressed nasal bridge, bulbous nose, and hypotonic open mouth, are present in most individuals. Distal limb and/or digit anomalies, ocular manifestations and vision issues, and congenital heart defects have been reported. Other reported features include seizures and/or hearing impairment.

Diagnosis/testing

The diagnosis of MED13L syndrome is established in a proband with a heterozygous pathogenic variant in MED13L identified by molecular genetic testing.

 U.S. National Library of Medicine
National Center for Biotechnology Information

NLM Citation: Ho SKL, Tsang MHY, Lee M, et al. CTNNB1 Neurodevelopmental Disorder. 2022 May 19. In: Adam MP, Feldman J, Mirzaa GM, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2025.
Bookshelf URL: <https://www.ncbi.nlm.nih.gov/books/>

 **CTNNB1 Neurodevelopmental Disorder**
Stephanie KL Ho, MD,¹ Mandy HY Tsang, MMSc,² Mianne Lee, MSc,² Shirley SW Cheng, MD,¹ Ho-ming Luk, MD,³ Ivan FM Lo, MD,¹ and Brian HY Chung, MD⁴
Created: May 19, 2022.

SIMONS SEARCHLIGHT

Driven by science. United by hope.

Simons Searchlight is a partnership of leading scientists, doctors and families on a mission. We are a non-profit, online community that studies over 100 genes that are associated with autism and other neurodevelopmental disorder



Combined Bain is a consortium led by patient advocacy foundations, working with the clinicians, researchers and pharmaceutical firms that are developing treatments for the disorders they represent.



www.COMBINEDBrain.org

The power of a genetic diagnosis

- Global developmental delay
- Ataxia and tremor
- Seizures/Epilepsy
- Hypotonia
- Cerebral palsy
- **Angelman Syndrome**
- Multiple clinical trials in the pipeline → close to FDA-approved treatment!



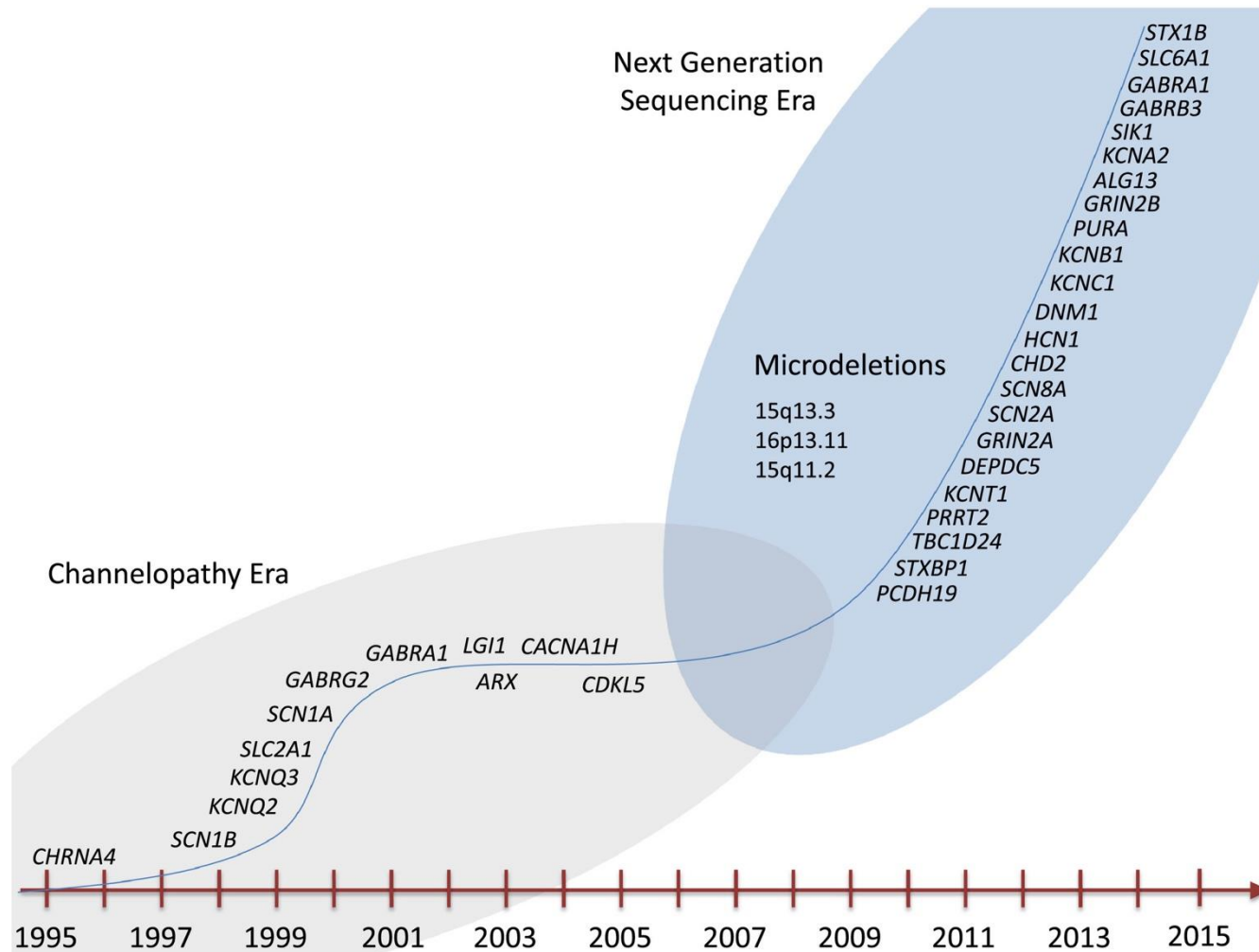
Back to the clinician's office with a new genetic diagnosis....Coding!

- **What is an ICD-10 code?**
 - International Classification of Diseases, 10th Edition
- ICD-10 codes = universal language for doctors and other healthcare professionals to communicate about diseases, injuries, and other health conditions.
- Standardized system of alphanumeric designations (letters and numbers) used to classify and identify a vast range of health conditions developed by the World Health Organization (WHO).
- **Accurate documentation:** Healthcare providers use these codes to standardize documentation of diagnoses and conditions in patient records, promoting clarity and communication among providers.
- **Medical billing and reimbursement:** ICD-10 codes are used for processing insurance claims and ensuring healthcare providers are accurately reimbursed for services.
- **Healthcare research and analysis:** Researchers and public health officials use ICD-10 codes to analyze data on disease prevalence, identify health trends, track outbreaks, and evaluate interventions.
- **Healthcare policy and decision-making:** The codes are utilized for developing health policies and allocating resources

Common Codes

- Q99.8 – Genetic Disorder
- G40.919 - Epilepsy → medications
- F84 – Autism Spectrum Disorder --> needed to get ABA (applied behavioral analysis therapy)
- G80.9 - Cerebral Palsy → needed to get wheelchair, adaptive equipment approval
- R32 – incontinence → needed for insurance to cover costs of pull ups
- R13.10 - Dysphagia → feeding therapy
- F50.82. – ARFID (avoidant restricted food intake disorder) → feeding therapy
- R26.9 – Abnormal Gait → physical therapy

Epilepsy ... secondary to...



Helbig I, Heinzen EL, Mefford HC; ILAE Genetics Commission. Primer Part 1-The building blocks of epilepsy genetics. *Epilepsia*. 2016 Jun;57(6):861-8. doi: 10.1111/epi.13381. Epub 2016 May 25. PMID: 27226047.

What is cerebral palsy (CP)?

Clinical diagnosis

Most common motor disability in childhood (1-4/100,000)

Group of disorders affecting movement, posture and muscle control

- Delays in motor skills (sitting, crawling, walking)
- Stiffy or floppy muscles (spasticity or hypotonia)
- Poor coordination or balance (ataxia, dyskinetic)
- Difficulty with fine motor skills (using hands)

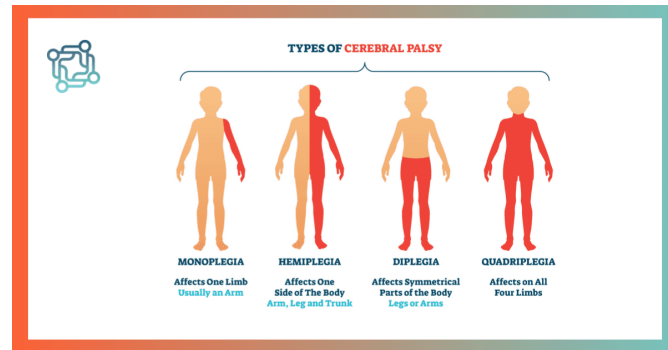
Umbrella term for a group of disorders, affects people differently

No cure for CP

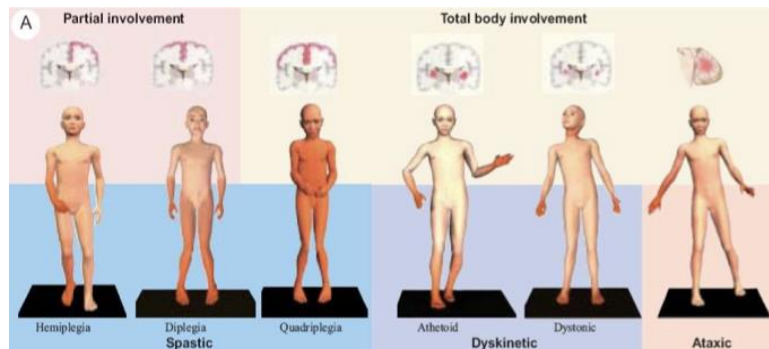
- Treatments help manage symptoms & improve quality of life
- Physical, occupational, speech therapy, medication, surgery

Classifications for CP

Body Parts Affected



Injury Pattern or Movement Disorder



Gross motor functional classification (GMFCS)

GMFCS E & R between 12th and 18th birthday: Descriptors and illustrations

	<p>GMFCS Level I</p> <p>Youth walk at home, school, outdoors and in the community. Youth are able to climb curbs and stairs without physical assistance or a railing. They perform gross motor skills such as running and jumping but speed, balance and coordination are limited.</p>
	<p>GMFCS Level II</p> <p>Youth walk in most settings but environmental factors and personal choice influence mobility choices. At school or work they may require a hand held mobility device for safety and climb stairs holding onto a railing. Outdoors and in the community youth may use wheeled mobility when traveling long distances.</p>
	<p>GMFCS Level III</p> <p>Youth are capable of walking using a hand-held mobility device. Youth may climb stairs holding onto a railing with supervision or assistance. At school they may self-propel a manual wheelchair or use powered mobility. Outdoors and in the community youth are transported in a wheelchair or use powered mobility.</p>
	<p>GMFCS Level IV</p> <p>Youth use wheeled mobility in most settings. Physical assistance of 1-2 people is required for transfers. Indoors, youth may walk short distances with physical assistance, use wheeled mobility or a body support walker when positioned. They may operate a powered chair, otherwise are transported in a manual wheelchair.</p>
	<p>GMFCS Level V</p> <p>Youth are transported in a manual wheelchair in all settings. Youth are limited in their ability to maintain antigravity head and trunk postures and control leg and arm movements. Self-mobility is severely limited, even with the use of assistive technology.</p>

GMFCS descriptors: Pollock et al. (1997) Dev Med Child Neurol 39:214-23
CanChild: www.canchild.ca

Illustrations Version 2 © Bill Field, Kate Willschütz, Adrienne Remy and Ken Graham
The Royal Children's Hospital Melbourne EBC151050

What about your educational plan?

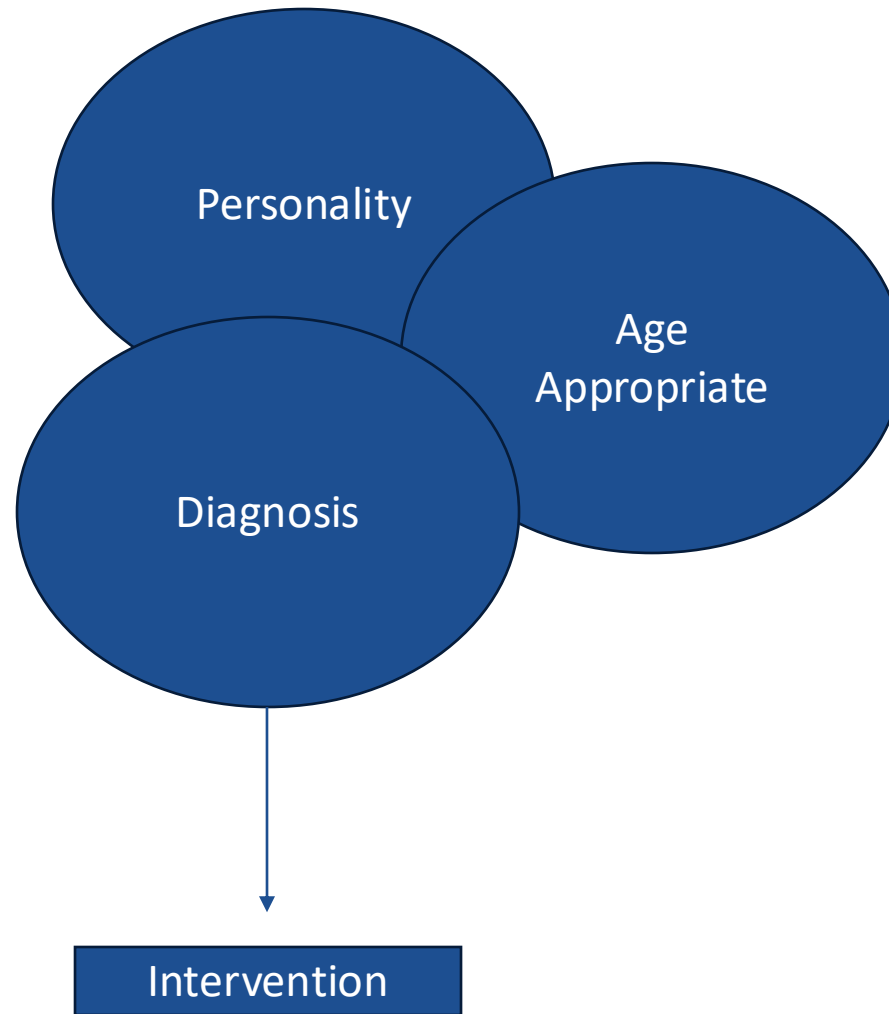
- The Department of Education unlikely knows about your rare disease 😊
- Help them understand your child:
 - Motor challenges like cerebral palsy
 - Social challenges like autism
- Disability Classification Categories:
 - Autism
 - Intellectual disability
 - Language Disorder
 - Learning Disability
 - Other Health Impairment

Dual Diagnosis: The Intersection of Two Worlds (actually many worlds)

- Dual diagnosis refers to the co-occurrence of a genetic disorder and a neurodevelopmental disorder.
- The prevalence of dual genetic conditions, including those involving NDDs, is increasing with advancements in genetic testing.
- This co-occurrence adds complexity to diagnosis, treatment, and ongoing care.

Benefits of a dual diagnosis approach

- Tailored treatment plans: A dual diagnosis approach considers the unique interplay between the two conditions, allowing for individualized treatment strategies.
- Improved symptom management: Addressing both conditions simultaneously can lead to more effective symptom management and improved overall well-being.



Integrated care: a collaborative effort

- Integrated care involves a multidisciplinary team of professionals collaborating to provide comprehensive support.
- This can include geneticists, neurologists, psychiatrists, therapists, and other specialists working together to address the diverse needs of the individual.
- Integrated approaches enhance continuity of care, improve communication among providers, and empower individuals in their treatment journey.

Challenging the stigma: promoting understanding

- You can give them GeneReviews and publications (yes, we know you are teaching the providers)
- Educators, therapists, physicians

Community Support & Resources

- Autism
 - Autism Speaks
- Epilepsy
 - Epilepsy Foundation
- Cerebral Palsy
 - CP Research Network
- Rare Disease
 - NORD, Global Genes



Advocacy and policy change

- In the US, a **rare disease** is defined as a condition affecting fewer than 200,000 people.
- According to the NIH, there are **approximately 7,000 rare diseases** affecting between 25 and 30 million Americans.
- This equates to **1 in 10 Americans**.
- Policy changes for genetic testing for broader categories – global developmental delay, intellectual disability, cerebral palsy, epilepsy, autism spectrum disorder

Take Home Points

- Dual diagnosis presents a complex interplay of genetic and neurodevelopmental factors.
- Provides for a more personalized approach to each individual with a rare disease.
- An integrated and holistic approach to treatment offers hope for improved outcomes and enhanced quality of life.