

# **TOWARD AN AUTHENTIC DIAGNOSTIC IMPRESSION USING CLINICAL COMPOSITES AND FUNCTIONAL BRAIN IMAGING FOR AN IMPROVED UNDERSTANDING OF IRLLEN SYNDROME**

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The Irlen Syndrome represents an intriguing and controversial spectrum of symptoms that remain invisible to most clinicians. Analysis with SPECT scans, a neuro-psychiatric history that emphasizes correlations of regional blood flow with patient symptoms, and the use of Clinical Composites provided an improved approach to a treatment plan, additional patient understanding, and improved outcome.

During the previous 32 months at the Amen Clinic, I have confirmed diagnosis of approximately 210 patients with Irlen Syndrome. Within the initial 15 months, 460 patients were personally screened with scans at the Amen Clinic (in collaboration with Dr. Daniel Amen, MD, Helen Irlen, and Rhonda Stone, "The Light Barrier"). One hundred twenty-two patients were diagnosed with the syndrome. Their ages ranged from 6 to 82. Fifteen families had 2 or more individuals that qualified for the diagnosis. Two patients had a severe depth perception disorder.

The investigation of Irlen Syndrome using clinical composites provided data on the patterns and contributions of co-morbid diagnoses. This information led to a more comprehensive and, therefore, "authentic" diagnostic impression. This integrated impression facilitated a phased treatment plan and improved patient outcome.

One of the conclusions from the approach cited above was that Irlen Syndrome, depending on severity and presence of co-existing disorders, contributed to an altered state of consciousness related to anxiety, with a resulting spectrum of fatigue, irritability, and vulnerability with a diminished cognitive reserve.

This approach of "expectationed" evidence gathering resulted in not only patient gratitude, but the physician's heightened awareness that Irlen Syndrome should often be expected within the following clinical composites (represented visually by a diagram of pie shaped wedges within a circle): Bipolar Spectrum Disorder, Sensory Integration Disorder, Attention Deficit Hyperactivity Disorder, Anxiety Disorders, School Phobia, Cranial Cerebral Trauma, Visual Dyslexia, Tic Disorders, Reactive Attachment Disorder, Migraines, Mood Disorder Spectrum, Recurrent Automobile Accidents, Excessive Daytime Fatigue, and Irritable Bowel Syndrome.

Analysis of initial severity of Irlen Syndrome and the reassessment of severity after use of, and adjustment to, tinted lenses was measured in a small series of patients with a combination of a short form of the Irlen questionnaire and a newly designed Visual Analog Scale (Dobrin, R.), and repeating one SPECT scan while wearing the lenses. However, the total patient population had initial severity scales to quantify subjectivity before the referral. This clinician tested all the patients with an out-loud reading exercise of dense text under fluorescent light in my office.

*Dr. Robert Dobrin's professional background began in pediatrics as a clinician/researcher in pediatric nephrology/transplantation, immunology, and critical care. Since 1991, after additional training, Dr. Dobrin has practiced behavioral pediatrics and child/adolescent, adult psychiatry. His research interests have included subgrouping ADHD, childhood bipolar disorder, Irlen Syndrome, and sensory dysfunction in both children and adults. He has subspecialty training in addictionology and eating disorders.*

*In 2000, Dr. Dobrin began to work with the Amen Clinic, a brain-imaging center in Newport Beach, California, that uses single photon emission computerized tomography (SPECT scans). Brain imaging provides a new technology for refining the diagnostic process and improving treatment strategies by correlating patterns of brain blood flow with neurological and psychiatric symptoms.*